

Legislative Assembly

Friday, 25 November 1983

The DEPUTY SPEAKER (Mr Barnett) took the Chair at 10.45 a.m., and read prayers.

HOSPITALS AMENDMENT BILL

Second Reading

Debate resumed from 15 November.

MR GRAYDEN (South Perth) [10.47 a.m.]: It is ominously portentous that as we in this House are in the process of passing the legislation to implement the Commonwealth's Medicare legislation, Great Britain is facing a crisis in its national health scheme. Reports of that crisis have been published over the last few days in our newspapers.

The *Daily News* of two nights ago published an article headed "Crisis for health service", and commenced by saying—

Britain is locked in debate over the future of its State-run National Health Service, with doctors saying they are having to leave patients to die because of lack of money.

Anyone familiar with what is happening in Great Britain knows that the health care scheme in that country is on the point of collapse, just as is the Canadian health care system.

If anyone has occasion to meet British visitors or to talk with British migrants about the British health scheme, he will be told that in many cases patients must wait for as long as five years for relatively simple operations such as those in relation to hernias or hip joints. A similar situation applies in Canada.

Even as the British scheme is facing a crisis of severe proportions, we are in the process of implementing the Australian version of a national health scheme.

Before I leave the British situation, some statements emanating from Britain are alarming. For instance—

One of Britain's leading kidney specialists, Dr Anthony Wing, says doctors have to watch 2000 kidney patients die every year for want of about \$80 million for dialysis and transplants.

"Limited facilities for treatment have made it necessary for British physicians to practise selection to a degree which seems strange, even barbaric, to our colleagues in

other civilised countries," he wrote in the *British Medical Journal*.

Another specialist said 50 heart patients in his care could die because he lacked funds to buy sufficient pacemakers.

A third said he was having to turn away critically ill babies from a leading London hospital because it lacked the money and space to treat them.

The report concluded on this note—

A growing number of Britons, disenchanted with National Health waiting lists, are opting for private health care.

That sort of thing is occurring in Great Britain, and here we are contemplating a new version of a national health scheme in WA. When the Minister introduced the Bill he made the statement, "This Hospitals Bill complements the Commonwealth legislation". Those were his exact words. In reality, this Bill goes far beyond what the Commonwealth legislation provides for. The Minister is simply using Medicare as an excuse to extend his control over private practitioners in WA Government hospitals.

Mr Hassell: He misled the House.

Mr GRAYDEN: There can be absolutely no doubt about that. One has only to look at legislation which the Minister has introduced to confirm that fact. The Bill comprises 19 pages, only four of which deal with the provisions of Medicare. Five pages are devoted to parking in Government hospitals in WA.

Mr MacKinnon: To what—parking?

Mr GRAYDEN: Five pages are devoted to vehicle parking arrangements in the vicinity of Government hospitals in WA, and the following ten pages extend the Minister's control over doctors in WA. To recap, in this Bill of 19 pages, five are devoted to parking arrangements, four to the machinery required to implement Medicare, and 10 to the additional controls which the Minister seeks to impose on the private practitioners of this State.

Mr MacKinnon: Disgraceful.

Mr GRAYDEN: In this morning's *The West Australian* appears an article under the heading, "Government sees danger: Twofold threat to Medicare". The article is to this effect—

The introduction of Medicare is under a double threat in WA.

The Minister for Health, Mr Hodge, said yesterday that if surgeons refused to sign contracts with the Government to practise in public hospitals it would not be possible to

introduce the Federal Government's national health scheme in February.

I inform the Minister that it has never been suggested that surgeons would refuse to sign contracts with the Government to practise in public hospitals and, therefore, there is no ground for the Minister's suggestion that it would pose a threat to Medicare. Before surgeons practise in WA Government hospitals they enter into agreements with those hospitals. Surgeons throughout this State are prepared to continue with those arrangements or to make any alterations which are necessary in order to comply with the guidelines published by the Commonwealth Government. There is absolutely no need for a State Government to buy into that situation at all and there is no necessity for us in this House to provide additional legislation in order for that to happen.

In the same article in *The West Australian* appears the following—

Legislation to implement Medicare in WA is now before State Parliament.

The second threat to Medicare is a series of amendments to the legislation proposed by the Opposition spokesman on health, Mr Grayden.

Mr Hodge said that if they were passed they would delete vast slabs of the legislation.

That is perfectly correct. It further states—

This would make it virtually impossible for Medicare to be introduced in this State.

The Minister said "virtually impossible" because he wants this legislation to be passed so he will be able to exert additional control on medical practitioners. He further said—

There was a possibility that WA could end up being the only State which would not introduce Medicare as scheduled,

There are no grounds at all for an assertion of that kind. The Opposition is not opposed to legislation implementing Medicare. The Federal Opposition has already indicated that in the event of a change of Government, a new Government would revert to the Medibank-type national insurance scheme. For the moment, however, Medicare is a *fait accompli*. It is a fact of life. The Medicare legislation has been passed by both Houses in the Federal Parliament. If we do not pass complementary legislation, medical practitioners will not be reimbursed for their services. Nothing could be more absurd. Of course the Opposition will agree to legislation to complement Medicare.

The only matter to which we take exception is the fact that the Minister has devoted 10 pages of

the Bill to going far beyond Medicare and exercising his own brand of control over Medicare. That is completely unacceptable to medical practitioners in Western Australia, and it is completely unacceptable to the Opposition. In this morning's newspaper, the Minister confirmed what I am saying. The newspaper stated—

Mr Hodge said that the legislation was necessary for the Government to have proper control over its hospitals to facilitate the introduction of Medicare.

In that statement, he is simply saying that he is putting in the extra controls because he wants additional power. That has nothing to do with the implementation of Medicare. To continue—

The State Government will have much more control over what happens in our public hospitals and in the standards of medical care.

Of course it would have much more control, and that is what the medical practitioners of Western Australia are objecting to, and we in the Opposition are objecting to also. We are not objecting to the provisions which implement the Commonwealth Medicare legislation; we are objecting to the additional controls which this legislation imposes.

To continue with the quote—

The ability of the Government to control those standards is lacking. At the moment, the Government, even though it owns and operates the hospitals, has very little to say over which doctors go into the hospitals and what they do.

I suggest that that statement by the Minister for Health makes it abundantly clear that this Bill is seeking those additional controls to which I have referred. The Opposition amendments do not interfere with the legislation necessary to implement Medicare; they merely delete those extra powers which the Minister is seeking to obtain, powers which would give the Minister absolute control over every facet of work by private practitioners in the Government hospital system in WA. Medicare in itself, of course, is a major act of nationalisation. This legislation goes far beyond Medicare.

The Bill extends the State Government's powers. It reduces self-regulation by private practitioners in hospitals and replaces it with ministerial approval and statutory control. Perhaps the most disturbing aspect is that it provides the basic framework for subsequent alterations to be introduced by ministerial action, without recourse to Parliament. Another undesirable feature is the fact that the legislation makes no provision for

consultation, any right of appeal, or access to arbitration.

This legislation completes the three-pronged assault by the Commonwealth and the State Governments on the medical practitioners over the last few months. The first assault was the proposal to introduce Medicare. The second assault was the provision of salaried and sessionally paid medical practitioners at Osborne Park and Wanneroo Hospitals; and the third prong is this legislation.

Without any doubt Medicare and this legislation, which ostensibly complements the Commonwealth legislation, will cause a lowering of standards of medical care in Western Australia. Any act of nationalisation, to my mind, has to do that. First of all, it curtails independence and initiative. Those two things lead to a reduction in incentive and inhibits striving for excellence. As an analogy and to get away from any health insurance system for a moment, one could talk in terms of the difference which applies between, say, Hong Kong and mainland China. If one visits Hong Kong, one notes that there is scope for initiative there. If one contrasts that with mainland China, the line of demarcation is very clear.

One has only to go from West Germany to East Germany to note again what happens when independence and initiative are curtailed. When travelling through West Germany, one notes that all the land is under crop and those crops are attended to. The people are happy, they drive automobiles, and their homes are painted. When one travels through East Germany, one notes that the land is not under crop generally and, where it is, the crops are poor. The homes are not painted, there are few vehicles on the streets, and no-one ever smiles. That is the difference between West Germany and East Germany. The countries are inhabited by virtually the same people, but one group is under a socialist Government and the other group is under a free enterprise Government.

Exactly the same thing has to apply in respect of a health insurance scheme. Once a scheme is nationalised, there is a lowering of standards. Once this Medicare system is implemented—a system which this legislation ostensibly complements—there will be dire short-term effects in Western Australia. There is no doubt that already the hospital system in Western Australia has tremendous pressures placed upon it. Since 1979, there has been a policy of no growth in the Government hospital system in this State. The inpatient-staff ratio at Royal Perth Hospital has risen by 11.2 per cent since 1979.

Hospitals in Western Australia already are cancelling elective surgery. Weeks ago the major obstetrics hospital in Western Australia, King Edward Memorial Hospital, cancelled private bookings.

The complexity of patient care in the hospitals of Western Australia is growing daily. If one adds to the complexity of hospital care, the higher bed occupancy rates—at Royal Perth Hospital, nearly 100 per cent—the fact that patients are remaining in hospitals for a shorter duration, and the fact that there is a higher turnover of patients, one finds that these all increase the pressures on hospitals.

There has been a no-growth policy for hospitals since 1979, notwithstanding the additional pressures the Minister for Health or the Government recently instituted with a 50 per cent staff replacement policy. As far as hospitals are concerned, the policy was not fully implemented. Therefore, on top of a no-growth situation since 1979, a 50 per cent replacement policy has been implemented in the hospital system, and in addition we have those trends of increasing complexity of patient care, higher bed occupancy, shorter duration of stay in hospital, and a higher turnover of patients. As a result, many hospitals in Western Australia are now under severe pressure.

On top of this, Medicare is to be introduced, and even the Commonwealth Government—this has emerged in questions I have asked the Minister for Health—has said it believes the pressures on the public hospital system in Western Australia will increase by 10 per cent with the advent of Medicare. The private insurers and private hospitals reject that statement as absolute rubbish. They say the pressure will increase by 15 to 20 per cent. Be that as it may, even the Commonwealth Government accepts that there will be increased pressure on the hospital system as a result of Medicare. For this reason, the short-term effects of Medicare will be dire indeed, but there are equally as many long-term implications for the medical system in Western Australia as a consequence of the introduction of Medicare.

Firstly, there will be a big shift to private hospitals, which in some respects I applaud, but it has its disadvantages also. It will mean that we will have a duplication of facilities, a duplication of intensive care facilities, and a duplication of emergency facilities. I ask whether this is desirable, because it will, of course, result in added costs to the community and added costs to the provision of health care in this State.

The fact that people will initially pay a one per cent levy from their incomes to finance Medicare will give many of them the impression that all they have to do when they become ill is to front up at a Government hospital in Western Australia and everything will be free—nothing is further from the truth. If a person wants a hernia operation or a heart bypass operation, he cannot go to Royal Perth Hospital to have it done because that hospital has cancelled elective surgery. The position will be infinitely worse when Medicare is introduced. However, people will believe that medical treatment will be free. As a result, they will leave their private insurance funds and will then be confronted with a situation where they cannot get the medical care they seek. That is why the short-term and long-term implications of Medicare will be serious indeed.

Without doubt, as a consequence of Medicare, we will have a lowering of the standard of medical care throughout Western Australia. We are entering a new era in respect of health care. People will be queueing up at the hospitals and shortly the situation which exists in Great Britain will apply also to this country.

If any member has a British friend or knows a British immigrant, that member need only talk to that friend or immigrant and he will be told of the experiences that he or his friends and relatives have experienced in waiting literally for years for relatively minor operations. In some cases, as a result of the British hospital system people have had to wait up to five years for a simple hernia or hip joint replacement operation.

This sort of thing will happen with any nationalised health scheme in this country. For this reason, it is vital that we stick only to the provisions which are required in the implementation of Medicare. To go beyond that only compounds the problems that, without doubt, we will face. A serious situation will emerge early next year in the hospital system of Western Australia as a consequence of the introduction of Medicare.

One has only to look at the Commonwealth Bill which provided for Medicare. The Bill is titled "The Health Amendment Act 1983" which, in turn, amended three other parent Acts. The legislation provides for the Commonwealth to enter into agreements for the provision of hospital health services to eligible persons.

Quite apart from the effects that Medicare will have on the hospital system, at the moment we are virtually confronted with a revolt by medical practitioners throughout Australia in respect of some provisions of Medicare. Just recently the

following article was published in *The Canberra Times*—

The federal council of the Australian Association of Surgeons resolved yesterday to recommend "in the strongest terms" that bulk-billing for all patients be abandoned under Medicare, but that surgeons give traditional regard to true cases of hardship when setting their fees.

The council also resolved to recommend to surgeons that they not sign any contract with a public hospital, State Government or the Federal Government based on Section 18 of the Health Legislation Amendment Bill 1983, or any subsequent regulations based on the section which may be gazetted by the Minister for Health, Dr Blewett.

The report continued—

This section provides controls over private-practice rights in public hospitals. It says that Commonwealth medical benefits are payable for services provided to inpatients and outpatients of public hospitals only if the services are provided pursuant to a contract between the medical practitioner providing the service and the hospital granting the right of private practice, and if the contract is of a form accepted by the Commonwealth Minister.

The medical practitioners oppose these two resolutions. Only the other day the Western Australian branch of the Australian Association of Surgeons, which, incidentally, has a membership of 2 300, recommended that its members refrain from signing any contract to carry out surgery in public hospitals and that they abandon bulk-billing under the terms of Medicare.

I mentioned those reports to indicate that the private practitioners are themselves in revolt over what is happening in respect of Medicare. They are even more opposed to the additional controls which the Minister for Health is contemplating in this State. Without question we are looking at a major confrontation between medical practitioners and the State Government, unless amendments are made to this legislation. In *The West Australian* on 24 November the following appeared under the heading, "We back surgeons, says AMA"—

ALL doctors in WA shared the misgivings of surgeons regarding the legislation now before State Parliament for the implementation of Medicare, Australian Medical Association secretary Bill Coleman said yesterday.

The article continued—

The amendment to the Hospitals Act introduced into State Parliament last week would invest the Minister for Health, Mr Hodge, with such power that he would in effect be determining who would be able to practise private medicine in the community, he said.

The proposed legislation, as it stood, could lead to fewer doctors in public hospitals.

This would inevitably result in long queues of both public and private patients seeking treatment.

The AMA went into print to back the Australasian College of Surgeons. I understand that the AMA has been inundated with telephone calls from private practitioners saying they are not prepared to sign agreements as provided for in this legislation. They have said they will opt out of the Government hospital system rather than sign those agreements. That is the position in Western Australia at the moment. For that reason, I believe that, unless the Government amends this legislation, it is heading for a major confrontation with the medical practitioners of Western Australia.

In the past few weeks, the Government has proved amenable to amendments to much of its legislation. I appeal to the Government to take into consideration what is happening in the State at the present time and the attitude of private practitioners to this legislation. I appeal to the Government to accept the amendments, which will in no way affect the legislation required for Medicare. The private practitioners accept that and the Opposition accepts that.

While a scheme such as Medicare is in operation, we have no wish to amend it in any way. It is out of our hands because Commonwealth legislation takes precedence over State legislation. If we do not implement the Commonwealth system, we will not be reimbursed for certain medical expenses. However, the State Government will be confronted with that revolt by medical practitioners unless it accepts the amendments. The amendments sought by the medical profession will in no way affect the provisions of Medicare. The amendments I have listed will simply remove the extra provisions. In no way do they affect the legislation necessary for the implementation of Medicare.

I refer to my previous comments in terms of the Medicare scheme being a major act of nationalisation, when I touched on some of the things provided for in the Commonwealth legislation. It makes provision for the Commonwealth to enter into agreements for the provision of hospital and

health services to eligible persons. That provision in the Commonwealth legislation also provides for heads of agreement. It lays down heads of agreement with which the State and Commonwealth agreements must comply. I shall not read the schedule dealing with the heads of agreement because it is too long, but some aspects of it are well worth referring to. For instance, one of the clauses in the schedule reads—

The agreement is to list the hospitals in the State that are to be recognized hospitals for the purposes of the agreement but may provide for the making of alterations to the list.

Another reads—

The agreement is to provide for the payment by the Commonwealth to the State of amounts for the purposes of reimbursing the State for—

- (a) revenue losses and additional costs resulting from the removal of in-patient and out-patient fees for eligible persons who elect to be treated free as hospital patients in recognized hospitals;
- (b) revenue losses resulting from a reduction in fees for private patients in recognized hospitals; and
- (c) certain expenditure for health purposes other than hospital services.

Another reads—

The agreement is to provide for the State to ensure that care and treatment of a kind specified in the agreement will be available to all eligible persons without charge as public patients in recognized hospitals.

A further reads—

The agreement is to provide for the State to ensure that medical practitioners will not render on their own behalf in recognized hospitals in the State professional services in respect of which medicare benefit would not be payable by reason of paragraph 17(1) (aa) of this Act.

Another reads—

The agreement is to specify certain charges to apply in recognized hospitals.

The last important clause reads—

The agreement is to make provision in relation to assumption by the State of the responsibility for making daily bed payments to hospitals that are private hospitals for the purposes of the agreement.

The Commonwealth Act continues and provides for services to eligible persons to be without

charge in recognised hospitals and it makes provision for recognised hospitals. Recognised hospitals are public hospitals which provide acute care services. A schedule of hospitals and medical and nursing services has been submitted. I make brief reference to parts of this comprehensive schedule.

Under the first heading "Metropolitan" we have—

Teaching Hospitals—Board Controlled
Non-Teaching Hospitals—Board Controlled

—Government Controlled

Nursing Homes—Government Controlled

These headings refer to hospitals in the metropolitan area. Of course, a huge array of Government hospitals come within those categories.

