



Speech by

**Andrew Cripps**

**MEMBER FOR HINCHINBROOK**

Hansard Thursday, 12 May 2011

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## **RURAL HEALTH SERVICES**

 **Mr CRIPPS** (Hinchinbrook—LNP) (8.26 pm): This morning I tabled a petition, supported by 485 constituents in my electorate, relating to the decline in the availability of health services in rural areas of Queensland and the negative impact this decline is having on local communities in these areas. In particular, constituents in my electorate of Hinchinbrook have, over several years, repeatedly raised their concerns about the withdrawal of basic health services, such as maternity and renal dialysis, from hospitals in rural areas.

For example, communities in my electorate are serviced by hospitals in Ingham, Tully, Townsville and Innisfail. There is no operational maternity ward at the Tully or Ingham hospitals. The Innisfail and Townsville hospitals, although servicing communities in my electorate, are located outside the boundaries of my seat. As such, there are no operational maternity wards located in my electorate.

There have already been cases of women giving birth in ambulances on the side of the Bruce Highway between Ingham and Townsville. The Townsville Hospital is the closest maternity ward to Ingham—a journey of more than 100 kilometres. The Innisfail Hospital is the closest maternity ward to Cardwell, also a journey of more than 100 kilometres. The state government has repeatedly stated that there are not enough births in the Ingham or Tully districts to justify operational maternity wards. No wonder, when all the births by mothers in these communities are recorded as taking place in Townsville and Innisfail.

Similarly, renal patients cannot access dialysis treatment at a hospital located in my electorate. Once again, patients from the Herbert River district must travel over 100 kilometres to the Townsville Hospital, while patients in the Cardwell district must travel over 100 kilometres to the Innisfail Hospital. Chronically ill renal patients need to undergo dialysis treatment about three times a week. Unable to hold down permanent employment, many are pensioners. As many are on fixed incomes, shared or pooled transport is usually relied upon to attend the regular dialysis appointments. This means several patients regularly leave early in the morning and do not get home until late at night on those days as they travel to access dialysis treatment. These are unreasonably long days for sick people. The constant travel undermines their quality of life.

No-one in rural Queensland expects to be able to access complicated health services, like cancer treatment or heart surgery, delivered at rural hospitals. However, Queenslanders in rural areas have a right to expect that they can access basic health services, such as maternity and renal dialysis, in their local hospital. It is a scandal that communities in regional and rural areas cannot access such basic services. Goodness knows how communities in even more rural and remote electorates in Far Northern and Western Queensland feel about the withdrawal of services. The petitioners from my electorate are making a perfectly reasonable request and reflect a real concern prevalent throughout regional and rural Queensland.