

15 September 2025

Australian Commission on Safety and Quality in Health Care
Public Consultation One
National Safety and Quality Health Service (NSQHS) Standards

Via email: nsqhssthirdedition@safetyandquality.gov.au

RE: First public consultation on the NSQHS Standards (third edition)

Thank you for the opportunity to comment and contribute to the development of the third edition of the NSQHS Standards for Australia.

As the Public Advocate for Queensland, I undertake systemic advocacy to promote and protect the rights and interests of Queensland adults with impaired decision-making ability.¹ There are several conditions that may affect a person's decision-making ability, including intellectual disability, acquired brain injury, mental illness, neurological disorders (such as dementia) or alcohol and drug misuse.

The NSQHS Standards are of vital importance to adults with impaired decision-making ability, as they provide a framework for the provision of medical services in Australia, inclusive of appropriate safeguards, which ensure that the patient is at the centre of their care decisions and care experiences.

In considering the third edition, I would like to draw the Commission's attention to a number of concepts and issues that are of vital importance to adults with impaired decision-making ability when in healthcare settings, resulting from the barriers and challenges they can face in these environments.

Supported decision making

The participation of people in decisions that affect their health is central to the provision of patient centred care, a fundamental principle to the provision of quality, and even safe services, in these settings.

For people with impaired decision-making ability, involvement in health care decision-making is not consistent. Many adults with lived experience, and their supporters and carers, express concern that too often conversations regarding their health care are not undertaken with the individual concerned, but instead with a substitute decision maker (such as a statutory health attorney, who is often a family member).

Under *Standard 2: Partnering with consumers*, it is recommended that this issue be specifically addressed, and references to supported decision-making principles and practices be included. This could be an extension to existing references in the standard to health literacy and communication with patients.

The needs of adults with particular communication issues (including those with impaired decision-making ability) need to be referenced in the standard in a more specific way than under the heading of patient 'diversity'.

¹ *Guardianship and Administration Act 2000* (Qld) s 209.

In addition, measures need to be included that incorporate the training of staff in supported decision-making principles and practices, and the utilisation of communication tools (like easy read) that are accessible by the patient, rather than simply referring all decision-making and planning to the person's substitute decision-maker.

The use of restrictive practices

The use of restrictive practices, including physical, mechanical, and chemical restraints in health care settings, when not in the situation of an emergency, are problematic.

It is important to note that currently there is no legal framework in Queensland to authorise the use of restrictive practices in public hospitals or other Queensland Health-operated facilities outside of Authorised Mental Health Services under the *Mental Health Act 2016 (Qld)*. In the absence of a legal framework, the use of restrictive practices in health settings is potentially unlawful.

I recommend that the third edition of NSQHS Standards note this issue in the context of minimising and potentially eliminating the use of restraint and seclusion in health settings (Action 5.35 in the second edition).

In March 2025, I released a discussion paper – *Proposal for the future regulation (and reduction in the use) of restrictive practices in Queensland*. This discussion paper (available [here](#)) provides an outline of how a state-based system could be established for the authorisation of restrictive practices across a range of settings, including health care.

Acute Deterioration

I suggest that the Recognising and Responding to Acute Deterioration Standard needs to include reference to the needs of patients with complex disabilities, particularly those who are non-verbal.

Studies, reports, and inquiries, including the work of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission), have recognised that acute deterioration in patients with complex disabilities can sometimes be subject to diagnostic overshadowing, where symptoms of deterioration are attributed to a patient's disability rather than their immediate health condition.

Recommendations from the Disability Royal Commission

As the Commission is aware, specific recommendations made by the Disability Royal Commission call for a review and revision of the National Standards, with the aim of ensuring the delivery of safe and high quality health care for people with disability.

It is anticipated that the third edition of the Standards will consider the Disability Royal Commission's recommendations and incorporate concepts and values such as those included in this submission, as well as those raised by others. Equitable access to health care is a foundation of our current health system that should underpin standards, practices, and procedures across all health settings.

Thank you for the opportunity to provide input during this consultation.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'John Chesterman', with a long horizontal flourish extending to the right.

John Chesterman (Dr)
Public Advocate