If we turn to country hospitals, we again find a large number of hospitals. The headings which apply under "Country" are as follows—

Board Controlled

—South-West

—Goldfields

—North-West

Government Controlled

—South-West

—Goldfields

—North-West

Nursing Homes

—Board Controlled

—Leased Board Controlled

—Government Controlled

—South-West

—Goldfields

—North-West

Nursing Posts

—Board Controlled

—Government Controlled

The list includes Government leased hospitals, Silver Chain bush nursing centres, district nursing centres, the Flying Doctor Service, and schools of nursing. I have not totalled the number of hospitals, nursing homes, and bush nursing centres in this document, but every Government institution of that type in Western Australia is mentioned in the list. They are the recognised hospitals for the purposes of the Act, and will be affected by the legislation before us. Any controls additional to those required for the implementation of Medicare which the Minister is seeking will apply to medical practitioners in every one of those hospitals throughout the State.

The Commonwealth legislation, which our legislation is to complement, provides for prescribed items of service. These are items prescribed by the Commonwealth Government and they can be rendered only in accordance with an approved agreement. At the moment they apply to diagnostic services, pathology, radiology, etc. That list can be added to by the Commonwealth at any time. The Commonwealth legislation also provides for an approved agreement between the practitioner and the hospital; again, guidelines have been laid down in that respect. I will read the relevant clause in the Commonwealth Act. The main reference is in subsection (4) which states—

(4) A reference in this section to an approved agreement is a reference to an agreement in writing between a medical practitioner and a recognized hospital—

(a) that is entered into on or after 1 February 1984;

(b) that makes provision with respect to the right of the medical practitioner to render professional services that relate to items prescribed for the purposes of paragraph (1) (aa) on his own behalf to in-patients or out-patients of the hospital, and, if subparagraph (1)(aa)(iii) applies in relation to the hospital, to other patients at the hospital; and

(c) if the Minister has, by instrument in writing published in the *Gazette*, formulated guidelines with which agreements under this section are to comply—that is in accordance with those guidelines.

The Commonwealth Government has published the guidelines referred to, which are quite extensive. I will not read them, but they apply to the provisions which contracts must contain when doctors are granted the right of private practice. All medical practitioners in Western Australia are prepared to abide by those guidelines. Their Federal body, the AMA, is negotiating with the Commonwealth Government for changes, but until such time as that occurs, medical practitioners are prepared to abide by the guidelines. They are prepared to enter agreements with the hospitals which conform to the guidelines; there is no hassle about that at all. The medical practitioners resent having to abide by the additional controls the Minister is seeking to impose.

The Commonwealth legislation lays down what is required of medical practitioners and hospitals in respect of the agreements if the medical prac-

tioners are to receive reimbursement from Medicare. No necessity exists for complementary Western Australian legislation in respect of those agreements. I have been referring to the provisions in the Commonwealth legislation which this Bill is to complement. This Bill provides also for a private practice agreement and says that a medical practitioner or dentist shall not render professional service or treatment to a patient in a public hospital unless he does certain things which are set out in the legislation. I will not read the provisions, but they are contained in the State Bill.

Medicare is a major act of nationalisation. One only has to glance through the Minister's second reading speech to realise the truth of that statement. I will quote some extracts from his speech, and I emphasise that I am taking them out of context with the object of being brief. The Minister said that clause 8 "prohibits the medical practitioner from rendering an account or seeking or accepting any remuneration or assignment of benefit from such patient".

Further on, he said that the hospital "will raise all the accounts on behalf of the doctor and retain a percentage of the fee for the use of the hospital's facilities". Later in his speech the Minister said that prescribed items of service "shall be rendered only in accordance with an approved agreement between the practitioner and the hospital". The Minister's speech goes on—

Boards constituted under section 15 of the Hospitals Act will be required to comply with any directions issued by the Minister in relation to such agreements.

Further on he states that "no medical practitioner may exercise rights of private practice in a recognised hospital in respect of prescribed items of service unless permitted to do so by virtue of an approved agreement and then only in accordance with that agreement". It goes on—

This section also deals with the reference of patients or the consignment of specimens to private practitioners for diagnostic services, including pathological investigations.

Further on it states—

Proposed section 33B provides that a medical practitioner or dentist shall not engage in private practice on his own behalf unless an agreement is in force between the practitioner and the hospital for all items other than the prescribed items dealt with in proposed section 33A.

The Minister's speech continues as follows—

Medical and dental practitioners providing services for public patients in recognised hospitals may be engaged under a contract of service—on a full-time, part-time, or sessional basis—or under a contract for services where payment is made on a modified fee-for-service basis at a rate of 80 per cent of the schedule fee.

Later it states—

Proposed section 33B will require doctors to have an agreement to have access to a public hospital to treat their private patients.

I repeat that I am taking these quotes from the Minister's speech out of context in order to be brief. Further on it states that the "Bill therefore contains powers for the Minister to direct how a public hospital grants such rights to medical and dental practitioners and classes of such practitioners".

One can see a nationalisation trend running through the Minister's speech. Many of the quotes I read apply to the Commonwealth legislation, but the Minister has gone much further than that in this Bill. Without question, he is seeking to use these amendments to the Hospitals Act to embark on an attack or an assault on private medical practice in this State. This Bill represents an attempt to vest in the Minister an unfettered right to control unilaterally and without any requirement for consultation the provision of private medicine in public hospitals in this State. It goes far beyond Medicare and, worst of all to my mind, it seeks to replace long-standing arrangements and negotiated agreements with the medical profession and self-regulation by administrative fiat.

There are many items of particular concern, but I was rather interested to receive yesterday what amounts to a Press release issued through the Australian Medical Association. Some portions of it are worth quoting in a debate of this kind, because they indicate the attitude of the AMA in Western Australia, which represents some 1 800 medical practitioners throughout Western Australia, to this measure. The Press release went like this—

Legislation currently before the State Parliament could lead to almost total Government control of the care of private patients in public hospitals, Dr Lew Blake, President of the WA Branch of the Australian Medical Association, said today.

Further, it threatened the viability of Medicare in this State, he said.

Dr Blake was commenting on legislation introduced into Parliament last week which

complements Commonwealth legislation establishing Medicare.

"This (State) legislation goes much further than complementing the Commonwealth legislation. It enshrines in the Government an unfettered power to determine and direct the manner in which doctors will exercise their rights of private practice in public hospitals," he said.

"In particular, the legislation, if enacted, will:

- prejudice clinical freedom and limit the services a doctor may provide;
- limit patients' choice of doctor; and
- interfere with the private practice of medicine," Dr Blake said.

By stipulating that doctors wishing to work in public hospitals must reach agreement with the hospital regarding method of payment and the type of services they could perform, the legislation would result in many people being denied treatment in a public hospital by their own doctor.

The restricted role for private practitioners in public hospitals would be a deterrent to the retention of private health insurance in the community, resulting in an increased demand on public hospitals, already operating under considerable stress.

It would also result in many private practitioners withdrawing from the public hospital system.

"A combination of these factors will lead to a complete breakdown of Medicare in WA," Dr Blake said.

"This State's medical care system is as good as any in Australia. Indeed, it is better than most.

"This is a direct result of the spirit of co-operation between the medical profession and Government over a long number of years.

"Under the legislation the Government will be able to ignore all existing industrial agreements with the medical profession.

"It can completely destroy a proven health care system based on consultation and discussion.

"The provisions of the legislation go far beyond the requirement to complement Federal Medicare legislation. This Government obviously is using the guise of Medicare to nationalise health services in this State," Dr Blake said.

Mr Hodge: Would you table that?

Mr GRAYDEN: It is a Press release put out by the AMA yesterday. It was drawn up by Dr Lewis Blake, who is the President of the Western Australian Branch of the Australian Medical Association.

The DEPUTY SPEAKER: Did the Minister request that it be tabled? The member may do that at the end of his speech.

Mr GRAYDEN: I mentioned that because what the AMA is saying complements everything that I have been saying. It is interesting in a debate of this nature that we should mention that Medicare may result in a constitutional challenge. For instance, there is a suggestion that Medicare is in conflict with placitum 23 of the Commonwealth Constitution which reads in this way—

The provision of maternity allowances, widows' pensions, child endowment, unemployment, pharmaceutical, sickness and hospital benefits, medical and dental services (but not so as to authorize any form of civil conscription), benefits to students and family allowances.

I know that the Federal Council of the Australian Medical Association is concerned about this aspect and about the possibility of this contravening the Constitution, and it passed a motion to this effect at a meeting of the Capital Territory group held on 4 October 1983. This was the motion—

The Council of the Capital Territory Group of the Australian Medical Association would like the Federal Council of the A.M.A., as a matter of urgency, to seek the opinion of a constitutional lawyer in regard to the chance of having Clause 18 of the Health Legislation Amendment Bill declared unconstitutional, in as much as it contravenes Section 51 * Placitum xxiiiA of the Federal Constitution of Australia, amounting to civil conscription of doctors, or on any other grounds.

Mr Jamieson: One would be stretching the Constitution to get that interpretation.

Mr GRAYDEN: That may be the view of the member for Welshpool, but the AMA has given very close attention to this.

Mr Jamieson: They are better at medicine than at constitutional law.

Mr GRAYDEN: They have had a lot of advice, and obviously they relied on that legal advice to pass a resolution of that kind. If the Commonwealth legislation contravenes the Constitution, the State legislation goes infinitely further. There could be absolutely no doubt about that. So it

would be rather interesting to see whether that constitutional challenge eventuates in respect of that placitum.

Let me now get down to the amendments—I will talk about them in general terms—which I have placed on the Notice Paper. I will move to delete most of proposed new section 33A except subsection (1) on page 9, subsection (11) on page 14, subsection (12) on page 15, and the interpretations of “medical practitioner” and “public in-patient” on page 15. That is all I have done in respect of proposed new section 33A, which is in the clause which is currently giving most offence.

The one assurance I would like from the Minister this morning in respect of that is that this clause, as far as he is concerned, will apply only to medical practitioners rendering a prescribed service. I would like that assurance from the Minister because a great deal hinges on that.

I will also move to delete proposed new sections 33B and 33C which place restrictions on medical practice in recognised hospitals, and which are relevant to the right to private practice other than under approved agreements.

Obviously these amendments will not be carried here unless the Government realises the wisdom of them. However, I am quite certain that they will be carried in another place. I say that without any consultation with the members there; but I know what their attitude to additional controls of this kind would be. That leads me to make the statement that if the Government does not accept the amendments I have mooted, it had better give pretty serious thought to agreeing to the major portion of those amendments if it expects to have the legislation to implement Medicare passed through both Houses of the Parliament.

In the last few weeks, the Government has been amenable to accepting amendments to legislation; and that is to its credit. The Opposition is not putting forward these amendments in an attempt to make things difficult for the Minister or the Government in respect of the implementation of the legislation necessary to introduce Medicare. We are determined, however, to ensure that the Minister does not use this legislation merely as a vehicle to obtain or extend an iron grip on the medical practitioners of Western Australia. That is exactly what would happen if the Bill were to be agreed to in full.

I hope the Minister will agree to deleting the proposed new sections in relation to which I have amendments on the Notice Paper. If he does not agree, he should give serious consideration to doing virtually everything that I am seeking, if he

expects to have this legislation implemented. If the legislation does not pass through another place, clearly the fault will lie on the shoulders of the Minister and the Government, because the Government only has to delete those portions of the Bill which go beyond the requirements of the Medicare legislation.

I will not continue, because we will have ample opportunity to debate aspects of the legislation in the Committee stage. The legislation as it stands is completely unacceptable to medical practitioners throughout Western Australia, and it is completely unacceptable to the Opposition.

THE DEPUTY SPEAKER: I direct that the papers requested by the Minister for Health shall lie on the table of the House for the balance of today's sitting.

(The papers were tabled for the information of members.)

MR TRETHOWAN (East Melville) [11.53 a.m.]: I add my concern about this Bill to the very detailed case presented so forcefully by the member for South Perth. The Medicare legislation having been passed by the Commonwealth places us in this State in a very difficult situation. As the member for South Perth indicated, if we wish to receive financial reimbursement from the Commonwealth, we are now bound to have special legislation which complements that of the Commonwealth. I find that of no great comfort because I have severe reservations about the Commonwealth legislation. I have severe reservations about who in the community the proposed Medicare scheme in fact will benefit.

It certainly appears that the Medicare scheme will not benefit people with high incomes, as I presume a majority of them will continue with private health insurance. It does not appear that it will benefit the people close to the poverty line because they already have access to health care at no cost to themselves on the same basis as under the Medicare legislation. If the people on middle incomes will benefit, will the cost to them be less? This is where my concern exists, because I suspect that although the apparent costs of the proposed tax levy may be less than the current rates of the health insurance funds for an apparent equivalent cover, it will not be the case that a level of health care will be available under Medicare equivalent to that available under the private health insurance scheme.

It seems to me that the Medicare legislation is directed towards creating two classes of health care within Australia, and totally separating public sector health care from private sector health care. As the member for South Perth indicated,

this is the system that operates in the United Kingdom, to the detriment of access by many citizens who are in a position not to afford private health insurance.

I agree that the end result of the introduction of Medicare will be a lowering of the standard of available health care within the public hospital system to the people who are not in a position financially to take out private health insurance additional to the one per cent tax levy. I suspect that the one per cent will grow as these patterns become apparent over the next few years.

Far from containing the costs of health care, Medicare will lead, as did the introduction of Medibank in its initial form, to an extensive expansion of cost in the health system in this country without an equivalent increase or improvement in the standard of care available.

I am also concerned that the Commonwealth appears to discriminate between the States when it comes to health care. It is unable to discriminate between the States in terms of raising taxation or distributing other welfare benefits.

Mr Brian Burke: Yes, it is.

Mr TRETHOWAN: In what manner?

Mr Brian Burke: Well, the Grants Commission relativities discriminate between the States and among the States on a most unfair basis.

Mr TRETHOWAN: I agree with that; but when I referred to welfare, I was referring to unemployment benefits, sickness benefits, invalid pensions, and other pensions which are paid directly to citizens of this country. I agree entirely with the Premier that the Commonwealth is able to discriminate most unfairly against States like Western Australia in the provision of revenue benefits in the welfare area which are provided to the State Governments.

In fact in this case it is very interesting to note the discrimination in terms of the schedules which have been in operation this month in respect of many of the schedule fees which are considered for medical benefit purposes. For instance, in the case of pathology, we have across Australia equivalent charges for the various services. For example, the schedule fee for item No. 2352 is \$4.45 in all States. However, when we move to radiology services, the position is different. I am sure most people would agree X-rays are as an important part of the diagnostic procedure as pathology. In respect of radiology charges in New South Wales the schedule fee for item No. 2554 is \$43; in Victoria it is \$43; and in Western Australia it is \$30. This is the kind of discrimination that places an added burden on States like Western Australia. Unfortunately it is also the sched-

ule fees which become the basis for discussions on service contracts by members of the medical profession, particularly specialists, in our hospital system.

The point I am endeavouring to make is that Western Australia is already at a disadvantage in terms perhaps of attracting specialists from other States should there be a need in these areas, because our schedule fees are significantly lower.

There are other areas of discrimination between the Commonwealth and the State in the health care field. This applies particularly, for instance, in respect of the schedule fee for nursing home benefits. The new rate from 3 November for New South Wales and the ACT is \$32; for Victoria it is \$45.15; and for Western Australia it is only \$23.40. That is an example of the kind of discrimination that derives from the attitude of the Commonwealth towards health care throughout Australia.

Given the unsatisfactory nature of that system from this State's point of view, it is my belief that the introduction of Medicare, far from alleviating the situation, will make it significantly worse.

The second area I shall cover is that of the industrial relations practices the Government seeks to introduce by means of this Bill into the hospital system in this State. It is my understanding that the clinical and sessional staff of the teaching hospitals at present are subject to agreements between themselves, the hospital boards, the AMA, and the Government. The agreements have been negotiated progressively over the last 11 years. They represent almost the epitome of the conciliation process. They are collective bargaining agreements reached without the force of arbitration being applied. They have been reached through the parties getting together and discussing the matters until agreement is arrived at.

I understand that the Public Service arbitrator acts in a private capacity to overcome an impasse. However, these agreements are the result of pure conciliation by the parties getting around the table and agreement being reached without the force of law being involved and without penalties being imposed on either party.

I understood that to be the epitome of the industrial relations stamp of the current Labor Government. It believes industrial relations agreements should be reached by a conciliation process and should not be forced through arbitration except in exceptional circumstances; they should be reached by the agreement of all parties getting around the table and reaching—that famous word—a “consensus”. That is my understanding of the argument and thrust of the Bill which seeks

to amend our State arbitration Act and which has been introduced into another place.

However, what do we see in relation to this Bill which seeks to amend the Hospitals Act? We see the very Government that, on the one hand, promised conciliation and consensus in reaching industrial agreements saying that this is the epitome of what should be done, and, on the other hand, at one strike wiping it out in relation to employed clinical staff in public teaching hospitals, saying that the agreements which have arisen through conciliation over 11 years are to be forgotten completely, because they are not registered with the Industrial Commission. They are not registered agreements; they do not have the force of law; they do not require an application before a tribunal in order that they be changed; and they are power in the hands of the Government. What does this Government—a Government which preaches conciliation and arbitration—do? It wipes it out at one stroke.

[Quorum formed.]

Mr TRETHOWAN: That is significant as it reinforces the apparent attitude of the Government to this Bill. It is an extremely cavalier attitude. Members opposite do not have enough interest in this debate to maintain their numbers in the House. They are not interested in listening to what is being said.

