

CANCER SUPPORT ASSOCIATION OF WESTERN AUSTRALIA INC

~ Environment, Wellness & Healing ~

Patron - His Excellency Lieutenant General John M Sanderson, AC
Governor of Western Australia

18 March 2005

Mr Elton Humphery

Secretary - Australian Senate
Community Affairs References Committee

Dear Mr Humphery,

Thank you for your invitation to make a written submission to the References Committee into services and treatment options for persons with cancer.

Unfortunately these last two months as CEO of the Cancer Support Association of WA Inc I have had to dedicate every moment of my time to fundraising to ensure the continued existence of the charity, which has prevented me from dedicating serious time to a worthy submission. Events late December 2004 (Boxing Day Tsunami) significantly affected our funds received and we are only now slowly regaining a more stable financial position. The overwhelming majority of CSA funding is received from the general public.

Nonetheless, I would like to make a few brief respectful comments.

Delivery of Services

1. Best Practice models of cancer care can only claim to be such if they are *inclusive* of mainstream *and* alternative treatment paradigms and where health care practitioners are appropriately registered by government & professional regulatory bodies.
2. Best Practice models require all professional stakeholders to readily refer across the various disciplines without bias and with the patient's best interest at heart.
3. Current barriers to 1 & 2 are often:
 - a. prevailing adversarial attitudes between mainstream and alternative health practitioners;
 - b. lack of funding for alternative cancer treatment paradigm research;
 - c. lack of understanding by individuals in both camps about the link between observation/outcome of individual case studies and medical/health breakthroughs, preferring the assumption that scientific evidence can only be based on outcomes of large clinical/quantitative trials;
 - d. assumption what is published in journals (both paradigms, peer reviewed) constitutes solid scientific evidence;



Empowering individuals,
families and community.

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- e. the State underwriting almost exclusively the mainstream orthodox cancer treatment paradigm, which reinforces the assumed superiority of the conventional medical model;
- f. the avoidance within the given Terms of Reference of *alternative* treatment options by focusing instead on *complementary* options vis a vis conventional therapies.

Assessment of Less Conventional/Complementary (alternative?) Treatments

1. Comparable research funding (to conventional paradigm) should be made available, with a particular emphasis on (causes/interventions/outcomes):
 - a. environmental pollutants and cancer;
 - b. diet/nutrition and cancer
 - c. lifestyle factors and cancer
 - d. psychotherapy & psycho-immunotherapy and cancer;
2. Recognition (from a mainstream scientific enquiry point of view) that the incidence of cancer has been steadily rising since the 1930s, equally so the dollars spent on conventional cancer treatment and research, medical technology and health care underwriting with less than encouraging outcomes;
3. That interventions and treatment outcomes (observed and/or researched) *for patients* should be measured in:
 - a. qualitative terms;
 - b. epidemiological and quantitative End Result analyses;
 - c. financial cost to the State *and* the individual;
4. The overriding factor for conventional, complementary *and* alternative cancer treatments' assessment to be the Hippocratic concept of '**doing no harm**', compared to no intervention at all other than palliative care.
5. It is legitimate that government control over less conventional treatments and corresponding practitioners should be *equal* to that exercised over the conventional paradigm.

My apologies once more over my lack of detailed response but the CSA team is rather small with little opportunity to delegate detailed research.

Respectfully, I wish the References Committee every success and would much appreciate if its findings could be made available to the CSA in due course.

Kindest regards,

Dr Peter Daale D.B.A.
Chief Executive Officer



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