

22<sup>nd</sup> April 2005

The Secretary  
Senate Community Affairs References Committee  
Suite S1 59  
Parliament House  
Canberra ACT 2600

Inquiry into the services and treatment options for persons with cancer

### **Introduction**

This Senate Committee Inquiry is an ideal opportunity for leaders in the community and of the country to hear first hand the concerns and experiences of constituents, in regard to the treatment and care of those who have been diagnosed with cancer, cared for cancer patients or simply touched by those who have had cancer.

In 2003 I was diagnosed with breast cancer aged 44 years.

I feel compelled to make a written submission to this Senate Committee Inquiry, as I have experienced first hand an injustice which I believe needs to be assessed and eliminated to ensure that all Australian women are afforded equal access to free mammography.

My breast cancer was detected by BreastScreen Kogarah NSW and I found they provided an efficient service of the highest professional standard. So I was understandably surprised when I was advised that my follow up mammograms would not occur at Breastscreen, but on a referral from my surgeon to a private Radiologist. My treatment plan involved the care and supervision of a highly skilled multidisciplinary team of medical professionals, so at the time, I did not question the referral to a private local radiologist.

When I made my appointment with this private radiologist, I was informed that the mammogram and ultrasound would cost \$314-00, payable at the time of service. Fortunately at the time, I was in a position to meet such a financial demand, but I know of many women who would find an up front payment difficult under any circumstances. The benefit I received from Medicare for this service was \$164-60, leaving my family out of pocket \$149-40. This is obviously a huge burden for many women on low or no

incomes; it is a pressing social issue for women who have no direct access to money, which is not uncommon when many women are forced to take long periods off work to undergo cancer treatment plans.

### **The Issue, as per the terms of reference**

My enquiries into the government funding of mammograms suggest that the charter of BreastScreen and Medicare delivers a message claiming “*that every woman over the age of 40 years is entitled to a free mammogram*”. This appears to be the case if you are “well” and not previously had breast cancer.

Why this exclusion? this approach doesn't make sound economic sense, lest of all commonsense.

Breast screening was introduced to reduce illness and deaths associated with breast cancer and to save women's lives. Early detection is the key aim of the program; screening can detect cancers as small as a grain of rice. Statistical and clinical data currently available overwhelmingly confirms that women who have previously had breast cancer are at a greater risk of the cancer reoccurring or developing in the other breast.

I ask the Senators on this Committee Inquiry, **if the risk of breast cancer returning is greater for these women in the community, why is it that they are denied the same access to the free mammograms available to their “well” mothers, sisters and friends?**

No woman who has had breast cancer, should be treated differently to others in the community, Australian law supports a system of fairness. Every woman who has been diagnosed with breast cancer should be afforded access to free mammograms as part of their supervised follow up, whether they reside in metropolitan or regional Australia. If you can't get a free mammogram in your local area, within the Sydney metropolitan after having breast cancer, imagine the barriers faced by women in regional centres.

### **Recommendations**

The funding and services of BreastScreen be increased to provide free mammograms to all Australian women over the age of 40, on request or on a doctors referral. BreastScreen currently has the technical and medical expertise to provide such a service, both in metropolitan and regional Australia.

All Public Hospitals should be adequately funded to allow them to provide mammograms as a free service.

The Health Insurance Commission needs to reinstate funding for bulk billing at private Radiologist services, to provide women with free screening and diagnostic mammograms.

This submission was compiled by  
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