Mr Brian Burke: There is a microphone system. Members can hear the debate in their offices. Don't be so silly!

Mr TRETHOWAN: Members opposite are not interested in being present in the Chamber.

Mr Terry Burke: They are wasting their time.

Mr TRETHOWAN: The member for Perth indicates members are wasting their time; that is the point I am making. Members are wasting their time, because the Government has made up its mind that no matter what arguments are advanced, it will have its way. That is precisely what this Bill will do. It will put power not only in the hands of the Government, but also in the hands of the Minister in relation to the employment of medical staff in public hospitals and to the terms of private practitioners in public hospitals.

The point I am making is that this Government, which preaches conciliation and the idea of sitting around the table and reaching consensus, is the first employer to radically change and break longstanding agreements reached in the industrial sphere in this manner when it chooses and when it wants more power.

The Government would not be able to do this with such ease if those agreements had force in

the industrial tribunal; but because the AMA is not currently a party to an award either in this State or in the Commonwealth, it does not have the protection that other unions and other professional bodies have in representing the needs and the conditions of its members.

As I have said, this Bill seeks to remove the provisions and agreements that have been compiled satisfactorily over the last 11 years, those agreements which have been worked out primarily between the clinical staff and the hospital boards as to who shall work in the hospitals and who shall have the rights of the admittance of private patients. The fact is, the Bill goes further than this.

To show the arrogance of the Government, let me indicate that it is my understanding that in the Bill I mentioned earlier—the Bill introduced into the other place to amend the Industrial Arbitration Act—the Government has sought to expand dramatically the definition of an industrial matter in accordance with what it said when it was the Opposition. I understand that if the Bill becomes law, that expansion of the definition will allow the AMA to represent its members in the division of the Industrial Commission which relates to public service matters. However, I understand there is a major difference between the draft of the Bill made available for comment throughout many sections of the industry and those involved in the industrial relations process, and the Bill brought before the other House.

Although under the proposed legislation the clinical members of the staff of public hospitals are now to be represented by the AMA before the Industrial Commission, the right of private practice in public hospitals has been excluded from the definition of an industrial matter.

One of the key parts of the current agreements between the clinical staff of teaching hospitals, the AMA, and the Government has been wiped out in a stroke. Originally it had been included in the draft. I understand it had originally been agreed that this be included by all parties of the tripartite group that discussed the matter. However, this Government, in its arrogance and in its desire to control the medical profession, has dismissed that provision from its proposed amendments in the Bill. That merely underlines the Government's desire to control all aspects of the clinical staff and all aspects of the practice and the remuneration of clinical staff employed in public hospitals.

It is no wonder that many, if not all, of the clinical staff of public hospitals are very concerned at this situation. And it is not only the

Royal Australasian College of Surgeons and the State branch of the AMA that are concerned; the clinical staff themselves are concerned. I understand that last night a meeting was held of clinical staff at the Fremantle Hospital. With only one abstention, they unanimously passed a vote on a motion related to this matter. Their belief was that should the present agreements be unilaterally abrogated by the Government and new agreements under the Medicare legislation introduced without the conciliation process and without the kind of discussion that has gone on for years to reach agreement for the current agreements, the clinical staff should refuse to sign those agreements.

The prospect is very real that if the Government forges ahead with all the aspects of this Bill and without being prepared to listen, we will see a major confrontation between the Government and the clinical staff of teaching hospitals.

It is unfair that an employer should seek unilaterally to abrogate agreements which have been formed over many years through a process of conciliation, and for the Government to do this merely because those agreements are not bound to go before a tribunal.

I understand the concern of the medical profession in this State over what is sought to be done by this Bill. My concern goes further because I believe the actions taken by the Government will result in more and more medical practitioners, particularly those of seniority and possessing high levels of skill, choosing not to practise in public hospitals, choosing not to make their skills available to patients of public hospitals, but instead choosing to operate purely in the private health area for those who can afford private health insurance in addition to their tax levy for Medicare, and for those who can afford private hospital hospitalisation.

As I said at the beginning of my remarks, this will result in a class distinction in health care throughout this State and this country. It was a sad day for Australia and for the future health of Australians when the Medicare legislation was passed federally. It is sad, too, that we are compelled at least in part to pass equivalent legislation in this State to allow the State to be reimbursed under the Commonwealth legislation.

We should not allow to be passed the provisions of the current Bill which seek to go beyond the minimum needs of the State to comply with the Commonwealth, and the provisions that seek to go beyond that point in a manner to provide the Minister and the Government with direct political power over all those medical practitioners who work in or seek to place patients in our public hos-

pital system. The Government should think very carefully about those particular provisions in the Bill. I hope it will agree to the amendments suggested by the member for South Perth.

MR BRADSHAW (Murray-Wellington) [12.19 p.m.]: This Bill emanates from a Government that espouses consensus. That consensus, like all the Government's election promises, has been broken. The Bill is unilateral and is presented by a Government that has ignored the medical profession and gone ahead with legislation without ascertaining the attitude of the AMA and without ascertaining whether doctors will work under the new guidelines. The doctors are being told what they will do, how they will do it, and where they will do it. There has been no consultation with the AMA. If there is consensus, why have we seen headlines such as "Surgeons threaten Medicare" in the *The Canberra Times* of 19 November? I quote as follows—

The council also resolved to recommend to surgeons that they not sign any contract with a public hospital, State Government or the Federal Government based on Section 18 of the Health Legislation Amendment Bill 1983, or any subsequent regulations based on the section which may be gazetted by the Minister for Health, Dr Blewett.

This section provides controls over private-practice rights in public hospitals. It says that Commonwealth medical benefits are payable for services provided to inpatients and outpatients of public hospitals only if the services are provided pursuant to a contract between the medical practitioner providing the service and the hospital granting the right of private practice, and if the contract is of a form accepted by the Commonwealth Minister.

The article continues in the same vein.

The Medicare legislation is against the wishes of the people of Western Australia. A Gallup poll which was conducted in February of this year indicated that 37 per cent of Western Australians are in favour of Medicare while 50 per cent are opposed to it. What is the Government doing for the people of Western Australia? Is it saying to the Commonwealth, "We don't want Medicare"? It is not; it has joined with the Federal Government in bringing forward this diabolical Medicare legislation.

Australia has the best hospital system in the world. I ask the Minister for Health to say why the Labor Government supports the destruction of our hospital system. The argument put by the Government is that two million Australians are

not insured against hospital expenses because they cannot afford to be in a medical benefits fund. But what about the 13 million or so people who will be disadvantaged by Medicare?

People from the Canadian health care system helped to set up Medibank, but six months after that time the Canadian health system was shown to be inefficient and not nearly as good as was originally thought.

We already have the best health standards in the world. For example, if the Premier of this State needed open heart surgery he would receive excellent treatment, just as would anyone else whether he be a backbench member of the Parliament or a gardener. The same facilities of health care and the same high standard surgeons are available to everyone. It is a shame our existing system will be destroyed by Medicare.

Medibank was dismantled because it was inefficient; unfortunately it was not dismantled straight after the Liberal Party formed the Federal Government at the end of the Whitlam era.

Under Medicare, private hospitals will be discriminated against. It will be compulsory for every Australian earning above a certain income level to pay a health care levy, which the Government says will enable Medicare to be funded completely. At present that levy will raise \$1 billion, but the current cost of health care in this country is \$8 billion. It will not be too long after Medicare commences that the levy will rise to 1.5 or two per cent as a result of insufficient funds going into the system.

Even people who pay the levy will have to join a medical benefits fund if they wish to be covered for private hospital expenses. Under the Medibank system the basic hospital cover was provided for private as well as public hospitals.

Private hospitals are more cost efficient than public hospitals, yet this Government, along with the Federal Government, is intent on destroying our private hospitals, which will find great difficulty in keeping going with a lack of patients and, therefore, a decrease in funds available to sustain their work.

I wonder how public hospitals will cope with the extra workload after February next year. The strain on public hospitals will be enormous. With public hospitals running at near capacity now, how does the Minister for Health expect our hospitals to cope with the extra burden after February?

The effect probably will not be felt immediately because many people will, for a while, continue private hospital cover, but eventually that cover will run out and most people will resort to using

public hospitals. Eventually a huge demand will be placed on those hospitals.

Medicare will have a twofold effect. Firstly, long waiting lists will be created. The waiting lists in places like England mean that only emergency services are available immediately. Secondly, the pressure on private hospitals as a result of a lack of patients going to those hospitals will be enormous. It is estimated that the cost for a family to be covered by private hospital insurance will be \$6.50 a week.

Mr O'Connor: It will be necessary for them to be in private insurance so that they can be assured of getting a bed.

Mr BRADSHAW: Only people on high incomes will be able to afford to be treated properly; that is, in the way to which they have become accustomed.

The estimate by private health funds of private health cover at \$6.50 a week is considerably above the amount the Federal Government says it will cost to obtain private cover.

In the Gallup poll to which I referred earlier, Western Australians showed they did not want a monopoly such as Medicare will create. Seventy one per cent said they disapproved of the Medicare system, and 19 per cent said they approved of it. What does the Government care about this feeling? It has adopted a one-direction approach and shows it believes it is too bad about what people think and what the public wants.

When Medibank was the sole insurer we initially had a lowering of costs, but like all monopolies the creeping bureaucratic inefficiencies meant that costs increased. Medicare will mean a huge overburdened health care system is created, which will add to our health care costs and lead to inefficiency in the system.

Hospitals should provide a service and it seems that this legislation is trying to stop doctors from doing this. Take the example of a plastic surgeon who has been attending a private hospital in the metropolitan area on a sessional basis for the last 21 years and who has an operating list every week. When sessional doctors for this hospital were advertised, no mention was made of plastic surgeons. So he spoke to the person in charge and asked whether there was a place for plastic surgeons in the new set-up. The fellow said that matter had not been given consideration. Here we are, two months off the introduction of Medicare, and people are being discriminated against or forgotten. That shows how efficient this new Medicare system is.

It is strange that the Act expects these doctors to sign agreements at hospitals when the guidelines have not been set out or the conditions of work in the hospitals have not been given to those doctors. It is difficult for doctors to sign these agreements when they are not aware of this information.

Will the Government provide doctors for hospitals such as the small regional hospital at Yarloop if the local GPs decide not to sign the agreement? The cost of this would be enormous. If there had been greater consensus, we would have no problem and would not have to put Government doctors into hospitals, because the present doctors would carry on and they would remain happy working there.

There is also doubt that the Government's new legislation covering private practice rights of doctors at public hospitals is not constitutional. The *Canberra Times* of 22 November states—

Doctors seek advice on practice right.

Two groups of doctors are seeking legal opinion on whether the Government's new legislation covering private practice rights in public hospitals is unconstitutional.

If the opinion confirms the interpretation that the controversial Section 18 of the Health Legislation Amendment Bill 1983 constitutes civil conscription of the medical profession and therefore contravenes the Constitution, a court challenge may be mounted.

This legislation goes much further than complementing the Commonwealth legislation. It affects how and when doctors may exercise their rights in private practice in general hospitals. The AMA Press release of 23 November, in part, states—

In particular, the legislation, if enacted, will:

- prejudice clinical freedom and limit the services a doctor may provide;
- limit patients' choice of doctor; and
- interfere with the private practice of medicine," Dr Blake said.

By stipulating that doctors wishing to work in public hospitals must reach agreement with the hospital regarding method of payment and the type of services they could perform, the legislation would result in many people being denied treatment in a public hospital by their own doctor.

The restricted role for private practitioners in public hospitals would be a deterrent to the retention of private health insurance in

the community, resulting in an increased demand on public hospitals, already operating under considerable stress.

It is also interesting that the International Labour Organisation some time ago sent a letter to the Prime Minister saying that the legislation he wished to introduce to bring in the Medicare system has either failed or has proved to be very expensive in other countries. The organisation knew it should not be brought into Australia when we already have such a tremendous health system.

The *Daily News* of 23 October reported—

Crisis for health service

LONDON (AAP): Britain is locked in debate over the future of its state-run National Health Service.

Doctors are saying they are having to leave patients to die because of lack of money.

Here we are legislating to adopt a similar system, a system which will eventually prove to be inefficient, which will cause huge waiting lists, and under which only the rich of the Australian public will be able to afford to be treated. The Government says it will cost less, but it will definitely eventually cost more for the people of WA. Apart from the one per cent levy that everyone will pay, no cover will be provided. The people of WA and Australia as a whole will have to take out ancillary insurance for dentists, chiropractors, and other ancillary medical treatments. The Government says medical funds are not allowed to cover the gap between the 85 per cent that may be paid by the Government to the doctors for the scheduled fee and the total fee. However, if the gap goes over \$150 per person per year, the Government will pay up to 100 per cent of the scheduled fee over that amount.

If, say, a husband, wife and four children happen to be a sickly sort of family, it could add another \$900 to that family's bill. If the husband earns \$10 000 per annum, 10 per cent of his income will go in extra costs towards his family's medical upkeep. This would have previously been covered under the gap system and it is strange that the Government has removed that freedom of choice that people previously enjoyed.

The Government has told private health funds that they cannot insure for the gap. I find it difficult to comprehend that the Government can tell people how, when, and what they can do. It also makes me wonder whether this is constitutional. I am sure it will not be long before one of the health funds runs a test case to find out whether this is right.

Apart from these extra costs and burdens on the Australian public, this legislation will result in an overall lowering of hospital standards occasioned by the demand that will be made on our hospitals and medical practitioners, and the lack of funds coming from the Government.

A doctor in my electorate expresses another view as follows—

Dear Sir,

I submit the following details of the iniquity of the present after hours remuneration I receive for providing a community service to Murray District Hospital.

I conduct a medical office in two towns and reside equidistant between these towns. This is of help to me and of assistance to both ends in an emergency.

However when I am called to Casualty by nursing staff, I have to travel 12km in each direction. I am informed by the R.A.C. that my typical medium sized car costs when all expenses are considered 45c per km.

I am therefore awoken at night, take 5 minutes to answer phone and dress. Travel for 10 minutes; spend 20 minutes with an average case, travel back 10 minutes—total 45 minutes.

I'm wide awake and take another 30 minutes to get back to sleep.

My car costs are \$10.80.

The fee for a H.C.C. case or P.M.S. case, and remember I am not allowed to charge for my travelling time, is \$15.85.

That gives me a net remuneration of \$5.05 on which I pay tax.

Let us suppose I need an urgent X-ray on the case:

I call in the radiographer and spend more time waiting for him and the development of the film.

He has arrived from his cheap rental home and receives, if it is a weekend, a minimum of \$51.00 for a "minimum 2 hour call out fee".

With the anticipated increase in the non emergency cases which are sure to arise after February 1st. because the service is "free" I frankly state that I am not prepared to prop up a new stupid system to the detriment of my health and to be expected to take a 20 per cent fall in financial return from the already ridiculous arrangement quoted above, unless casualty staff are allowed more responsibility in diagnosis and treatment

without phoning the Doctor, unless it is an emergency.

That is what the doctor means about the staffing situation. He believes the casualty staff should have more responsibility so that if a person has a cut, the doctor does not have to be called out to stick a bandaid on it.

I oppose this legislation on the grounds that it is unnecessary. We have one of the best, if not the best, health service in the world, but it will eventually become Medicare. I believe the health system will degenerate and hospital costs will rise for patients who receive outpatient treatment. For outpatient treatment in country hospitals, there will need to be an agreement between the general practitioners and the hospitals.

It will be an interesting situation when people front up to the hospital for free treatment and the doctor is in his surgery consulting his patients. Will he drop everything and run to the hospital to provide those people with free treatment and receive a reduced rate for it? That is a difficult situation to judge.

It just seems strange to me that we are introducing a system which will obviously be inefficient, when we already have an efficient system operating. That is all I have to say on the subject.

Debate adjourned until a later stage of the sitting, on motion by Mr Gordon Hill.

APPROPRIATION (CONSOLIDATED REVENUE FUND) BILL

In Committee

Resumed from 24 November. The Chairman of Committees (Mr Barnett) in the Chair; Mr Brian Burke (Treasurer) in charge of the Bill.

Progress was reported after Division 56 had been agreed to.

Divisions 57 to 64—Education, \$623 358 000; Board of Secondary Education, \$1 039 000; Western Australia Post Secondary Education Commission, \$689 000; Academy of Performing Arts, \$1 410 000; Hedland College, \$2 424 000; Kalgoorlie College, \$2 723 000; Karratha College, \$2 126 000; Rural Youth Movement Council, \$307 000—

Mr GORDON HILL: I move—

That Divisions 57 to 64 be postponed.

Motion put and a division taken with the following result—

Ayes 20

Mr Bateman
Mrs Beggs
Mr Bertram
Mr Bridge
Mr Brian Burke
Mr Terry Burke
Mr Burkett
Mr Davies
Mr Grill
Mrs Henderson

Mr Hodge
Mr Jamieson
Mr Parker
Mr Read
Mr P. J. Smith
Mr A. D. Taylor
Mr Tonkin
Mr Troy
Mrs Watkins
Mr Gordon Hill

(Teller)

Noes 12

Mr Blaikie
Mr Bradshaw
Mr Clarko
Mr Court
Mr Grayden
Mr Hassell

Mr MacKinnon
Mr McNee
Mr Mensaros
Mr Rushton
Mr Trethowan
Mr Williams

(Teller)

Pairs

Ayes

Mr Carr
Mrs Buchanan
Mr Tom Jones
Mr D. L. Smith
Mr Evans
Mr Pearce
Mr Wilson
Mr McIver
Mr I. F. Taylor
Mr Bryce

Noes

Mr Coyne
Dr Dadour
Mr Stephens
Mr Cowan
Mr Spriggs
Mr Old
Mr Crane
Mr Thompson
Mr Tubby
Mr O'Connor

Motion thus passed.

