

PUBLIC HEALTH BILL 2014

Consideration in Detail

Resumed from an earlier stage of the sitting.

Clause 3: Objects and principles —

Debate was interrupted after the clause had been partly considered.

Dr K.D. HAMES: The member was asking about things that had been added under clause 3, “Objects and principles”, and the answer that I have received is that a whole group of things that have been added include cervical cancer and lead poisoning. Things that are not infectious diseases have been added to the objects clause.

Ms J.M. FREEMAN: The reference to “certain other conditions of health” includes cervical cancer because that is not considered to be a disease. Is cervical cancer not considered to be a disease but every other cancer is considered to be a disease?

Dr K.D. HAMES: It is not an infectious disease. It is linked to an infectious disease but is not of itself an infectious disease.

Ms J.M. FREEMAN: So all cancers would come under “certain other conditions of health”, not just cervical cancer, or does cervical cancer get a special category versus every other cancer? I suppose that is really the question.

Dr K.D. HAMES: I have a better answer. The better answer is that it is things that are not necessarily diseases. It is cervical abnormalities that are not yet cancer that we might have a public health screening program for. Lead poisoning causes lots of medical problems, particularly developmental abnormalities, but it is not yet a disease; it is a public health issue.

Ms J.M. FREEMAN: It is pretty broad. The member for Eyre raised fluoridation and the minister raised Lyme disease, which is a disease. It is really about conditions of health that have an adverse effect on people, and the idea is to prevent them having that adverse effect that comes under the phrase “certain other conditions of health”. I understand what the minister is talking about with cervical abnormalities, because four levels of precancerous cells are screened for. People end up having quite serious surgery, although it is not really surgery; the cervical cancerous cells are burnt off so that it does not become cancer. I understand that, and it is a really good process. When we are talking about “certain other conditions of health”, we are talking about conditions of health that could lead to a disease. A condition of health could be an anxiety disorder that could lead to a depressive illness or something like that. I assume that is what fits into that area.

Dr K.D. HAMES: Yes. At page 116, there are definitions of “infectious disease-related condition” and “prescribed condition of health”.

Dr A.D. BUTI: I have a couple of questions. Subclause 1(i) states —

to reduce the inequalities in public health of disadvantaged communities; ...

Does that objective refer to funding inequalities or outcomes, or both? What does that mean? It is on page 3.

Dr K.D. HAMES: I would have thought it was fairly obvious. One of the objectives of the Public Health Bill is to reduce the inequalities in public health of disadvantaged communities.

Dr A.D. Buti: No.

Dr K.D. HAMES: No? Is that not what the member is asking?

Dr A.D. Buti: But is that with regard to funding or the outcomes?

Dr K.D. HAMES: No; it is about the outcomes. The objects of the bill are not about funding; the bill is about the protection of public health. One of the things that a new public health act should absolutely do is outlined in paragraph (i)—that is, reduce the inequalities in public health. The degree to which we do that is arguable, given that we do not have the full binding of the Crown, and that is largely where those issues will arise. Nevertheless, one of the objects of the bill is to reduce those inequalities.

Dr A.D. BUTI: I turn to the precautionary principle referred to in the table on page 4. That principle has a lot of relevance to climate change and so forth. A report came out recently about the health implications of global warming or climate change. This principle refers to a lack of scientific certainty. It is not completely related to the clause, but I think it would be interesting to have on record the view of the Minister for Health, who has brought in a bill that provides that if there is a public health risk, a lack of scientific certainty will not be used as a reason for postponing measures to prevent, control or abate the risk. Australia is one of the few countries in which there is still some debate about the scientific view on global warming or climate change. Would the

minister see at this stage that if this were put in place, there would be an obligation on the department to look at trying to alleviate the possible health consequences of global warming?

Dr K.D. HAMES: I have a mixed answer. Firstly, it is to be read in conjunction with subclause (2)(b) of the precautionary principle, which refers to an assessment of the risk-weighted consequences of the options—that is, what is the risk-weighted consequence of whether we take into account global warming? We see the overall concept of the precautionary principle a lot. We see it in decisions in cabinet. We have just made a decision on a significant expansion of a buffer zone around Kwinana or Cockburn. The advice was that we should use the precautionary principle in making that decision. It was also part of the arguments around whether we should or should not proceed with the opportunities for development in Port Hedland. Local governments are doing that now, particularly in relation to global warming. My council, the City of Mandurah, had a detailed study done by a friend of mine who is an environmental scientist into the potential effects of rising water levels throughout the City of Mandurah. It made a planning decision on the potential effects of rising sea levels around proposed developments. I do not know whether the member goes to Mandurah much, but as people come over the bridge, they will see a new development on the left. It was a Mirvac Fini development but someone else has bought it. The council negotiated with the company to get a significantly increased setback from the water in return for other benefits just in case water levels rise in the future. The area will also be protected. The scientific study was done to show where the sea level would rise to, and the council made local planning decisions around that. I think it was very sensible. It is one of the few councils in this state or Australia to do that.

Mr R.H. COOK: I apologise; I was sitting back, waiting for the member for Armadale to finish his discussion around paragraph (i), and he moved on to other subjects around the precautionary principle. To a certain extent, I get the point that the member for Armadale was trying to make, but I would like to perhaps provide a different angle. Reducing the health inequalities of a disadvantaged community is very different from reducing health inequalities. That one is, I guess, a more passive approach around—excuse me —

Dr K.D. Hames: The members on that side are a diseased lot!

Mr R.H. COOK: We are just very, very busy minister. We are talking a lot, and doing lots of media on a Sunday —

Dr G.G. Jacobs: Even on Sunday?

Mr R.H. COOK: Such is the work, member for Eyre. We are always working hard.

Debate adjourned, pursuant to standing orders.