

Hansard
11th November 2008

NURSING AND MIDWIFERY PRACTICE BILL

The Hon. R.L. BROKENSHIRE (16:17): I am pleased to contribute to the second reading of this bill. I note that this is part of a sweeping set of reforms across the medical and health care professions, which are welcome changes for greater recognition of health care providers and their professionalism.

Midwifery has been added to this bill, and I see it as a very welcome inclusion. In fact, just for the history books, midwifery dates back to the 12th century BC (Mr President, I am sure you have studied this). It is recorded in the book of Exodus in the Bible that the Hebrew midwives were praised for their bravery in protecting Hebrew newborns from the state-sanctioned genocide of the Egyptian government under the pharaoh. Midwifery is not a new concept, and I doubt that it will ever go away.

In fact, I really appreciated the assistance of the midwives on the occasion of the birth of our two daughters and son—and particularly on the third occasion, when both the doctor and I were late getting there: we arrived just in time to see the midwife carrying out the delivery. Also, putting up with me on three occasions is enough to realise just how great they are at their job. It is hard enough looking after the mother to be, let alone the father who is next to hopeless and more nervous than anyone. However, new life is just a beautiful thing to behold, and I am sure that the midwives derive great pleasure from their work.

I understand that the 2007-08 annual report of the department reveals that there are 28,000 nurses and midwives, comprising roughly three-fifths registered nurses, one-fifth enrolled nurses and one-fifth registered midwives. I am also advised that some 7 to 9 per cent of nurses are now male, which is good to see. The 2006-07 Nurses Board of South Australia Annual Report indicates that there were 173 complaints against nurses, comprising 133 against registered nurses or midwives, and 27 against enrolled nurses, all of which complaints were reportedly investigated and none of which went to the District Court.

As the nursing profession becomes more professional it brings the inevitable question of whether nurses will need to engage in more professional development. At present I understand they are not required to do so, but I also understand that the profession nationally will be driving towards that as an outcome for the nursing profession. Matters of ethics are not contained in this bill, as is the case with a number of other professions, but I place on record my appreciation of the code of ethics to which the profession adheres and, in particular, the way in which that operates in allowing conscientious objection to participating in abortions. A great number of nurses quietly and politely decline to take part in abortion in city and country hospitals alike, and I believe this parliament should uphold and applaud their decision to do so.

I cannot conclude, however, without mentioning country hospitals and the terrible shame that faces us with respect to the country health changes. A number of hospitals no longer provide midwifery services, as we saw in version 1 of the Country Health Care Plan, and now version 2 has been tabled, which we are reviewing. Midwifery services were to be withdrawn from or no longer guaranteed in a number

of country hospitals. To give some glaring examples, I cite the South-East, Yorke and Eyre Peninsulas and McLaren Vale. My wife and three children were all born in the McLaren Vale War Memorial Hospital, so I have seen the work done by the midwives, nurses, doctors and, importantly, the volunteers there in developing a new birthing unit, sadly to see it operating for only a couple of years. Through decisions of government, that birthing facility has been closed.

Family First does not agree with this sort of action being taken by any government. We do not want to see families faced with the prospect of births taking place by the roadside or wives relocating away in their last trimester to be nearer to hospitals where they can safely give birth. However, that is happening in country areas at the moment. It is an unfortunate and undesirable situation and I believe that women throughout the state deserve fair and equitable access to midwifery. With those general comments, for the reflection of the minister and others within his department responsible for the bill, Family First supports this bill.