Division 65: Public Health, \$66 847 000—

Mr GRAYDEN: The matter to which I wish to refer in the general debate is that of a recent answer the Minister for Health gave in respect of a review of mental health legislation. A statement was made in *The West Australian* of 12 September 1983 to the effect that the Western Australian Government would conduct a large-scale review of mental health legislation which could lead to a new mental health facility. The statement said the review would concentrate on three areas—

The CHAIRMAN: I point out to the member for South Perth that there is a special section for mental health and we have not arrived at it.

Mr GRAYDEN: With due respect, I point out that I wish to deal with other matters under this heading; therefore I want to speak on the general debate.

The CHAIRMAN: I point out to the member that we are now debating generally in this Division which is headed "Public Health". Those items are listed on pages contained in this part.

Mr GRAYDEN: I appreciate that, Mr Chairman, but under part 11, there are several items such as Public Health, Hospital and Allied Services, Mental Health Services, the Western Australian Alcohol and Drug Authority, etc. I wanted to speak first on the Mental Health Services sec-

tion which is included in that estimate of \$560 652 000 for the part.

Point of Order

Mr O'CONNOR: Has not the member the right to speak on all the sections in this general debate?

The CHAIRMAN: No, the member can speak on public health matters. The next Division is Hospital and Allied Services followed by Mental Health Services. In the general debate section, we are dealing with Public Health so we will not entertain speeches in respect of mental health matters at this time.

Debate Resumed

Mr GRAYDEN: If that is the rule, I will abide by it and will raise this matter when we come to the Division for mental health.

Mr HASSELL: I have a couple of points to raise with the Minister and one of them concerns his ministerial adviser. In most areas of the Budget and, in particular, in regard to the Department of the Premier and Cabinet, ministerial advisers are identified within the vote. I do not know what the position is regarding the Minister for Health's adviser and I would be grateful if he would advise either by interjection or in his response the reason a ministerial adviser has not been included in this Division.

Mr Hodge: The ministerial adviser is included under item 2 on page 137 wherein it refers to ministerial expenses. This amount incorporates the running expenses of the Minister's office.

Mr HASSELL: Ministerial advisers in most other departments have been shown in the Budget simply as ministerial advisers. I do not know why there is a difference in this case.

I understand the Minister for Health has an adviser. I would refer the Minister to page 62 of the Estimates of Revenue and Expenditure which refers to Division 20. Under the subheading "Administration" provision is made for one ministerial adviser and it is possible to see what he is paid and, in particular, what his duties are. Again if one refers to the Department of the Premier and Cabinet on page 34, one finds that provision is made for one principal ministerial adviser, three ministerial advisers, and a ministerial officer.

The Minister will see, if he goes through the Budget, that in a number of places there is a specific reference under the ministerial section to ministerial advisers. For example, under Consumer Affairs on page 92, under the subheading "Minister's Office" the first item relates to one

ministerial officer and in the Public Health Division with which we are now dealing, and which includes the cost of the Minister's office, there is a subheading, "Management Services" which provides for seven "staff Minister's office". I ask the Minister the reason the amount has increased from \$95 810 to \$144 800. I also ask the Minister: What are the qualifications of his adviser and what is his background? My recollection, from the questions on notice I have asked the Minister, is that his ministerial adviser is the former Executive Director of the Family Planning Association. If this is the case, it may account for the Minister's defence in relation to recent activities.

Mr Parker: Everyone has agreed with it except you.

Mr HASSELL: I would suggest to the Minister for Employment and Administrative Services that he should look at the mail that I have received in support of what I have said. I have not received one letter criticising what I have done.

Several members interjected.

Mr HASSELL: That is a smart remark. I have a stack of mail and members know very well that people usually write to a member of Parliament about what the Government is doing or what he is doing—they do not usually write to support a member. It is staggering to me that I have received so many messages in the form of telephone calls with names and addresses supplied, a telex, and a number of letters all in support of me and not one message or letter has been criticising me.

Mr Bertram: You should see the barrage of support we received on the tobacco Bill.

Mr HASSELL: The member for Balcatta is making my point. People usually write to members of Parliament when they feel strongly about something, but it is unusual to receive well-written letters of support from a wide area of the State and the metropolitan area.

I received a lot of letters and messages regarding the tobacco Bill and both points of view were equally matched.

Mr Bertram: In our case, they were overwhelmingly in support.

Mr HASSELL: I received letters expressing both points of view and they were from all parts of my electorate.

Mr Davies: It would be interesting to find out the age group of the people from whom you received the letters.

Mr HASSELL: I could hardly ring up the people who wrote the letters of support and ask them how old they are. The majority of them are women and I am not going to risk my reputation

with women any further by asking them their ages.

Mr Davies: I know that you cannot do it, but it would be interesting.

Several members interjected.

Mrs Beggs: I make the point that women are no longer afraid of admitting their age.

Mr HASSELL: Some women are not and some women resent very much being asked their age and I am not going to take the risk.

The point, as I understand it, is that the Minister's adviser was the former Executive Director of the Family Planning Association. There is nothing wrong with that and I am not criticising it. I want to confirm the information I have and ask the Minister about his adviser. What are his qualifications for doing the job he has to do for the Minister?

I have already pointed to the fact that there is a significant increase of something in the order of 50 to 60 per cent in the cost of staff in the Minister's office and if we look also at the administration expenses which are included under the heading of "Ministerial expenses", we find that there is an increase from \$802 000 to over \$1 million. That is almost a 25 per cent increase in that item. The Minister appears to be costing substantially more than the rest of the Government Ministers.

Another item on which I seek information concerns the antismoking campaign's contribution to the trust fund. How much has been spent in this area? What is the state of the trust fund, how much will it build up to, and how much has been spent already?

Sitting suspended from 1.00 to 2.15 p.m.

Progress

Progress reported and leave given to sit again at a later stage of the sitting, on motion by Mr Tonkin (Leader of the House).

QUESTIONS

Questions were taken at this stage, during which Mr O'Connor (Leader of Opposition) moved to dissent from the Speaker's ruling that his question without notice 573 was not admissible because it sought an opinion (see pages 5352-58).

REFERENDUMS BILL

Returned

Bill returned from the Council with amendments.

APPROPRIATION (CONSOLIDATED REVENUE FUND) BILL

In Committee

Resumed from an earlier stage of the sitting. The Deputy Chairman of Committees (Mrs Henderson) in the Chair; Mr Brian Burke (Treasurer) in charge of the Bill.

Division 65: Public Health, \$66 847 000—

Progress was reported after the Division had been partly considered.

Mr O'CONNOR: I refer the Minister to the section headed "Salaries and Establishment" and to the position of assistant commissioner, where a figure of \$46 939 is shown for last year but nothing is shown for this year. Obviously no-one has been appointed to the position as yet. Provision of \$102 000 is made for two vacant positions. I presume one of those will be the assistant commissioner. However, I would like the Minister to indicate whether that is so and to indicate what the other position is. They will obviously be people with a great deal of ability—certainly they should be—because they will probably be earning about \$50 000 per annum each.

It is noticeable that the Public Health Department employs 2 303 people and that 133 vacant positions are listed, a considerable number. Bearing in mind that one portion of those positions will amount to over \$2.5 million, I would like the Minister to explain the vacant positions and to indicate whether they will be filled this year. I thought this situation may have arisen because of the 50:50 replacement policy, but I realise that could not be so, because the amount has been allotted in this Budget.

Mr TUBBY: I raise a matter of great concern to people in my electorate, and it relates to the registration of dental technicians to enable them to deal directly with members of the public. I know the Minister has received communications from the Australian Dental Association, but I express my concern about the effect of the legislation on established dental practices in country areas.

Recently the Australian Dental Association wrote to members stating that, as a result of election promises, the Minister for Health had indicated his intention to proceed with legislation to enable dental technicians to deal directly with the public. Shortly after, the dentists in Geraldton wrote to me in the following terms—

It has been brought to our attention that the State Government intends to introduce legislation to enable registration of dental

technicians to deal directly with the public, for provision of removable dentures.

We wish to voice our strongest personal objection to this and ask you, as our elected representative to do so on our behalf.

Enclosed please find a submission prepared by the Australian Dental Association (Inc) which outlines the consequences of such a move and also questions and answers which help to dispel some common misconceptions.

We would be grateful if you could take the time to read the enclosed submission and advise that we would certainly be available for discussion if required, as we are the members of the Australian Dental Association (W.A. Branch) executive.

We ask for your support to defeat this proposed legislation in order to keep the practice of dentistry a viable profession.

To obtain a sample of the reaction from dentists operating in country areas I contacted the dentist who lives at Three Springs and operates in that area and in the neighbouring Shire of Morawa. The dental equipment he uses is owned by the respective shires and is leased to him. He spends three days each week in his practice at Three Springs, and two days each week practising in Morawa. The arrangement works reasonably well, but his practice could be considered to be marginal.

The dentist is not a member of the dental association so he did not receive the information which I read out. It was of vital concern to him to know that this move was anticipated. He indicated that if a dental technician set up his practice in his area, there would definitely be no room for him to operate in that area as well. He said it was quite possible for this to happen if there were an oversupply of dental technicians in the State and one decided to start a practice in his area. He said further that if this happened, he would have to leave his area. If he left the town, the area would face a serious problem because that vast area would be without the services of a qualified dentist.

I have selected this example to put to the Chamber because I believe other shires in the State have similar arrangements with dentists to the extent that their dentists are heavily subsidised by the community by way of the provision of facilities.

I urge the Minister for Health to give the utmost consideration to the problems he may create if he proceeds with this measure in rural centres and country areas.

The proposal may work satisfactorily in the metropolitan area, but it would definitely spell disaster for country practices.

Mr COURT: I will make some general comments on the area of public health and I will refer to a general problem relating to the Alcohol and Drug Authority. Recently we adopted a Bill in connection with tobacco advertising, and I took the opportunity during its debate to raise what I thought was a serious problem, which was alcoholism and drug addiction in our society. I concentrated on the area of drug addiction among school-age children and people in the up-to-25-years age group. I said the Minister for Health was quite paranoid about cigarette advertising and was neglecting what I considered in this day and age to be a serious problem.

Mr Gordon Hill: The first action of this Minister was to move to establish a parliamentary Select Committee to look at alcohol and drug abuse.

Mr COURT: The member can comment when I have finished.

Mr Gordon Hill: The fact is that it was established.

Mr COURT: The fact is that when I mentioned this subject, I was told there were some 1200 deaths a year as a result of cigarette-related diseases and that only a couple of hundred serious drug-addict deaths occurred each year. I tried to make the point that some people never became a cigarette statistic because they had died before reaching the age of 25 years as a result of heroin addiction, which represents a very sad situation indeed.

I said during the debate that the Government was wasting a lot of money on the advertising campaign it had in full swing. In a matter of two months it spent \$300 000.

The member for Helena was reported in the Press as talking about the serious problems connected with alcoholism and drugs. The report states—

Evidence already taken indicated that drugs and alcohol problems were more widespread than had been expected. "We are convinced that alcoholism has reached epidemic proportions in this State and that children's drinking is a significant problem", Mr Hill said.

"We have also been given evidence that there could be up to 6 000 heroin addicts in WA".

I made it clear during my speech that these problems were in my area, and I said I wanted the Government to take a proper approach to educat-

ing and helping young children to change their attitudes, not only to cigarette smoking, but also to the issues of alcoholism and drug addiction, so that the children would face up to those issues.

The problems hit home when one works with a number of voluntary agencies in one's area. The agencies with which I work in the metropolitan area operate on shoestring budgets. They generally rely on donated premises, and certainly rely on donated expertise. They struggle to provide a service. I admire the people who give their time voluntarily to this type of work, while at the same time they witness a Government's blowing \$300 000 on an antismoking campaign.

The Government has established a trust fund for the antismoking campaign with a contribution of \$2 million. I am interested to know what amount of that money has been spent so far. The education programme the Government carries out should take into account the private area. The Government should be concerned with educating not just young people, but all people in the community, about the problems related to alcoholism and drug abuse, not just those related to cigarette smoking. The Minister is quite paranoid about cigarette smoking.

Withdrawal of Remark

Mr TONKIN: On two occasions the member has remarked that someone is paranoid. I rarely ask for the retraction of remarks, even though I have been asked to make retractions of mild words such as "hypocrite". The member may have used the term "paranoid" loosely, but accurately it is a mental disease.

Mr MacKinnon: Accurately.

Mr TONKIN: The member for Murdoch should withdraw that word.

Mr MacKinnon: You said the word "accurately" is unparliamentary.

Mr TONKIN: The member is trying to be smart, but he has made himself look stupid.

Mr MacKinnon: You said it, not me.

Mr TONKIN: The member for Nedlands has said that the Minister for Health has a mental illness, and it is quite unparliamentary because we all know it is untrue.

Mr O'Connor: Has he ever been treated for it?

Mr TONKIN: I believe the member's use of the term is unparliamentary, and if it is not unparliamentary, the many terms I have been asked over the years to withdraw could be regarded as more acceptable than the term "paranoid". I ask that the member for Nedlands withdraw his remark.

Mr COURT: I am quite prepared to withdraw my comment. I did not mean it in the light referred to by the Leader of the House.

Mr Tonkin: But that is what it means.

Mr COURT: I have not tried to make political points on this question of alcoholism and drug addiction.

Mr Tonkin: The member could say the Minister believes in it very strongly, and that would be quite accurate.

Committee Resumed

Mr COURT: I was about to sit down before the Leader of the House rose. The point I was making was that the Government must be extremely careful in spending the taxpayers' money on what I consider a wasteful advertising campaign when there is so much good work to be done around the community. The people doing that work shudder when they realise that a large amount of money is being spent on newspaper advertising and the like. I hope the Government spends the money allocated to the antismoking campaign on worthwhile education programmes in the proper areas.

Mr GRAYDEN: Earlier today we debated a Bill in respect of legislation complementary to Medicare. Another aspect of Medicare which comes within the ambit of this vote is the pressure to which hospitals in Western Australia will be subjected when Medicare is introduced on 1 February next year. I am particularly concerned because I do not believe we are making adequate preparation for its introduction and, if we do not make that preparation, obviously chaos will ensue when Medicare is introduced.

We mentioned on other occasions the pressures to which hospitals in WA have been subjected over the last few years. Since 1979, there has been a "no growth" staffing policy in Government hospitals in this State. We know of additional pressures being placed upon hospitals, which include the growing complexity of patient care, increased bed occupancy rates, and the higher turnover of patients. Patients are remaining longer in hospitals, and this is placing additional pressures on them.

In addition, the Government recently brought in a policy to replace only 50 per cent of Government staff. While that policy was not implemented in its entirety, as far as Government hospitals are concerned, it was implemented. That policy also placed additional stresses on hospitals. It is quite obvious that we have a very serious situation indeed, so serious that hospitals are cancelling elective surgery and are being subjected to all sorts of other restrictions.

Mr Hodge: You are on the wrong section again. You are speaking on the Public Health Department Division. This is the Division of the Department of Hospital and Allied Services.

Mr GRAYDEN: We are still talking about Public Health, are we not?

Mr Hodge: The Public Health Department does not administer hospitals. It has got nothing to do with them.

Mr GRAYDEN: I appreciate that. I could speak equally properly on that subject. I am talking about health generally.

Mr Hassell: He will not say it twice.

Mr Hodge: As long as you don't make the same speech when we get on to the next one.

Mr GRAYDEN: Without question, the present situation will be greatly intensified when Medicare is introduced. The part that concerns me mostly, apart from the chaos which must ensue, is that the Minister for Health has a completely different attitude on this subject from that of the Commonwealth, and it is that division of opinion that forbodes ill for the hospital or the public health system in this State.

Recently I asked the Minister for Health some questions on this subject, one of which was to this effect—

Has a survey or study of any kind been carried out within the Government hospital system in some other way, for the purpose of determining how much increased pressure on Western Australian Government hospitals is likely to result from the introduction of Medicare in February next?

The Minister gave this terribly relevant answer—

It has been estimated by the Commonwealth Government that the introduction of Medicare could lead to an increase of 10 per cent in admissions to WA Government hospitals.

The Commonwealth thinks it could lead to a 10 per cent increase in admissions to WA hospitals! I asked another question in regard to private hospitals as follows—

... what is the extent of the reduction in admissions anticipated by private hospitals when Medicare is introduced?

The Minister replied—

The estimate by the Federal Government is in the order of 10 per cent reduction in private insurance status. The effect of such a reduction in the number of persons who seek admission to private hospitals is not known.

From those two answers we can be clear that the Commonwealth Government anticipates that Medicare could lead to this 10 per cent added pressure on hospitals.

I have asked other questions of the Minister and he has given a completely different answer. I asked—

Is he aware that private health funds estimate that 386 health fund staff in Western Australia will lose their jobs when Medicare is introduced and that only a portion of these will find employment with Medibank Private which expects to recruit only 16 extra staff?

That was only one of many questions I asked on this subject that day. The Minister's reply was—

A major shift from private to public hospitals is not foreshadowed as a result of Medicare. Sufficient capacity exists within public hospitals to accommodate any increase in demand which may occur.

That indicates the Minister's attitude. On the one hand, the Commonwealth says there may be a 10 per cent increase and, on the other hand, the Minister simply says that a major shift from private to public hospitals is not foreshadowed as a result of Medicare. As a result, I asked the Minister many further questions. I will not go through them all, but I will quote a couple to emphasise the Minister's attitude and how it contrasts with the attitude of the Federal Government. I asked—

How does the Government reconcile its 50 per cent staff replacement policy, and its application, in the manner explained by him, to Government hospitals, with the increased public demand on these hospitals which is expected to occur when Medicare is introduced?

