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Mr Aaron Harper MP
Chair
Health and Environment Committee
Parliament House
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via email: hec@parliament.qld.gov.au, Thuringowa@parliament.qld.gov.au

Dear Mr Harper

We write with respect to the Health and Environment Committee's current consideration of the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022.

As the bill proposes to amend a national law, our federal counterpart, the Australian Medical Association (AMA), is making a submission to the Committee as the peak professional body for doctors Australia-wide.

AMA Queensland supports the sentiment and content of the AMA's submission.

In conjunction with AMA's submission, AMA Queensland would like draw your attention to a specific area of concern for our members.

While doctors support many of the proposed changes to the National Law, AMA Queensland's members are alarmed by amendments in clause 20 of the bill, which would amend the *Health Ombudsman Act 2013* to facilitate the issuing of a public statement about a practitioner prior to a finding being made against them.

Further, the proposed section 90AB(4) provides for only one day's notice to appeal a regulator's decision to issue a public statement. This is patently inadequate.

These amendments contravene fundamental legislative principles relating to natural justice. They expose medical practitioners to risks of permanent and irreparable reputational damage based on unfounded accusations. Naturally, where a practitioner is subject to an accusation that has been fully and fairly investigated and substantiated, then a public statement to protect public health and safety may be fully justified and would garner the support of the medical profession.

In advance of the full and fair investigation and substantiation of a complaint, other existing mechanisms can be employed to protect the public from a practitioner suspected of causing harm.

The profound risks posed by these amendments are compounded by the inadequacy of proposed sections 90AC (Revision of public statement) and 90AD (Revocation of public statement). The requirement for a public statement to be revoked if the grounds no longer exist, or never existed, is wholly insufficient to remedy the harm caused by an inaccurate public statement. The unfounded accusations will remain available, permanently, in the public domain, and a revocation by the regulator cannot effectively and practically correct the public record.

Even if a practitioner had the time and resources to attempt to correct the public record, Australian law contains no provision for a 'right to be forgotten' comparable to the European Union's 'right to erasure' in Article 17 of the General Data Protection Regulation. Even in jurisdictions where such a protection exists, enforcing a right to be forgotten is near impossible.

There is already significant unease within the medical profession about the handling of vexatious or misguided complaints. This apprehension compounds the extreme stress inherent in practising medicine. Fear of publication of an unproven allegation is likely to further exacerbate pressure on members of this vital profession at a time when we should be protecting, preserving and promoting the wellbeing of our health workforce.

For your information, we have also enclosed an advanced copy of an article written by members of AMA Queensland's Committee of Doctors in Training, *100 Years of Physician Suicide*. The article is due for publication and is not suitable for further distribution at this time.

Yours sincerely

Dr Maria Boulton
President
Australian Medical Association Queensland

Dr Brett Dale
Chief Executive Officer
Australian Medical Association Queensland

Enclosure: 100 Years of Physician Suicide by Dr Natasha Abeysekera, Dr Rachele Quested, and Dr Robert Nayer

N Abeysekera, R Quested, R Nayer

100 years of physician suicide

Another family begins the terrible journey of coming to terms with the death by suicide of one of their bright young people. Another group of medicos is facing the trauma caused by the loss of a colleague. Another article written by another doctor who is furious, frustrated and forlorn at the lack of true change in medical culture. In the words and wisdom of Dr Martin Luther King Jr[1], "Since we know that the system will not change the rules, we are going to have to change the system".

The media is littered with reports on medical doctors, at all stages of training, committing suicide. This is not ground breaking news. The first article[2] listed in the PubMed database on physician suicide was published in 1922. Then director of the Bureau of Public Health Education, Dr Hubbard[2] recognised that lives could be spared "if given adequate consideration". Yet 100 years later, the problem continues to be swept under the rug or given lip service by leaders in hospitals and in medical education. It's time to flip the script. Instead of asking our patients, we need to ask ourselves and our colleagues, how can we stop yet another untimely death?

