

MEDIA RELEASE

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Boosting health services for vulnerable Queenslanders must be a budget priority

AMA Queensland Budget Submission 2025-26

AMA Queensland is urging the state government to prioritise meaningful investment in First Nations, women's and LGBTQIASB+ health services in next month's budget, highlighting the urgent need to close persistent gaps in care.

Years of underfunding have left these communities facing disproportionately poor health outcomes, and decisive action is far overdue.

First Nations health

"Queensland's Aboriginal and Torres Strait Islander peoples experience a disproportionate burden of disease, and critical 'Closing the Gap' targets such as early childhood development and suicide are unacceptably worsening," AMA Queensland President Dr Nick Yim said.

"First Nations health organisations such as the Institute for Urban Indigenous Health and the Queensland Aboriginal and Islander Health Council are working extremely hard to reverse this trajectory.

"However, they are struggling to achieve this goal without adequate government support.

"This year's budget must include ongoing and increased funding for these organisations and their evidence-based programs including, Staying Deadly Hubs, Mob Link, Birthing in our Community, and the Indigenous Hospital Network Wisdom Group."

Dr Yim said there must also be targeted support to train and retain Indigenous clinicians.

"We know First Nations doctors are essential to improving health outcomes for their communities – but we also know 30 per cent of them leave the profession, often due to lack of cultural safety, burnout or systemic issues," he said.

"To achieve the required target of 2,000 more Indigenous health workers over the next 10 years, we need Queensland Health to fund and implement the Townsville Indigenous Interns Pathway in all Hospital and Health Services.

"It is crucial these pathways are developed in partnership with local Aboriginal and Torres Strait Islander Community Controlled Health Organisations."

Women's health

AMA Queensland has advocated for improved maternity services and better collaboration across public and private hospitals to give mothers-to-be appropriate support throughout their pregnancy.

"Queensland parents and babies deserve a health system that is high quality, gives them real choice and keeps them safe," Dr Yim said.

"To achieve this, general practice and maternity services must be funded appropriately to deliver the team-based care necessary, including GP shared-care antenatal models.

“Investment must be made in obstetric services to broaden birth choice no matter where women live.

“Medical care is essential for many women but especially those with medium and high-risk pregnancies.

“Specialist and GP obstetricians are the only practitioners who can provide lifesaving treatments when birth complications arise.

“Women deserve access to a well-equipped healthcare team including doctors who are skilled in obstetrics and anaesthetics, trained midwives and nurses.

“The government must stop prioritising non-medical birth models over those led by highly trained doctors.

“Continuing to do so is not only reckless but denies women the right to modern maternity choice.

“Doctors must also be supported to work in our maternity services, including through training supports, reduced red tape and costs, improved protections and genuine private-public partnerships.”

Other key areas that require increased investment include termination of pregnancy services, alcohol and other drug treatment, breast cancer screening and diagnostic services.

LGBTQIASB+ health

AMA Queensland has called on the Crisafulli Government to reinstate paediatric gender hormone treatment services, which were paused in January.

“It ignores the recommendations of the external clinical review of the Queensland Children’s Gender Service, completed in June last year, which found the QCGS provided safe, evidence-based care consistent with national and international guidelines,” Dr Yim said.

“The review was conducted by highly qualified and experienced doctors, researchers and people with lived experience.

“No patient should be denied vital and often life-saving health treatments.

“The decision to ignore respected experts puts already-vulnerable patients, their families and treating clinicians at risk of significant distress and harm.”

AMA Queensland recognises that members of the lesbian, gay, bisexual, transgender, queer, intersex, asexual, sistergirl and brotherboy (LGBTQIASB+) community face unique barriers in accessing healthcare that is culturally safe and appropriate for their needs.

“This is particularly concerning given LGBTQIASB+ people are at a disproportionately high risk of suicide and self-harm, with nearly 75 per cent considering suicide at some point in their lives,” Dr Yim said.

“However, we do not know the true extent of suicide within this community, as police reports and coronial findings rely on family or friends knowing and disclosing their loved one’s sexual or gender identity.

“We have long called for funding and reform to establish a voluntary register that would help reveal those figures and we continue to advocate for this in the lead-up to this year’s state budget.

“We also want to see LGBTQIASB+ representation on key research and health bodies including the National Health and Medical Research Council, Australian Health Ethics Committee and Australian Medical Council.”