The Minister's reply was—

Adequate hospital services will be maintained if there is increased public demand. This has been covered in the arrangements agreed with the Commonwealth Government on the introduction of Medicare.

I asked this question—

Is the State Government concerned about the possible impact of Medicare on private hospitals in Western Australia?

That is a very legitimate question. We are facing a situation where the hospital system in this State is under tremendous stress, and added pressures will be exerted when Medicare is introduced.

The Minister's reply was—

Previous experience suggests that WA has shown preference to maintain a higher per-

centage of voluntary insurance to cover private hospital and medical services and thus there appears to be less need for private hospitals to be concerned than in other States.

That shows the Minister's attitude. Because the Minister was obviously not concerned, when the Commonwealth must have been concerned, at the anticipated 10 per cent increase in the pressure on hospitals, I asked the following question—

Can he give an unequivocal assurance that—

Medicare will not be permitted to exacerbate the situation from one of stress for hospital staff to one of intolerable strain;

The Minister's reply was—

The Commonwealth has agreed as part of the Medicare arrangements to provide additional funds to the States to meet any increase in hospital in-patient and out-patient activity or any loss in revenue incurred by the State hospital system as a result of the introduction of Medicare.

Again, the Minister is indicating that he is not concerned; he is simply saying that the Government will provide additional funds. I am asking: What will happen in the meantime when hospitals are suddenly subjected to a 10 per cent increase? How will they cope with that additional burden until such time as these arrangements can be made? I asked a question—

Has he given consideration to possible adverse effects which Medicare may have on the viability of private medical and pharmaceutical facilities in remote areas in Western Australia?

Once again the Minister's reply was frivolous. He said—

It is not anticipated that there will be any adverse effects.

I am getting the impression that the Minister is not doing too much to make provisions for the added burden which Medicare will place on the hospital system in WA. I asked a further question—

In view of the universal expectation that Medicare will place substantial additional strain on Government hospitals, is it intended to augment staff at such hospitals prior to the introduction of Medicare?

A legitimate question, but the Minister's reply was—

The only universal expectation of Medicare I am aware of is that the

"substantial strain" and worry of medical bills will be alleviated for those families previously unable to afford health insurance.

That is an interesting answer. The Minister knows the answer only too well, because he was provided with that information by the Commonwealth Government, which indicated there would be a 10 per cent increase. The reply the Minister gave me was—

It has been estimated by the Commonwealth Government that the introduction of Medicare could lead to an increase of 10 per cent in admissions to WA Government hospitals.

The Commonwealth is thinking in terms of a 10 per cent increase, but in his replies to me the Minister has made it clear that he does not believe there will be any increase. Therefore, he is not making any preparation to cope with the additional burden which must come about when Medicare is introduced. I am basing my statement on the evidence provided by the private hospitals of Western Australia. They estimate that there will be a 15 per cent increase in the Government hospital system. Many hospitals have said that that estimate is far too conservative and that it will be in the order of a 20 per cent increase.

However, resolutely, all this session, the Minister has said that as far as he is concerned there will be no increase. We know there will be difficulties because the hospital system at present is at breaking point. Royal Perth Hospital has a very high bed occupancy and any further pressure would be disastrous. It is obvious the Minister and his staff should have discussed this whole question with the Government hospitals.

Last August, I asked the Minister—

- (1) Has he discussed the probable impact which Medicare will have on Government hospitals, with officials of such hospitals?
- (2) If so—
 - (a) what probable impact do the officials expect;
 - (b) if increased pressure on Government hospitals is anticipated, what measures are being taken to cope with the additional pressure?

His answer was—

- (1) Yes.
- (2) Discussions are in progress.

On 25 October, I asked—

- (1) Have discussions between the Government and officials of the Government

hospitals on the probable impact of Medicare on the respective Government hospitals been completed yet?

- (2) If so, what impact do the officials expect?
- (3) If not, when is it expected that the discussions will be finalised?

The Minister replied—

- (1) No.
- (2) Not applicable.
- (3) Before 1 February 1984.

That is the type of discussion the Minister for Health is having with public hospitals in Western Australia in order to ascertain from them the impact that Medicare is likely to have on them and what should be done to minimise it.

I asked the Minister the following question about private hospitals—

- (1) Have discussions on action which the Government intends to take to minimise any adverse effects which the introduction of Medicare may have on private hospitals, been completed as yet?
- (2) If so, what action is intended?
- (3) If not, when is it expected that the discussions will be finalised?

The Minister replied—

- (1) No.
- (2) Not applicable.
- (3) Before 1 February.

The Minister is giving me the distinct impression—although it may not be correct—that he is not concerned about the impact of Medicare on Government hospitals or private hospitals in Western Australia. I hope that, even though he has given me that impression, he is concerned, and that he will take the appropriate steps. If that is not done, we will have a chaotic situation when Medicare is introduced on 1 February next.

I mention this purely because of my concern about the impact that Medicare will have on the community. I do not think that anyone who is familiar with the hospital system in Western Australia could be other than extremely concerned with what is happening at the present time. The teaching hospitals and non-teaching hospitals in the metropolitan area are under tremendous pressures, and when one converses with people from hospitals in the country areas, one finds that they also are facing all sorts of other pressures which are emphasised by outdated equipment and inadequate facilities, notwithstanding, as I have

mentioned earlier, that the pressures on hospitals generally are growing daily. One cannot add to those pressures without causing chaos in the hospital system in Western Australia and in the system of public health generally.

We are rapidly approaching 1 February, when Medicare will be introduced, and unless adequate steps are taken, lives will be lost and there will be all sorts of unnecessary suffering. It is altogether too late to wait until 1 February and then say that Medicare has had a big impact and something will have to be done about it. It is imperative that action be taken now in order to anticipate the effects of Medicare.

The Commonwealth Government has undoubtedly undertaken study after study on all hospitals, not only in Western Australia but also in every State of Australia. The hospital boards have written to the Commonwealth Government and voiced their fears. All sorts of inquiries have been conducted by the Commonwealth Government and it is, therefore, in a position to say with some authority what sort of additional pressures will be incurred on hospitals in Western Australia. The Commonwealth Government has indicated to the State Government that those pressures could be in the order of 10 per cent, but that falls short of what the private hospitals anticipate. As I mentioned earlier, the private hospitals anticipate additional pressures of 15 to 20 per cent. We know this, and yet the State Minister for Health, in answers he has given and in statements he has made in this Chamber, is brushing this fact aside and is saying, "What additional pressures are you talking about?" Is he just brushing from his mind the evidence forwarded to him by the Commonwealth Government? I cannot understand the Minister's adopting this attitude on such a serious issue.

There could not be a more serious issue in Western Australia. We have a vast hospital system with a huge number of hospitals in the metropolitan area and a huge number of hospitals in the country areas—in the north-west, Pilbara, Murchison, south-west, etc. As well as the hospitals, there are numerous nursing posts and other forms of medical institutions. I would estimate that there would be 150 or more hospitals in Western Australia and Medicare will have an impact on every single one of them.

If our hospital system suddenly becomes chaotic, all sorts of unnecessary suffering will result. It is for that reason I have taken this opportunity to draw to the Minister's attention my concern about what is happening in the hospital system. All hospitals, whether they are in the metropolitan area or in the country area, are sub-

ject to pressures and they will be subject to additional pressures when Medicare is introduced, and yet no plans are under way to assist them. I do not know how they are coping at the moment and I find it difficult to envisage what is likely to happen on 1 February next year when Medicare becomes a reality.

I express the hope that when the Minister replies he will not say he is not concerned, but he will be able to say that he has taken measures that hitherto have not been disclosed in order to cope with the additional pressures which will occur when Medicare is introduced. If the Minister has not taken such measures, we are in for trouble.

Mr RUSHTON: I refer to item 7—Senior Citizens Services—and my question relates to the community services that are available to senior citizens in the Armadale area. The Minister would be aware of my constant pressure for the provision of a permanent care ward at the Armadale-Kelmscott Memorial Hospital. It would complete the range of services available to elderly citizens in that area.

The Minister would also be aware that the local hospital in the district was originally contributed to by the local citizens. The original hospital was transferred to the Mental Health Services and is now a hostel. The local community wanted the original hospital for an elderly citizens' centre, but that did not eventuate. We were in Government at the time and negotiated on behalf of the local people, but we were led to believe that facilities for elderly citizens would be available at the new hospital.

Shortly the Minister will be visiting Armadale-Kelmscott Memorial Hospital to open a day care centre which is a valuable asset to the elderly citizens service. The old nurses' quarters have been renovated and, together with a transportable unit from the Fremantle Hospital, will form the centre. The local Rotary club assisted with the provision of a bus by raising funds for half the costs of it and the Government provided the rest. Together with the Silver Chain Nursing Association service, this centre will allow elderly people to reside in their own homes.

Another first for the Armadale area was, of course, the Meals on Wheels service. It was instituted, and is still supported, by the local hospital.

Whenever one mentions the Armadale-Kelmscott hospital, one cannot help but pay tribute to the staff at the hospital and the work undertaken by the local community.

I am aware that the ladies' auxiliary has raised \$50 000 or a little less, and it continues to give great support to the hospital. That sum has been raised gradually to support a permanent care ward. The Minister would be aware that patients are being turned away every month from surgery or services at the hospital and this adds to our concern and creates continued pressure for the extra ward. It was suggested to us that the ward should be built so the beds could be occupied by general patients and there could be a transitional period until there were sufficient permanent care patients to have a complete ward to themselves.

The sad aspect of this situation is that people have worked for years to support the hospital and one of the partners in life—and a number of them come to my mind vividly—who has reached the end of his or her life must go out of the district to a hospital in the city. That might occur in the last week or two of their lives, and it has been distressing to people who have worked hard to get this service. I refer to commitments made by the previous Government. I do not do this in an antagonistic way, but the reality is that constant representations have been made by me and others for the development of this ward. I thought it would take place this year and I was somewhat amazed when I found a reasonably large development—a 24-bed psychogeriatric ward—was to be built for a considerable amount of money, but not a permanent care ward.

I am aware the Government has acted on a recommendation to relocate the people from Swanbourne who are in need, and they are being placed on the Armadale hospital site. I am assured by medical people that 24 beds is an uneconomic unit, and it should be a 48-bed unit. I ask the Minister to comment on that.

The point was made by the Minister in answer to my questions that the Government is still awaiting the Campbell report. This situation has been going on like the "Dad and Dave" radio serial; it never seems to reach the end. It has gone on for two years and I was told the report would be ready this month. We also were told it would be available earlier this year. What is the position with the Campbell report and what recommendation does it make about the building of a permanent care ward at Armadale?

We have been waiting a long time, and great expectation has been created among the local people who have given magnificent support to the senior citizens' services. They have contributed in person and in cash towards such an additional service and it would be very rewarding for them to receive attention and acknowledgement. If the Minister cannot answer these points today I hope

he will do so in a month's time in his address when he opens the day care centre.

To summarise the points I would like him to answer: Has the Campbell report been completed; is it in the Minister's hands; and what are the recommendations for the establishment of a permanent care unit at Armadale? Is the 24-bed psychogeriatric ward now being built at Armadale deemed to be an efficient unit, or should it be a 48-bed unit? Of the 24 patients who will be resident at Armadale, how many will be local and how many will come from other areas? When can we expect a commitment in relation to the permanent care ward? When the psychogeriatric ward is built, will a matron be appointed to run the new wing, will the matron look after the whole complex, or will it come under the control of the matron of the general hospital? Will any change occur in the executive officer structure?

I ask the Minister to give as comprehensive a response as possible, and if he can add to it in the next day or so, I would welcome it. He knows the sincerity with which I have directed my attention to services at this hospital, and he would be aware of the support given by local people to the provision of the day care bus; he knows the women's auxiliary has been constant in its support of the elderly citizens' services, and that our priority has been acknowledged before as being very high indeed. I ask him to put us out of our misery and give us a greater commitment than we have had to date. His latest response to me was that he was still awaiting the Campbell report; I would like something a little further advanced on that.

Mr THOMPSON: I take this opportunity to raise two issues relating to my electorate. The first is in connection with the Kalamunda District Community Hospital. The Minister will be aware the hospital was built originally by a private company that got into financial trouble, and in about the mid-1970s the Government purchased the hospital and installed a board of management to run it. From the time the board took control of the Kalamunda hospital, it has served the community exceptionally well to the extent that the financial results compare favourably in terms of running costs with other comparable hospitals in this State. I am led to understand that no other comparable hospital in Western Australia costs the taxpayers less per patient than does the Kalamunda hospital. I pay tribute to the people who have served on the hospital board since its inception. The board has been a stable one and there still are members on it who were appointed initially by the then Minister for Health (the Hon. Norman Baxter) seven years ago.

I asked the Minister for Health some questions in the Chamber recently with the intention of drawing to his attention the bed occupancy rate at the hospital. In the answers given, he indicated that on a particular day in recent times more patients required beds than the nominal bed number the hospital could accommodate. Therefore, it became necessary on that occasion for temporary arrangements to be made to accommodate the patients. The Minister, in response to a follow-up question, indicated to me that there were no immediate plans to increase the bed capacity at the Kalamunda hospital in the near future. In response to my question regarding the overcrowding, he said that the same sort of temporary arrangement would be made in the future as had been made in the past.

I appreciate that in the short term the action will be acceptable, but, of course, as we go into the future and as the population of the Shire of Kalamunda grows, increasing pressure will be placed on the hospital. In my view, the department should start thinking very soon in terms of increasing the bed capacity of the Kalamunda hospital.

Mr Troy: Have you seen Swan District Hospital?

Mr THOMPSON: Yes, I have been there and I know the situation at Swan District Hospital. However, the fact that undesirable situations exist in other hospitals does not preclude me from pressing for more beds at Kalamunda, in the interests of the people I represent.

A further matter which has only recently come to my attention is a service related to the Kalamunda hospital; that is, the ambulance service. Rumours are circulating that it is the intention of the St. John Ambulance Association to close the depot at Kalamunda and serve Kalamunda from one or more of the metropolitan area depots.

The professional service at Kalamunda has been available only in recent years. When it became known that the St. John Ambulance Association was intending to install permanent officers at Kalamunda, some disquiet was expressed by the volunteers who had until that time provided the district with a commendable level of service. Most of the volunteers were against the establishment of the St. John Ambulance depot. However, having now had the service for a number of years, the community at large has come to appreciate it and some of those—I might suggest all of them—who initially indicated their objection to the establishment of the permanent professional service, now believe it is essential. I sound a note

of warning that if the St. John Ambulance Association withdraws the service from Kalamunda, the prospect of getting a desirable level of service from a volunteer group is much less now than it was when the professional service was first introduced.

It is totally inappropriate for the permanent professional service to be withdrawn, particularly in view of the continued growth in the Kalamunda region. When the service was established, the Shire of Kalamunda was experiencing a growth rate in excess of 14 per cent per annum. Although the growth rate has reduced in recent years, there is still steady growth in the shire. I cannot recall the figures offhand, but the population will increase by at least one-third in the next 10 or so years.

I submit to the Minister that there will not be a lessening in demand for an ambulance service in Kalamunda, but an increasing demand for that service. I do not expect him to be able to answer this point now, but I ask the Minister to make inquiries and let me know by letter what the intentions are with respect to this service.

If there is any hint of a suggestion that the professional service will be withdrawn the Minister should take on board the points I have made in favour of that service being retained. It will be a retrograde step to withdraw something which is clearly needed for the benefit of the people of the community I represent.

[Quorum formed.]

Mr HODGE: Many of the speakers ranged far and wide and well outside the Public Health Department area. However, this does not matter so long as the matters raised are not dealt with again under another section. I will deal with the points in the order in which they were raised.

The Deputy Leader of the Opposition was interested in my ministerial adviser. He wanted to know who he was, what he was paid, his qualifications, and his employment background. My ministerial adviser is Mr Ron Adams. I do not think that is any secret because it was in the newspaper when he was appointed some months ago. His salary is \$34 800.

Mr Clarko: That is \$4 000 more than a member of Parliament at the moment.

Mr HODGE: He was a hospital administrator in a number of hospitals in this State from 1962 to 1973 and has had wide experience in that position.

Between 1973 and 1976 he worked for the Public Health Department as senior health liaison officer, and he also worked for a time as special

projects officer for the Health Education Council. From 1979 to 1983 he was Executive Director of the Family Planning Association.

He has a diploma of management, a certificate of fund raising, and a certificate of family planning, and his current studies are in the area of postgraduate health administration. He is an associate member of the Australian Institute of Management, a member of the Australian institute of fund raising and of the Australian institute of charity administrators, and an associate of the Australian association of executives.

A member: He seems well qualified.

Mr HODGE: The Deputy Leader of the Opposition also queried the fact that there seems to have been a significant increase in the salary costs of staff in the Minister's office. He is correct, there has been a fairly significant increase. I am told that in the previous Budget, provision was made for four staff members in the Minister's office. Shortly after that, my predecessor increased that by one extra typist. For a period her salary was not debited against the Minister's office; she was still being paid by the department from which she came. I have put on two extra people in my office, so there is now a total of seven staff. So it has increased from four to seven. One of those increases was made as a result of action by my predecessor.

The Deputy Leader of the Opposition also asked about the antismoking trust fund, and how much had been spent to date. I am advised that to 21 November, \$313 467.75 has been spent from the \$2 million placed in the trust fund. I think those were the main queries raised by the Deputy Leader of the Opposition.

The Leader of the Opposition raised a number of queries as well. He asked about two vacant positions which appeared in the Budget with a sum of \$102 000 allocated, and he half answered the question himself when he said he thought one of those positions could be for the Deputy Commissioner of Public Health. That is correct. Dr Quadros has recently been appointed to that vacant position created by the retirement of Dr Carruthers.

The salary for the position is fairly substantial, something over \$50 000. I cannot put my hands on the exact amount at the moment, but it is about \$52 000.