The facts are clear :

1. Female physicians commit suicide at 227% the rate of the general population[3]
2. Male physicians commit suicide at 141% the rate of the general population[3]
3. 1 in 5 junior doctors report suicidal ideation[4]
4. 1 in 2 junior doctors experience moderate to high distress[4]
5. Junior doctors working long hours double their risk of suicidal ideation[5]

None of these facts are new, nor have changed.

Whilst the role of fatigue on suicidal ideation has been well documented in the literature, doctors in training continue to report unrostered, unpaid, unsafe working hours across Australia[6-8]. Several class actions have been launched not only to address this situation but also to ensure penalties are placed against the health services that allow these situations to continue[7,8]. For years the Australian Medical Association[9] has urged workplaces to consider the impact of fatigue on the wellbeing of its medical staff. For years, this plea has gone unanswered.

The complex professional demands and personal demands placed upon female physicians have been thought to be a driving factor in increasing their risk of burnout, depression and suicide. Studies have found that medical mothers not only believed motherhood would slow career advancement[10] but were also more likely to reduce working hours to avoid work-family conflicts[11]. The limitations to career progression are compounded by the reduced ability to partake and publish research for female physicians. This is supported by the research by Fridner et al[12] that found a negative impact between high rates of exhaustion among female physicians and the number of published articles. With the pressure to perform professionally and personally, many have postulated that this undue unequal pressure on female physicians has led to the significant suicide rates.

The final fact that must be acknowledged is that doctors are not seeking help for their mental health for fear of professional repercussions and social stigma[4,13]. 'R U Ok[14]', 'Vital Signs[15]', and 'We are Medicine and we are human[16]' are all campaigns that have attempted to address the stigma of mental illness. Ultimately however, the stigma has prevailed. We are afraid that by seeking help, our careers will end prematurely. We are afraid that by seeking help, our colleagues will doubt our clinical acumen. We are afraid that by seeking help, we will not be allowed to practice medicine. These fears become all-consuming, and outweigh the fear of losing our own lives and even the fear of never seeing our loved ones again.

How do we stop yet another preventable death and the trauma that follows for all their loved ones? The truth is we do not have the answers yet but they are within reach. Recently the South Australian Government amended their Health Care Governance Act[17] to make workforce psychosocial wellbeing a clear responsibility of hospital directors. This is an excellent example of meaningful change to address a critical driving factor in physician suicide. Senior hospital management, government, and the medical board need to recognise their duty in improving and supporting the safety of our colleagues. The Australian Medical Association Queensland Council of Doctors in Training proposes a Queensland Health and Hospital Health Services symposium to hear from experts in the field and to compile a list of actionable items to instigate changes in our medical culture. By bringing senior leaders of the medical profession together and committing to these changes, we hope we can protect our colleagues from another death.

The status quo is literally killing us. Change was needed years ago, refusing to work towards that change now is inexcusable. While we continue to advocate for systemic changes that we all know are needed, we ask that regardless of your career stage you consider how we can better support each other. Asking “R U Ok” is a good first step, but now is the time for action so we are all able to honestly answer “Yes”.

If this article has highlighted difficulties that you are experiencing, please contact your state Doctors’ Health Advisory Service helpline for 24-hour confidential support and advice. In Queensland, you can find further information at www.dhasq.org.au with confidential support and advice through our helpline (07) 3833 4352, while other states’ phone numbers can be found at www.adhn.org.au

Biographies for MJA Insight Plus
Dr Natasha Abeysekera is an executive member of the AMA Queensland Committee of Doctors in Training. She is currently working as a principle house officer in General Surgery at the Royal Brisbane and Women’s Hospital.
Dr Rachele Quested is an executive member of the AMA Queensland Committee of Doctors in Training. She is currently working as a registrar in Radiology at the Princess Alexandra Hospital.
Dr Robert Nayer is an executive member of the AMA Queensland Committee of Doctors in Training. He is currently working as a registrar in Emergency Medicine at the Gold Coast Hospital and Health Service.

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