



RURAL HEALTH SERVICES
19 June 2007

Mrs PENFOLD (Flinders): The minister is effusive about South Australia's Health Care Plan. However, in my view, this Labor government has found a way of turning the majority of our state into a Third World country. I refer to the emasculation of health services in rural and regional South Australia where Labor policies and agendas are depriving people of basic health services. These were stated in today's ministerial statement, as follows:

South Australia's Health Care Plan is the basis of implementing the next steps of the Generational Health Review, and focuses heavily on driving primary health care. GP Plus health care centres will be the foundation of primary health care. They will provide advice on how to manage chronic diseases, provision of support for more in-home care, and guidance for those who want to stay healthy.

In one week, radio news sessions reported that a Cleve mother had to go elsewhere to have her baby because there was no anaesthetist at the hospital, despite the fact that an anaesthetist was not necessary for the delivery. Ceduna has a similar situation, where all mothers-to-be were to be sent out of the district. Grandmothers on Kangaroo Island issued an impassioned plea for common sense. A doctor at Tumby Bay, who has been delivering babies for years, said that he now feels like half a doctor since changes to health regulations insist that there is an anaesthetist within 100 kilometres of a woman giving birth.

How can country hospitals attract and keep doctors and staff who have all the skills when they cannot use them? It is a ploy to get them all to move to larger centres, thus deskilling large geographical areas of the state and greatly lifting the risk in times of emergency. The government is forever lifting the bar to suit its agenda to centralise by making the so-called viable state harder to reach. More country centres are being deprived of health services.

Referring again to obstetrics, Streaky Bay had a doctor who was willing to maintain his obstetrics skills and his indemnity insurance. The latter is a considerable cost. The community also had registered midwives. Now, the bar has been lifted again with this requirement to have an anaesthetist within 100 kilometres of the hospital. Many of these hospitals are more than 100 kilometres apart, therefore, the requirement is a de facto withdrawal of obstetrics over the majority of regional South Australia. The government has put in place a sneaky method of reducing our state to conditions that exist in Third World countries or our regions in the past.

The necessity for a resident anaesthetist is questionable. Pre-natal visits and tests, including scans, pick up on problems prior to the delivery, thus allowing arrangements to be made to cover possible problems; however, the majority of births are incident-free. Another ploy is to state that a certain number of births are necessary for viability, yet women are sent away from their home base because of government regulations; therefore, the maintenance of statistics is impossible. Again, it is an underhand way of removing medical services from rural and regional South Australia.

I have been told that the number of births by caesarean section is increasing. This is understandable when viewed against a family's life. By having a caesarean, a mother can set a time for the delivery and then plan around it to cope with the many problems that going away from home and family creates. Cost is a big factor, as are time, family disruptions such as children getting to and from school and work responsibilities for themselves and their partners. What should be a simple matter becomes a logistical and financial nightmare.

Questions of safety arise as a result of the government's current practices. The likelihood of road accidents rises as families stress out about where and when to go for a birth. A woman at Wudinna arranged to have her baby at Kadina. She and her husband left, as they thought, in plenty of time before the expected date of arrival. The couple got as far as Port Augusta where she had her baby. This is the type of event that happened in the early years of last century when doctors and hospitals were few. The likelihood of delivery in the car on the way to the hospital has increased proportionally to the removal of the services from country hospitals, taking us back to the situation that existed last century. With such deliveries there is a greater chance of damage to the baby and the possibility of infection to the mother—both issues that take our people back to conditions that exist in Third World countries. The question also must be asked: is the Labor government deliberately de-skilling remote regional hospitals, reducing staff and doctors, and ignoring the ordinary men and women who are the backbone of our state and whom Labor claims are its special concern?

Time expired.