The other position is for a senior medical officer. In fact, a person has recently been appointed to that position.

The Leader of the Opposition also raised a query about 129 vacant positions, and an allocated amount of \$2 668 million. I have had that

checked out with my department during the lunch break. I was told that that was the number of vacancies as at 30 June 1983—and there is nothing unusual about that; it is quite common—and many of those vacancies have been filled since that date. It is quite a normal position for the Public Health Department to be in.

I have just found the piece of paper I was looking for. The Assistant Commissioner of Public Health receives \$56 800. I have trouble reading the writing, but it looks like \$45 300 is for the medical officer referred to.

The member for Greenough raised a question about dental technicians. While that, strictly speaking, has nothing to do with the actual Budget, he took the opportunity to let the Chamber know that some of his constituents were concerned about the possibility of dental technicians becoming registered. Dental technicians have been seeking registration for many years. This is the only State in Australia, I believe, where dental technicians are not registered in one form or another. I know the previous Government gave a lot of thought and consideration to this question, and I think some form of registration was seriously considered. The Australian Labor Party did adopt the policy some years ago—in fact, we made it an election promise in the last three general elections—that if we were elected to office, we would take action to register dental technicians. We made that a definite promise, and we intend to keep it. We will be introducing legislation next session to bring about some form of registration or licensing of dental technicians.

The member for Nedlands spoke at some length about the use of the \$2 million on an advertising campaign against tobacco, and referred to the serious problems faced by society caused by abuse of alcohol and other drugs. I listened closely to all he said, but I am still at a loss to understand the point he was making. I think he thought it was a waste of time for us to spend that money on tobacco advertising when there are other problems in the community caused by the abuse of alcohol and drugs. If that is the point, I disagree with him. While I acknowledge the serious problem caused in society by the abuse of those drugs, I believe there is also a serious problem caused by tobacco consumption. We have been over this at great length in many debates, and I do not see much point in our covering it again today.

As the member for Helena pointed out, one of my first actions on becoming Minister was to form a Select Committee of this Chamber to investigate the problems caused to society by the abuse of alcohol and drugs, how we could best

cope with them, and what needs to be done to bring those problems under control. I think we have a good record. I am looking forward to seeing the report from that committee. I know it will be an excellent one. I know all the members are working very hard on it, and I think the Government will be well placed, when we receive the report, to make a fresh assault on the problems caused for society by the abuse of drugs and alcohol.

The member for South Perth spoke at some length about the likely effect on the public and private hospital systems of the introduction of Medicare. As I said before, it was not appropriate for him to speak on that matter during this Division, strictly speaking, as this section deals only with public health matters; but I might as well respond at this point and say that I hope there will not be a further debate on the matter when we get to the hospital section. The member for South Perth went through a whole series of preliminary questions and read to us the questions he asked of me and the replies I gave. He seemed to draw the conclusion from those questions and answers that I was not expecting any sort of increase in the utilisation of public hospitals. I have never said that, and I do not think he can come up with an answer where I have said that I am not concerned or that I do not expect an increase in the use of public hospitals. I do expect an increase in the use of public hospitals. However, I do not have a crystal ball or any other ability to see into the future.

Many of the questions directed to me by the member for South Perth arose as a result of approaches made to him by doctors and owners of private hospitals who naturally are concerned and apprehensive about what the future holds for them under the new health scheme. At times the member for South Perth has probably gone too far in painting such a grim picture of gloom, doom, and chaos, a situation which he believes will occur in the public and private hospital systems.

I have said to the member for South Perth before and I repeat it again, that an agreement exists which will provide to the State direct compensation for any increase in activity in public hospitals. If there is any increase in inpatient or outpatient activity in any hospital in this State, we will be compensated directly for that: that is, any increase over the level of activity in the year 1982-83, which is taken at the base year. We shall be completely compensated for that and, therefore, extra funds will flow from the Commonwealth to the State along with extra staff and facilities as required.

It is difficult to predict how much extra stress and strain will be placed on the hospital system. However, if members want to take an extremely pessimistic view, as the member for South Perth appears to have done, in some hospitals we will be hard pressed for beds; but I do not believe we should prophesise gloom, doom, and the worst which could occur. There will not be any sudden onslaught on public hospitals. There is quite a deal of room to spare in some parts of the public hospital system. We will be opening additional beds as they are needed. For instance, at Wanneroo Hospital there are up to 23 extra beds and we have a great deal of unused capacity in a number of hospitals around the metropolitan area and in some country areas.

The member for South Perth focused for some time on Royal Perth Hospital and it is true that that hospital is very busy. It has always been a busy hospital and I suppose it will continue to be busy. However, if we find that hospital is overloaded, we will take measures to direct the patients who cannot be admitted to other hospitals which are not overloaded. There are other hospitals in the metropolitan area and some country areas which are not working to anywhere near full capacity.

The member for Dale raised a number of questions. Basically he talked about hospital matters which were not strictly appropriately dealt with under this section. The member for Dale has a particular interest in ensuring that a permanent care unit is established at Armadale-Kelmscott Memorial Hospital. He has been pursuing that actively for many years. I recall seeing a Press statement by the member for Dale in 1980 in which he said that the Government had made a decision to go ahead and build a permanent care unit at the Armadale-Kelmscott hospital. However, three Budgets went past and no money was allocated for a permanent care unit at that hospital and, under the previous Government, no construction took place.

The present Government is aware that, in due course, a permanent care unit probably will be required at that hospital. We shall know the position more definitely when the long-awaited Campbell report on metropolitan hospitals is completed. It is in its final stages at the moment and it should not be too much longer before it is handed to the Government. Of course, we have not ignored the Armadale-Kelmscott hospital. A new casualty centre is being constructed there at the moment and a day care centre is to be opened soon, as the member for Dale mentioned. I believe a new day care centre will be opened at that hospital within the next few weeks. Therefore, we are

aware of the need to continue improving the facilities of that hospital.

A new psychogeriatric unit is to be constructed at the Armadale-Kelmscott hospital. The member for Dale posed some detailed questions about the staffing of the unit, its size, and the like. I cannot give him that sort of detail off the cuff, but I shall try to obtain the information and forward it to him.

The member for Kalamunda spoke at some length about the Kalamunda District Community Hospital and quoted some parliamentary questions he asked of me which indicated that, in the period he asked them, the hospital was hard pressed.

I have taken note of the comments made by the member for Kalamunda and I shall draw them to the attention of the Commissioner of Hospital and Allied Services and obtain his comments.

Mr O'Connor: What was the reason for the variation of \$2.5 million?

Mr HODGE: The Leader of the Opposition is referring to the 129 vacant positions. I contacted the department and was told that is correct; as at

30 June 1983, 129 positions were vacant. The department is making provision to fill those positions in the new Budget. Many of them have been filled already and this was a normal matter.

[Quorum formed.]

Mr HODGE: I return to the points made by the member for Kalamunda.

He referred also to the St. John Ambulance Association service in his district and raised a series of questions. I do not have the information for which he asked. The St. John Ambulance Association does not come under my portfolio. It is not a Government agency and it receives a subsidy from the Treasury through the Premier's vote. I do not have the information required by the member for Kalamunda and I suggest he communicate direct with the St. John Ambulance Association. I believe that, to the best of my ability, I have covered all the points which were raised.

Progress

Progress reported and leave given to sit again, on motion by Mr Tonkin (Leader of the House).

House adjourned at 4.24 p.m.

QUESTIONS ON NOTICE

2163. *This question was further postponed.*

SHOPPING

Trading Hours: Butcher Shops

2165. Mr OLD, to the Premier:

- (1) Did he give an undertaking to the Secretary of the Australian Meat Industry Employees' Union in response to a letter seeking a statement on Australian Labor Party policies, as they affect butchers and the retail meat trade, that he could guarantee that a Labor Government would not extend trading hours during its term of office?
- (2) If so, does this indicate that irrespective of the finding of the committee of inquiry into shop trading hours, the retail meat trade will be exempt from any variation?

Mr BRIAN BURKE replied:

- (1) A copy of the letter referred to is provided for the information of the member.
- (2) An inquiry into trading hours in this State may well demonstrate a need for review and perhaps some modifications. However, the conclusions and recommendations in the report of an inquiry would be subject to very careful consideration by this Government before decisions were made in respect of any changes. If any changes were made, they would not necessarily constitute an extension of trading hours overall.

RAILWAYS: WESTRAIL

Deficit: Fremantle-Perth Line

2173. Mr LAURANCE to the Minister for Transport:

- (1) Of the projected \$70 million deficit for Westrail, how much can be attributed to costs associated with the operation of the Perth-Fremantle passenger rail service?
- (2) What is the anticipated cost of both operating and capital costs for the Perth-Fremantle passenger rail service in 1983-84?

- (3) What will be the Westrail charges to the Metropolitan Transport Trust for the provision of the Perth-Fremantle passenger rail service during 1983-84?

Mr GRILL replied:

- (1) The Opposition transport spokesman is blissfully unaware that suburban passenger railway costs have not appeared as part of the Westrail deficit since 1974, when financial responsibility for suburban railways was transferred to the MTT. The answer is "nil".
- (2) The cost to the taxpayer is estimated to be \$2.6 million for the financial year 1983-84. This figure is reduced to \$1.3 million after taking into account associated savings in bus costs.
- (3) Charges are not itemised for individual lines. However, it is estimated that the charges made for operating suburban railways would be \$4.6 million less were the Perth-Fremantle service not operating. I should re-emphasise that this \$4.6 million is simply a book-entry transfer between the MTT and Westrail. The true financial effect, so far as the community is concerned, is that which is outlined in answer to (2) above. This is a point the Opposition seems to be unable to grasp.

ELECTORAL: ELECTIONS

One-vote-one-value: Legislation

2224. Mr MacKINNON, to the Minister for Parliamentary and Electoral Reform:

- (1) Will the Government be introducing legislation into the Parliament sometime during 1984 to ensure a one-vote-one-value system of voting for the Legislative Assembly?
- (2) If so, when?

Mr TONKIN replied:

- (1) and (2) In the campaign leading up to the 1983 State election, the winning party made firm and detailed promises of electoral reform.

The heart of these promises is the principle of one-vote-one-value. Both the Liberal Party and the Labor Party share a basic commitment to equality of opportunity and it would help this Parliament immensely if the Liberal Party were consistent in its commitments. The

Liberal Party supports the idea of equality of opportunity to influence the outcome of elections for Western Australian members in the Federal Parliament.

Each of the 11 Federal divisions has the same enrolment of approximately 72 000 electors. The Liberal Party supports this arrangement as fair and democratic and I sincerely hope that the Liberal Party will follow the same sensible principle when this Parliament comes to consider the guidelines for redistribution of the Assembly.

At the moment the Government is re-considering the electoral reform programme. The rejection by the Opposition in the Legislative Council of our reform referendum proposal has temporarily interrupted the planned progression of reforms. Instead of having the Legislative Council reform proceeding smoothly to a referendum, followed by the reform of the Assembly, there is a deadlock between the Houses of Parliament.

On a previous occasion I informed the House that the Government was preparing the necessary legislation to guide future redistributions of the Assembly. The underlying principle being that the districts shall have an enrolment within plus or minus 10 per cent of the State average per MLA. The member for Murdoch is probably very interested in this reform because the enrolment in the district he represents is at least 48 per cent above the State average. In another area of this State the same number of electors would gain 2 members in this House, which means that the 19 000 or so represented by the member for Murdoch have a good deal less influence here than they ought to.

In the next session of Parliament the Government will legislate for the principle of one-vote-one-value to apply in this Parliament. The exact form of this legislation is not yet determined. Reform of the electoral system of the Legislative Council could well retain the priority the Government originally allocated to it. Attention could be turned to the Assembly or to some other pathway. Two weeks after Opposition MLCs representing a minority of electors have prevented a referendum is too soon to

give a definite answer about next year's programme.

STRATA TITLES

Perth City: Number

2250. Mr MENSAROS, to the Minister representing the Attorney General:

How many strata titles are in the central business district of the City of Perth, representing individual areas per strata title less than 139 square metres each?

Mr GRILL replied:

This information is not readily available and would take considerable time to research.

Resources are not available to extract this information, but if the member has any particular query, I am prepared to see what assistance can be given to him.

FUEL AND ENERGY: OIL

Royalties: Abolition

2264. Mr MacKINNON, to the Treasurer:

Is the State to abolish royalties on crude oil in return for a share of the proposed new resources rent tax as proposed by the Federal Minister for Resources and Energy, Senator Walsh?

Mr BRIAN BURKE replied:

The relationship between State and Federal royalties under any proposed resource rent tax is a matter for discussion between the Governments concerned.

MINING: DIAMONDS

Equity Purchase: Taxation Liability

2276. Mr PETER JONES, to the Premier:

(1) Did Price Waterhouse prepare a report containing comments and assumptions relating to the likely taxation liability of Northern Mining Corporation NL, following its purchase by the Government?

(2) What fees, emoluments or benefits are payable to Price Waterhouse as a result of the work undertaken?

Mr BRIAN BURKE replied:

- (1) Yes.
- (2) Price Waterhouse were employed by L. R. Connell and Partners and the fees paid are confidential to the companies concerned.

MINING: DIAMONDS

Equity Purchase: Approval

2277. Mr PETER JONES, to the Premier:

- (1) Adverting to his answer to question 2192 of 1983, what capital funds have been paid to Bond Corporation to complete the purchase of Northern Mining Corporation NL?
- (2) Are there any outstanding legal or financial matters to be resolved?

Mr BRIAN BURKE replied:

- (1) \$15 million.
- (2) Not to my knowledge.

L. R. CONNELL AND PARTNERS

Consultancy Arrangements: Recommendation and Fees

2278. Mr PETER JONES, to the Premier:

- (1) Did L. R. Connell and Partners act for the Western Australian Government and/or advise the Government in the matter of the Ashton Joint Venture making a \$50 million payment to the State in exchange for a waiver of the townsite obligation?
- (2) On what basis was L. R. Connell and Partners retained by the Government for this purpose?
- (3) On whose, or what, recommendation was the services of L. R. Connell and Partners utilised by the Government for purpose referred to in (1)?
- (4) What fees, payments or benefits of any kind are payable, or have been paid, to L. R. Connell and Partners in relation to (1)?
- (5) Was Price Waterhouse associated with advice to the Government on calculating the quantum of the payment to the Government?
- (6) What fees have been paid, or are liable to be paid, to Price Waterhouse for any work undertaken in this matter?

Mr BRIAN BURKE replied:

- (1) to (4) Yes. L. R. Connell and Partners were engaged as consultants to advise the Government on the financial aspects of the mine town obligation of the joint venture partners under the Diamond (Ashton Joint Venture) Agreement Act. In particular this included advising on the net capital savings arising from the joint venturers not constructing a mine town and the timing, structure and quantum of payment in lieu of not constructing the mine town.

As a consequence of the negotiations relating to capital savings and variations of the agreement Act, the firm was engaged to present a report to the Government on options for acquiring a direct participating interest in the Argyle project.

Fees payable to L. R. Connell and Partners in this matter ceased with the commencement of negotiations to acquire Northern Mining Corporation NL.

In view of the urgent circumstances involved with progressing and early start to stage two of the Argyle project, the firm agreed to act on the basis that arrangements and fees would be determined at a later date with due regard to its performance.

No fees have been paid or will be paid until detailed contractual arrangements have been finalised.

Nevertheless, it can be expected that the firm will be paid in line with prevailing commercial rates.

- (5) It is understood that the firm had discussions with Price Waterhouse involving options for the quantum, timing and structure of payments to the Government.
- (6) No fees are payable to Price Waterhouse by the Government.

MINING: DIAMONDS

Equity Purchase: Taxpayers Liability

2279. Mr PETER JONES, to the Premier:

- (1) Advertising to his answer to question 2197 of 1983, concerning purchase of Northern Mining Corporation NL, regardless of whether the taxpayers liability is paid separately or included within

a contractual arrangement, as referred to in part (2) of his answer, what is the amount of taxpayer liability involved?

- (2) How is it intended to make payment to L. R. Connell and Partners if the firm is not awarded a contractual arrangement by the Government?
- (3) On what basis, and by whom on behalf of the Government, was the assessment made that L. R. Connell and Partners had "superior local knowledge" and that the Government's involvement with this firm would have "significant advantages" as stated in part (4) of his answer?

Mr BRIAN BURKE replied:

- (1) No fees or commission arising from the acquisition of Northern Mining Corporation are payable by the Government to the firm, L. R. Connell and Partners.
- (2) Not applicable.
- (3) The Government's decision to engage L. R. Connell and Partners is based on discussions with the firm's principals—namely, Mr L. R. Connell and Mr J. P. Walsh—preliminary reports, and other documents which, supported by departmental advice, demonstrated superior local knowledge and information that largely contributed to the successfully negotiated outcome for our State.

LOCAL GOVERNMENT: MANDURAH SHIRE COUNCIL

Canal Development: Dr Syd Shea

2280. Mr HASSELL, to the Premier:

As the Government has expressed some support for the Parrys Esplanade State superannuation joint venture canal development in Mandurah, is the Government concerned that one of its officers and key advisers, Dr Syd Shea, has exercised a vote as a councillor of the Shire of Mandurah to defeat the development, thwarted the Government's stated policy of development and growth, and denied an investment of \$120 million and 250 permanent jobs over the next ten years being promoted by wholly Western Australian interests?

Mr BRIAN BURKE replied:

Notwithstanding the Government's policy of development and growth, the pri-

mary responsibility for this project rests with the Mandurah Shire Council.

In his capacity as a councillor, Dr Shea is required to act as he thinks fit for the benefit of the people he represents.

2281. *This question was postponed.*

LOCAL GOVERNMENT: MANDURAH SHIRE COUNCIL

Canal Development: Town Planning Department's Attitude

2282. Mr HASSELL, to the Minister for Planning:

- (1) Does his department favour the Parrys Esplanade Mandurah canal development projects?
- (2) If so, what action is going to be taken by him in view of the Mandurah Shire Council's decision last night which will effectively block an investment of \$120 million and the provision of 250 permanent jobs over the next ten years?
- (3) Is he prepared to consider the use of section 18 of the Town Planning and Development Act to allow this project to get underway?

Mr PARKER replied:

- (1) The department has not objected in principle to the Parrys Esplanade Mandurah canal development project. However, it recognises the primary responsibility of the Shire of Mandurah in this matter.
- (2) Had my request to the council last August been accepted, that is to bring forward to 22 October the referendum on this issue, the matter, by and large, would be over by now.

As I have stated throughout, the referendum results, though not binding, would carry a lot of weight in the final decision.

It was expected that by now the Mandurah Shire Council would have adopted an amendment to its Town Planning Scheme to initiate rezoning on affected land as canal estates. Responsibility for this rests entirely with the council and I cannot make a determination until the council seeks to amend its scheme.

However, it is my intention to hold talks with Parrys Esplanade, following which I will be seeking a roundtable conference with all parties—the Mandurah Shire

Council, the developers and the main canal groups—in an endeavour to resolve this issue.

- (3) I am advised that section 18 of the Town Planning and Development Act does not empower me to allow the project to proceed.

GAMBLING: CASINOS

Government Advisory Committee: Report

2283. Mr HASSELL, to the Minister for Employment and Administrative Services:

- (1) Is it fact that he has now received the report of the Government advisory committee in relation to casinos?
- (2) In accordance with his previous undertaking, has he considered whether to release that report for public consideration?
- (3) Will he release the report and, if so, when?
- (4) If not, why not?

Mr PARKER replied:

- (1) Yes.
- (2) to (4) The report was received from the Government casino advisory committee on 21 November 1983, and has yet to be studied by the Cabinet subcommittee and the Government as a whole.

At the time the Government makes a decision all appropriate information which will assist the public will be released.

RAILWAYS: FREMANTLE-PERTH

Patronage: Latest Figures

2284. Mr HASSELL, to the Minister for Transport:

- (1) Has he up-to-date accurate figures of passenger usage of the Perth-Fremantle railway?
- (2) If so, will he table the figures in respect of each of the last eight weeks?
- (3) If not, what figures of estimates of patronage does he have and will he make them available?

Mr GRILL replied:

- (1) to (3) A total count of passengers on and off trains at all stations on the

Fremantle line was conducted during the first week of operation—week ended 5/8/83.

Since then cordon counts of passengers on and off trains at city station have been taken periodically to monitor loadings. The most recent cordon count was taken last week as indicated in my reply to question 2060. A total count using independent interviewers was also conducted for one day, Wednesday, 2 November.

The figures related to this survey are being processed. I will provide the member with the results as soon as they become available.

2285 to 2287. *These questions were postponed.*

FACTORIES AND SHOPS ACT

Contravention: Gregory's Pty. Ltd.

2288. Mr MacKINNON, to the Minister representing the Minister for Industrial Relations:

- (1) Under what section or sections of the Factories and Shops Act has Gregory's Pty. Ltd. and Mr Ken Schultz been charged?
- (2) What was the basis of those charges?
- (3) How many other charges under these sections have been made since 1 January 1983?

Mr PARKER replied:

I assume that the member is referring to Gerald's Electric Pty. Ltd. and not Gregory's Pty. Ltd. The reply is as follows—

- (1) Gerald's Electric Pty. Ltd. has been charged for the following breaches of the Factories and Shops Act 1963—

section 21
section 85
section 93C.

In addition, the Department of Labour and Industry will make application for the provisions of section 116A to be applied.

- (2) The charges relate to—
section 21—trading from
unregistered premises (Victoria
Park shop);

section 85—failure to keep premises closed;
section 93C—advertising the premises would be open contrary to the requirements of legislation.

- (3) The following represents the number of charges which have been heard or have been listed for prosecution since 1 January 1983—
section 21—12
section 85—57
section 93C—36.

MINING: MINES DEPARTMENT

Operations: Review

2289. Mr MacKINNON, to the Minister representing the Minister for Mines:

- (1) Referring to question 1910 of 9 November 1983, when will this review of the processing of mining tenements commence?
- (2) Will industry be consulted, as a part of the review, to ensure that its views on the operation of this section of the Mines Department are taken into account?

Mr BRYCE replied:

- (1) In due course.
- (2) It is intended that industry will have the opportunity to make an input.

2290 and 2291. *These questions were postponed.*

STATE FINANCE

Financial Institutions Duty: Public Works Department

2292. Mr MENSAROS, to the Minister for Works:

What is going to be the estimated full yearly cost to the Public Works Department engineering division handling country water undertakings caused by the introduction of the Financial Institutions Duty?

Mr TONKIN replied:

Nil. Advice from Treasury is that Government instrumentalities with the word "Department" in their title are exempt from the duty.

INDUSTRIAL RELATIONS: DISPUTE

Electrical Trades Union: Effect

2293. Mr MENSAROS, to the Minister for Works:

- (1) Can he please enumerate which of the construction projects under the auspices of the Public Works Department, whether through day labour or through contracts, have been affected by strike action as a result of the ongoing Electrical Trades Union industrial unrest?
- (2) Could he also show in money terms to what extent these projects were affected and what proportion of this damage has to be borne by the Public Works Department?

Mr McIVER replied:

- (1) The total effect of the Electrical Trades Union strike on all projects has not been established.
- (2) The extent to which projects have been delayed has not yet been determined as many contractors are working around the electrical installations to avoid complete stoppages. Whether the department will meet any direct costs attributable to the strike has yet to be determined.

INDUSTRIAL RELATIONS: DISPUTES

Building Industry: Government Projects

2294. Mr MENSAROS, to the Minister for Works:

What measures has he taken so that Government public building projects under the auspices of the Public Works Department should not suffer from large-scale industrial unrest currently prevailing and/or confronting the building industry generally?

Mr McIVER replied:

Since assuming my portfolio, I have met with unions and employer groups with a view to minimising industrial unrest on Public Works Department building projects.

STATE FINANCE

Financial Institutions Duty: Metropolitan Water Authority

2295. Mr MENSAROS, to the Minister for Water Resources:

What is going to be the estimated full yearly cost to the Metropolitan Water Authority caused by the introduction of the Financial Institutions Duty?

Mr TONKIN replied:
\$80 000.

INDUSTRIAL RELATIONS: DISPUTE

Electrical Trades Union: Metropolitan Water Authority

2296. Mr MENSAROS, to the Minister for Water Resources:

- (1) Were there any projects under construction for the Metropolitan Water Authority affected directly or indirectly by the current Electrical Trades Union strike?
- (2) If so, can he name these projects and the extent to which they were affected?
- (3) Can he also detail the damages incurred and the proportion of damages which has to be borne by the Metropolitan Water Authority?
- (4) Can he name the measures the Government is taking against such detrimental effects?

Mr TONKIN replied:

- (1) Yes.
- (2) Sirotherm demonstration plant, final commissioning delayed.
- (3) The only damage is delay. This may cause the contractor to incur some extra costs.
- (4) This part of the question should be referred to the Minister for Industrial Relations.

WATER RESOURCES: DAM

North Dandalup: Preliminary Works

2297. Mr MENSAROS, to the Minister for Water Resources:

- (1) Is the dam at North Dandalup still considered to be the most likely next surface water source?

- (2) If so, what preliminary works, such as ground testing, environmental studies, preparation of plans, etc., have so far been undertaken relating to this proposed dam?

Mr TONKIN replied:

- (1) Yes.
- (2) Site investigations are well advanced and should be completed in 1984.
A notice of intent and environmental report has been sent to the Department of Conservation and Environment. An ERMP is in course of preparation. Meetings have been held with local authorities that may be affected.
Preliminary site layout has been undertaken but no detailed design has been done.

DRAINAGE

Nedlands and Hollywood: Flooding

2298. Mr MENSAROS, to the Minister for Water Resources:

- (1) Has the City of Nedlands and/or the City of Subiaco approached the Metropolitan Water Authority in connection with problems of flooding in low lying areas in the suburbs of Hollywood and northern parts of Nedlands, with a view to examining the situation?
- (2) If so, has such examination been made?
- (3) Are there any plans to improve existing drainage and/or adding new main drains to the area?

Mr TONKIN replied:

- (1) Yes, the Metropolitan Water Authority has been approached by the City of Subiaco.
- (2) An examination of the drainage situation is in course. However, as it is complex it is expected that it will still be several months before it is complete.
- (3) Improvements to the downstream section of the Crawley main drain are provisionally programmed for 1985-86. The MWA will review its main drainage planning for the area when the current examination is complete.

QUESTIONS WITHOUT NOTICE

FISHERIES

Geographe Bay: Trawling

568. Mr BLAICKIE, to the Minister for Agriculture:

I raise this question as a matter of grave concern. What undertaking can the Minister give that Geographe Bay will not be inundated by trawlers and boats from other fisheries seeking to fish and trawl in the bay?

Mr Brian Burke (for Mr EVANS) replied:

On behalf of the Minister for Agriculture, I am pleased to inform the member the full details of this question will be passed on to the Minister for his consideration, and a detailed and considered response will be forwarded to the member. I take the opportunity of pointing out to the House that the people of Mandurah have recently benefited from an action taken by the Government in a situation similar to that to which the member refers. On that occasion it was drawn to the member's attention by people who live in the Mandurah area that the actions of trawlers in fishing within a few miles of the coastline, in an area that was a very popular fishing area, were in fact contributing to the detriment of the fish stocks in the region. Prompt action by the Minister for Agriculture saw the activity of those trawlers banned from the area in question.

The result of the temporary ban put in place is that it has now been translated into a permanent prohibition on fishing by trawlers in the area concerned. I know that does not mean the Minister will see fit to take similar action in respect of the activities of the trawlers about which the member complains. However, it indicates the Minister is conscious of the difficulties that can be caused by the activities of trawlers in areas that are popular and well used fishing grounds off recreational areas in this State. On that basis I am sure the Minister for Agriculture will welcome the question. I will forward the details to him and discuss it with him so that in due course a considered response can be made to the member.

TOURISM

Forum: Recommendations

569. Mr READ, to the Premier:

- (1) What progress has been made by the Government in following up the recommendations of the tourism forum held in June?
- (2) How will the recommendations be considered by the proposed tourist commission?

Mr BRIAN BURKE replied:

- (1) and (2) The Government's interim tourism consultative committee, which was formed in June, following the tourism forum, has met regularly to consider the major issues raised at the forum and to recommend a firm plan of action for the future development of Western Australia's tourist industry.

The forum identified 19 major areas of concern to the industry and these have been addressed by subcommittees which, to date, have submitted their findings and recommendations in the areas of—

the future structure of the industry;
communication between the industry and Government;
facilities and services at Perth Airport;
tourism in the north of the State;
industry training;
interstate marketing;
regulations affecting the industry;
and,
the employment significance of tourism.

All subcommittee reports and recommendations will be finalised this month and a detailed report will be presented to the Government next month.

All committee members are displaying an enthusiastic desire to assist the Government in implementing the findings of the tourism forum and I am confident their findings will be of particular assistance to the Western Australian tourism commission when it comes into being on 1 January.

FIRES: BUSHFIRES

State Energy Commission Transmission Systems: Failure

570. Mr THOMPSON, to the Minister representing the Minister for Fuel and Energy:

I point out that I rang this question through to the Minister's private secretary this morning. I ask the following question—

Since the recent meeting at the offices of the Kalamunda Shire Council between the Minister, some members of Parliament, and representatives of local authorities, what has developed with respect to his desire to minimise the risk of SEC transmission systems' failures contributing to bushfire danger?

Mr BRYCE replied:

I thank the member for giving phoned notice of the question to my colleague in another place. He has provided the following answer—

Senior SEC personnel have visited the electricity utilities affected on Ash Wednesday. Follow-up meetings have taken place with the local authorities and there have been interdepartmental planning discussions. The matters associated with the hills area bushfire risk this summer are being considered by the Government and a course of action is expected to be announced shortly.

EDUCATION

School Buses: Negotiations

571. Mr CLARKO, to the Premier:

I am sure the Premier would appreciate now the consternation caused among school bus operators because of the actions of the Minister for Education in precipitously calling off negotiations with the Road Transport Association. Would he agree that in the interests of all country schoolchildren and their parents these negotiations should be resumed as a matter of urgency?

Mr BRIAN BURKE replied:

It would be the Government's wish that sensible and conciliatory—if that is the appropriate term—and certainly satisfactory negotiations are held on this matter. However, as the Minister for Education has outlined on two occasions now to the member for Karrinyup—

Mr Clarko: Only once to me, but also to my colleagues.

Mr BRIAN BURKE: —on two occasions, once to the member for Karrinyup and once in reply to a question from one of his colleagues, the break off in negotiations to which the member refers appears not to have been in circumstances such as the member for Karrinyup outlined. As I heard the Minister for Education's answer, the circumstances were ones in which the Minister had bent over backwards in attempting to accommodate, in a difficult situation, the points of view being put to him by different members of the delegation negotiating on behalf of the contractors.

Mr Clarko: I disagree with you. Even if it were true, I implore you on behalf of these people to reconsider.

Mr BRIAN BURKE: Among the points being insisted upon by the people representing the association was the Government's paying the association fees of the contractors. The Minister for Education, quite rightly referring to this as tantamount to compulsory unionism, said that the representatives of the association persisted in putting the same point of view regardless of the reception that point of view had previously received on each occasion it was put.

Mr Clarko: It is only a small point.

Mr BRIAN BURKE: While everyone agrees that it is much better to negotiate a satisfactory and mutually beneficial settlement, we can all imagine circumstances in which intractable parties will not see sense. On occasions that might be the Minister and on other occasions it might be the association. Although we acknowledge the need to consult and negotiate—and this Government has done more negotiation, consultation, and discussion in its policy initiatives than the previous Government ever did—there are times, as on this occasion, when there is a great difference in the reporting of the circumstances surrounding a particular meeting.

Mr Court: Your policies are pretty hard to sell.

Mr BRIAN BURKE: The member may think that.

Mr Clarko: I do not agree with the member for Nedlands.

Mr BRIAN BURKE: The members opposite rarely agree with each other these days and the only consensus they can find is to disagree with the Government.

Mr Clarko: Would the Premier be magnanimous on this occasion—

Mr BRIAN BURKE: I am always magnanimous.

Mr Clarko: Would you reinstate the negotiations?

Mr BRIAN BURKE: I am happy to say that we would like to see the negotiations settled. However, I point out, as the Minister has consistently said, that two parties need to act in good faith if there is to be any sensible negotiation or consultation. I am prepared to guarantee that the Minister for Education—although one would not expect a guarantee to be necessary in the case of such an outstanding Minister—will negotiate in good faith. On that basis, provided the organisation is prepared to negotiate in good faith and not, presuming the Minister is right, in the manner previously adopted, I cannot see a problem. I will refer the matter to the Minister together with the crocodile concern of the member.

Mr Clarko: The genuine concern.

Mr BRIAN BURKE: I am sorry, the genuine crocodile concern of the member.

Mr McNee interjected.

Mr BRIAN BURKE: It is a "Daniel come to judgment".

Mr McNee: The members will judge you.

Mr BRIAN BURKE: They already have.

Several members interjected.

Mr BRIAN BURKE: The member for Mt. Marshall represents one-twenty-sixth of a normal constituency in size.

I will relay to the Minister the member's concern. The Government's general attitude is that negotiation in good faith and compromise on both sides inevitably leads to the best decisions and agreements being reached.

HEALTH: MENTAL

Hospitals: Boards

572. Mr TROY, to the Minister for Health:

In view of the major review of the Mental Health Act recently initiated by the Government and the expiry of the terms of membership to the boards of visitors to the approved hospitals and private psychiatric hostels on 31 December 1983, is it the Minister's intention to reappoint boards of visitors to these hospitals and hostels?

Mr HODGE replied:

I am pleased to advise the member that the boards will be reconstituted after the current terms of membership expire at the end of the year. The review of the mental health laws may make recommendations as to the role of boards but meanwhile the Government will be appointing members as from 1 January 1984.

I have approached those current members of the existing boards who are eligible for reappointment seeking their agreement to a further term of service if they are willing.

In addition, an advertisement has been placed in the daily Press seeking applications from interested people to serve on boards of visitors for both the approved hospitals and the private psychiatric hostels.

This is the first time, to the best of my knowledge, that this method has been used to recruit members to these boards and it is hoped that a sufficiently wide range of people will apply to enable an appropriate selection of appointees.

For those interested in applying for such membership, details were published in *The West Australian* last Wednesday, 24 November, and will appear again in Saturday's paper.

Further details are available from the Mental Health Services.

Members of the general public who are under 70 years of age are eligible to apply, as well as registered medical and legal practitioners, and representatives of the various voluntary community service organisations.

MINISTERS OF THE CROWN

Questions without Notice: Absence

573. Mr O'CONNOR, to the Leader of the House:

- (1) Does the Minister suggest it is fair and reasonable when, at the Government's insistence, the House sits on Friday, that the Government can muster only half of its Ministers to be present at question time at a time set by the Government?
- (2) Does the Minister agree this is par for the course over recent nights?

The SPEAKER: Order! The question is not admissible.

Point of Order

Mr O'CONNOR: Will the Speaker give the reason for the question's not being admissible?

Speaker's Ruling

The SPEAKER: The member is seeking an opinion from the Leader of the House and it is not admissible under Standing Orders for an opinion to be given.

Dissent from Speaker's Ruling

Mr O'CONNOR: I move—

That your ruling be disagreed with.

I seek to disagree with your ruling on the basis that you suggest I am seeking an opinion from the Minister. I believe that every issue brought before this Parliament is based on someone's opinion. In connection with the issue involved, the Minister would know whether or not 50 per cent of his Ministers will be absent on a day that the Government insists the Parliament sits.

Mr GRILL: It is the form in which your question was put. You are wasting time now.

Mr O'CONNOR: I do not think I am, although that may be the member's opinion. This has been par for the course in recent times when all Ministers have been absent from Parliament when it is sitting. There are only five here at this time.

Point of Order

Mr BRIAN BURKE: On a point of order, I presume the Leader of the Opposition is disagreeing with the Speaker's ruling on the basis of the substance of the ruling. His question was inadmissible because

he was seeking an opinion. On that basis it seems he should address himself to the question of its inadmissibility because of its opinion-seeking substance. If the Leader of the Opposition wishes to rephrase the question and direct it to me I will answer the question. It should be rephrased in an admissible way. The question has been ruled out of order because of its substance. The Leader of the Opposition cannot go on *ad nauseam*, because the ruling does not relate to the substance.

Dissent from Speaker's Ruling Resumed

The SPEAKER: In answer to the Premier, I understand the Leader of the Opposition was disagreeing with my ruling.

Mr O'CONNOR: That is so. The question is very simple; if I can rephrase it I will.

As we all know, the Government cannot muster more than 50 per cent of Ministers on a day on which it insists that Parliament sits. It is also unable to do much better on any other occasion. I do not think it is good enough and I bring it to the notice of the House and the public.

Mr BRIAN BURKE: On behalf of the Government I indicate—

Mr O'Connor: A one-man band!

Mr BRIAN BURKE: The Leader of the Opposition should not start indulging in that sort of thing.

Mr O'Connor: You started it by not answering the question.

Mr Tonkin: I was prepared to answer the question before the Speaker made his ruling.

Mr BRIAN BURKE: As far as we are concerned, we are having tremendous difficulties trying to deal with the five or six members opposite giving conflicting views, instructions, and answers about the way—

Mr O'Connor: Deal with one.

Mr BRIAN BURKE: Just this afternoon when I indicated we would go on to the Budget we had a call to divide the House on the basis that no-one knew of that. That was not the case.

Mr O'Connor: That is not true and you know it. You jumped over education and you never advised us.

Mr BRIAN BURKE: The member for Karrinyup was told last night that the Minister for Education would not be here today.

Mr Clarko: The bit about today was not mentioned. There may have been a misunderstanding.

Several members interjected.

The SPEAKER: Order! Order! Would the member for Karrinyup please come to order.

Mr Clarko: I will.

Mr BRIAN BURKE: That was one occasion when apparently there was no liaison between one member and his leader. There were numerous other occasions. We were told, for example, that there would be four speakers on the financial interests Bill. There turned out to be two speakers, and the Leader of the Opposition said the other two were on other duties. On another occasion we were told there would be three speakers at the second reading of the Appropriation (General Loan Fund) Bill. We were told there would only be one—

An Opposition member: You were in fact told we could not control members to speak. If they wanted to they had the opportunity. That is what Parliament is about.

Mr BRIAN BURKE: All I am saying is that it is terribly difficult—

Several members interjected.

The SPEAKER: Order! The debate at the moment is the motion by the Leader of the Opposition that my ruling be disagreed with. We cannot enter into a debate concerning what happened this morning or what happened this afternoon. I ruled, for the information of members, that the Leader of the Opposition was seeking an opinion from the Leader of the House by way of a question.

Mr BRIAN BURKE: I accept that. In answer to the interjections and the submissions raised—

Mr Clarko: This must be a point of order.

Mr BRIAN BURKE: I was answering some of the points.

A member: You cannot do that.

Several members interjected.

The SPEAKER: Order!

Mr BRIAN BURKE: Quite clearly—

Several members interjected.

Mr BRIAN BURKE: Quite clearly the question is inadmissible in that it seeks an opinion. To satisfy the Opposition, and with your forbearance, Mr Speaker, I can say that the Minister for Police and Emergency Services is in Melbourne at a police conference. The Minister for Education is in the north-west on a tour of schools. The Minister for Housing—

Several members interjected.

Mr BRIAN BURKE: —is in Canberra attending a conference.

An Opposition member: Parliament should have some preference.

Mr BRIAN BURKE: The Minister for Multicultural and Ethnic Affairs is having—

Several members interjected.

Mr BRIAN BURKE: The Minister for Works—

Several members interjected.

Mr BRIAN BURKE: —is attending to the matter raised by the Opposition when it spoke about the shortage of water.

Several members interjected.

Mr O'Connor: Where is the Minister for Agriculture?

Mr BRIAN BURKE: If the Opposition wants to continue on the financial interests and disclosures, then we will sit on Friday next week, and we will sit next Monday if necessary.

A member: Why not?

Mr BRIAN BURKE: And we will sit the following Friday if that is necessary. Whether or not the House is caused to sit on those days depends on whether or not the Opposition will be sensible about the way—

Several members interjected.

Mr BRIAN BURKE: Members may squirm if they want.

Several members interjected.

Point of Order

Mr WILLIAMS: On a point of order, the fact is that the Premier has stated that five of his Ministers are away—

An Opposition member: Six.

Mr WILLIAMS: Six, and they are away on supposedly parliamentary business. My point of order is, why in heaven's name did he call Parliament together today?

Several members interjected.

Mr Brian Burke: Because you wasted time.

Several members interjected.

The SPEAKER: Order! If we are to debate this issue, let us debate it under the Standing Orders.

Dissent from Speaker's Ruling Resumed

Mr HASSELL: It is, of course, with regret that the Opposition moves to dissent from your ruling.

A Government member: That is not true. It is frivolous.

Mr O'Connor: How many Bills do you have? You have not told us.

Several members interjected.

Mr O'Connor: You have changed it already.

Several members interjected.

Mr HASSELL: It is with regret that the Opposition moves to dissent from your ruling, but when an Opposition is driven to do it by the deliberate actions of the Government, it has no choice but to do those things which are available to it to make a point. The question which was asked related to whether the Minister who is in charge of the business of the House felt it was fair and reasonable.

Mr Tonkin: An opinion.

Mr HASSELL: "Suggest", I think, was the word used.

Mr Tonkin: The Speaker was quite correct. It is an opinion.

Mr HASSELL: The House sat on Friday at the Government's insistence, and then the Government can muster only half its Ministers at question time set by the Government. In question 2282 today I asked the Minister for Planning if his department favours the Parrys Esplanade Ltd. canal development at Mandurah. If the leader's question is out of order, that question would be out of order, but it was answered without query.

Mr Parker: You asked me for an opinion.

Mr HASSELL: Opinions are all part of the stock-in-trade of politics and Government. The Premier was a long way from

dealing with the direct issue of your ruling. We are trying clearly to make a point about the conduct of the business of the House.

Let me say only this: The Premier complained about who is dealing with the business of the House. It is an unquestionable fact that it was the Premier who, earlier in the session, deliberately broke the practice of having the business of the House dealt with by the Leader of the House and by myself. The Leader of the House and I were dealing with the matter. We were exchanging notes and correspondence to make sure it was clear, and there was no misunderstanding. But the Premier became smart; he thought he could play games with the business of the House, and he started to intervene.

The SPEAKER: The member is straying from the motion.

Mr HASSELL: I know, but so did the Premier, in fairness, on the same issue.

The Premier was the man who broke it. Because he was playing games with the business of the House. He did it quite deliberately, and he is reaping the reward for that. I know well and truly on occasions when the Leader of the House agreed on a reasonable basis, the Premier came into the House and changed it. This did not happen only once, and the Premier knows it. The fact of the matter is that the Premier is the man who changed the very well-established arrangement, and the Premier is reaping the reward.

I say in conclusion, in relation to the conduct of the House today, that I well remember on two occasions last year when I had obligations to attend ministerial conferences in the Eastern States. I cancelled those obligations on the very day I was due to leave because of my obligations to Parliament. The Premier has to make all his Ministers aware that they must give this House a fair deal. That is all this argument is really about.

Mr CLARKO: You have ruled out of order, Sir, a question from the Leader of the Opposition in which he has sought to ask the Government why it called this House together on a day when it knew that some six members of its Cabinet would be away. Of course in no way would I

want to reflect on you, Sir, because I have the greatest respect for your Chairmanship of this House. You do it in an admirable way. It is a great pity that the Leader of this House cannot follow your wonderful example. Unfortunately the Leader of the House has, since the day that he became the leader—

The SPEAKER: The member cannot debate the Leader of the House; he can only debate my ruling.

Mr CLARKO: That is what I am about to do.

You, Sir, have ruled that the Leader of the Opposition should not put forward a question of this nature. It is a great pity that you have so ruled, because this Parliament cannot operate if we have a large number of Ministers out of the House. If it could operate in that way, we could have the situation arising ultimately in which only one Cabinet Minister would be sitting on the front bench and nobody would be able to ask questions which required a Minister to answer them. Indeed, that is what happened last night when the Premier took it upon himself, due to the absence of his Cabinet colleagues, to say, "You are dealing with item such and such which refers to a particular matter. The Minister is not here, but I will get him to write a letter to you". That is rather a good way to try to handle a situation which suddenly arises, but it does no good for us. Quite properly the member for Dale showed some slight degree of annoyance, which is not normal for him, about the fact that we, as an Opposition, could not obtain proper responses to our questions, as has occurred in the brief 10 years I have been here.

Mr Tonkin: The Speaker did not write the Standing Orders.

Mr O'Connor: Organise the Ministers. Get your Ministers into the House where they should be!

Mr CLARKO: This is a time when it is critical for the Government to have all its Ministers here.

Several members interjected.

Mr CLARKO: The Government should have all its Ministers here if it decides quite properly to sit. It is quite proper for the Leader of the House and the Premier to

decide we shall sit on a Friday. It is very unusual—

Mr Brian Burke: That is really what has upset you. You don't like to sit on Fridays.

Mr CLARKO: I am reluctant to support the motion to dissent from your ruling, Mr Speaker, which you will appreciate.

Several members interjected.

Mr Brian Burke: I think we will sit next Friday too.

Mr O'Connor: And on Monday!

Mr Brian Burke: We shall decide later today!

The SPEAKER: Order! The member for Karrinyup must confine his remarks to the motion before the Chair.

Mr CLARKO: The motion before the Chair is to dissent from your ruling, Sir, and I am trying to say that we are very reluctant to do so, because you are a fine Speaker.

Members: Hear, hear!

Mr CLARKO: We have moved the motion only because you wish to preside over a House where the normal rules prevail and in the last few days the Government has, quite reasonably, become concerned about completing the balance of the Bills before the House.

The SPEAKER: Order! I cannot allow the member to continue in that vein. He must debate the motion before the House, not what happened two or three days ago in relation to the conduct of the House.

Mr CLARKO: I am not doing that. I am sure you, Sir, with your tremendous intellectual capacities—

Government members: Hear, hear!

Mr CLARKO: —will understand that my leader has tried to bring to the attention of the House and the public of Western Australia that, if the House is to operate properly, we must have a full representation of Ministers.

The SPEAKER: Order! That is not the issue under debate. The issue under debate is whether a member can ask a question which seeks an opinion. That is what you should be debating.

Mr CLARKO: With the greatest respect, Sir, we are trying to bring to the attention of the Government by way of

questions that this House cannot operate at any time—

Mr Tonkin: It is not a proper use of questions.

Mr CLARKO: —particularly at the end of the session, if the Opposition does not have the opportunity to ask questions of a full range of Ministers in the House. That is what we are trying to do. We are not trying to do anything more than that. We want to draw to the attention of the Premier, the people of this State, and to your attention, Sir, with great respect, that we cannot go about our business, particularly when it is encapsulated in a very short time frame, when people have been sitting here for long periods, and I include you, Sir, in that category, because great athlete as you are, even you must have some feelings of tiredness—

The SPEAKER: Order! I cannot allow the member to continue in that vein.

Mr CLARKO: Oh well, I will not, Mr Speaker.

The SPEAKER: The member for Karrinyup is becoming quite disorderly. On three occasions I have asked him to confine his remarks to the motion before the Chair. As a former Chairman of Committees, he would well know the Standing Orders and procedures of the House.

Mr MacKINNON: I rise to briefly support the motion and I do so with regret for two reasons. Firstly, in my time in the Parliament, I have not supported a motion dissenting from the Speaker's ruling.

Mr Parker: You have been in Government all the time!

Mr MacKINNON: The member for Fremantle might laugh—

Mr Parker: It is very amusing.

Mr MacKINNON: —but it is something we in the Opposition do not do lightly. It is with regret that I must support a motion dissenting from your ruling, Sir.

Secondly, I wanted to ask a couple of important questions of the Premier and, of course, we have now been frustrated on that point because we have to dissent from your ruling, Sir.

Mr Tonkin: You don't have to. You could have accepted the ruling.

Mr MacKINNON: I shall give members an example of why we must dissent from your ruling, Sir, and why it is so frustrating for the Opposition not to have all the Ministers in the House.

The SPEAKER: Order! I have tried to point out on several occasions the matter which you should be debating.

Mr MacKINNON: With due respect, the Premier was allowed to roam reasonably far and wide in this debate. I shall endeavour to confine my remarks as far as possible to the direct point.

The point at issue is that we were not allowed to ask an opinion of the Leader of the House as to why six Ministers are not here today. The point I am trying to make is that we wanted to ask for that opinion, for example, in relation to the Minister for Housing, because he was not here yesterday—

Mr Tonkin: Change the Standing Orders then.

Mr MacKINNON: —to answer a question in relation to a Bill which the Premier handled for him, nor is he here today.

Mr Burkett: He is in Canberra. Did you ever go out of the State when you were Minister?

Mr O'Connor: We never had six Ministers out of the House at one time.

Mr MacKINNON: The question we want to ask the Leader of the House seeks a proper explanation as to why those Ministers are not here. For example, why is the Minister for Works in Kalgoorlie politicking on an issue that we have raised quite properly?

The SPEAKER: Order! The Minister—I mean the member—must confine his remarks to the topic under debate.

Mr MacKINNON: I wish I was the Minister.

Mr Tonkin: That is the whole nub of the issue.

Mr MacKINNON: The nub of the issue is not whether we are in Government; the nub of the issue is whether the Government intends to deal with the proceedings of Parliament with proper respect for the dignity of Parliament.

I conclude my remarks with a quotation which relates to the Victorian Parliament and it appears it indicates a style of Government we are about to see here.

Jeff Kennett in Victoria had this to say of the Cain Government—

They don't have any sense of priorities. They are not a Government of Ministers; they are a Government of ministerial advisers.

Mr THOMPSON: I regret that the motion to dissent from your ruling, Sir, has been moved.

Mr Tonkin: Why did you move it if you regret it?

Mr THOMPSON: I did not move it.

Mr Tonkin: You are supporting it, or do you intend to vote with us?

Mr THOMPSON: I indicate to you, Sir, and the Leader of the House, that I do not support the motion—

Mr Tonkin: Good!

Mr THOMPSON: —because I believe the Speaker is technically correct in the ruling he has made, but I suggest to him that it was perhaps ill-timed to make an issue of it on this occasion, because I believe that the Opposition has some justifiable grounds to take on the Government.

Mr Tonkin: Yes, but not during question time.

Mr THOMPSON: Having served in that office, I am aware it is inappropriate for the Speaker to be placed in the position that you, Sir, are placed in now. Our argument is with the Government, not with you, and I believe we ought not to be making you go through this trauma, because we have a fight on with the Government.

Mr Tonkin: Hear, hear!

Mr Brian Burke: Are you opposed to the motion?

Mr THOMPSON: I have already said that I am opposed to it, and I am giving my reasons. The Opposition has an argument with the Government, but it should

not embroil the Speaker in that argument.

Mr Speaker, it is inappropriate that you should have taken the step you did, because I have noticed a number of questions asked in this House over the past few weeks by members on both sides of the House that technically were inadmissible but which you have allowed. I am not blaming you for that because I know it is a difficult matter to deal with appropriately, involving a difficult judgment to make at the time the question is asked.

What we need is a higher standard in the framing of questions by all members in the House.

Mr PETER JONES: What needs to be understood about this dissent from your ruling is whether it relates to the attendance of Ministers in this House or the fact that the Leader of the House surely has the responsibility for the business of the House, which responsibility involves ensuring the presence of Ministers to discharge their responsibilities.

It is clearly understood in our sessional orders that Ministers may be away from the Parliament from time to time, presumably with the approval of the Premier, if they are conducting ministerial business, in which case they are granted pairs. That is understood, as we have all been through the procedure. It is clearly a long-standing practice that Ministers are paired at times when they must necessarily be absent.

We are now talking about a situation which is outside normal sessional orders. We are now talking about a time when the Government has chosen—

The SPEAKER: Order! That is quite outside the motion.

Mr PETER JONES: You have suggested the Leader of the House is not entitled to answer the question asked of him. I am suggesting he is bound to provide an

answer to such a question because he is the Leader of the House and because the situation will soon arise, if it has not already arisen, where, as the Premier has foreshadowed, we will be sitting on Monday as well as on Friday, and the Government might not be able to expect to be granted pairs for its Ministers. I hope that will not occur. The Opposition has afforded the Government co-operation in this respect, but it cannot expect

that co-operation for ever if this situation continues.

Withdrawal of Motion

Mr O'CONNOR: We have made our point about the irresponsibility of the Government. As we discussed earlier, Sir, I now seek leave to withdraw the motion dissenting from your ruling.

Question (dissent from Speaker's ruling), by leave, withdrawn.

