

Submission to the Cancer Inquiry

By Doug Murphy

A Model to Assist Patients When First Diagnosed

When first diagnosed, there is a need for immediate counselling which has 4 elements:

- a) support and psychological counselling
- b) medical advice
- c) lifestyle issues
- d) where and how to obtain requisite counselling

In respect of a), the community should preferably be using existing facilities. It seems to me the model which could be adopted would be along the lines of Relationships Australia which advises on relationships, especially marriage guidance counselling.

The first and immediate role is information provision through personal counselling. Given the significance of the issue, patients will want to, and will need, support from their spouse or some other support person. This early input of information provision, will enable patients to make informed choices. Some patients will respond they don't want to make any changes to their lifestyle. This has to be part of the psychological counselling.

Another aspect would be for patients to decide if they want to pursue a program of chemotherapy, it seem to me it is not a foregone conclusion that this is the best program for every patient. At this early stage patients are very vulnerable and they need objective background information.

It seems to me society has moved in a direction where the culture or common belief system is that a simple, quick and effective cure – 'a silver bullet', approach is endemic. This is not reality. When I think of psychological support and immediate access to provision of objective information, I think medical advice and advice on lifestyle issues merge and become mutually supportive.

In the mid 1990's, I attended one of the Gawler Foundation's programs. I learned there, and I agree with their philosophy, that there are four elements to achieving wellness. These are:

- Selective eating
- Appropriate exercise
- Meditation and
- The power of positive thought.

On the issue of selective eating, mention was made at Gawler – informally, that the work of Max Gersson seemed to be the only approach or initiative which has positively benefited patients. Although a lay person in this area, I have studied Gersson's publication (these date from the 1940's) and I believe his scientific work and that of his associates and fellow scientists of the time, is irrefutable. It seems to me, this work has been passed over and attracts little attention today. His basic premises are:

- The body's cells need potassium and sodium, with potassium intake being a multiple (5-6 times) that of sodium. (More recent scientific literature I have sighted agrees with the principle but considers the proportions should be much lower – a detail.)

According to Gersson, Cancer cells cannot exist in a potassium rich environment. Careful selection of food – selective eating can achieve this. I think the scientific community and the alternative medicine are in agreement – (unorganised at this time), that the best diet will combine:

- Low sodium intake
- Low sucrose intake
- High potassium intake
- High fibre intake
- Minimisation of saturated fats
- Minimisation of preservatives, additives, insecticides and certain processes such as hydrogenation of fats.
- Reliance on natural foods
- Attention to electrolyte levels
- Calcium - magnesium levels

I think it is important to realise that the benefits of this diet are not limited to cancer patients. This type of information is probably best disseminated by dieticians, although they seem variable in their understanding and recommendations. I suggest a guidance paper be prepared which would provide the foundation and basis of common information delivery. Tailor made information or advice can then be added.

The other elements to achieve wellness (ie to achieve remission) could also be handled in a similar way (ie for appropriate exercise, referral to gyms, swim pools and personal trainers etc., meditation through meditation classes and the power of positive thought by promoting role models, providing a reading bibliography and access to organisations like the Relaxation Centre in Brisbane).

I think there should be guideline publications prepared for common understanding such as with exercise – the amount and type etc.

There is one problem I see which is strategic and this implementation. It is one thing to provide free, quality information, but users need to implement it. Finding the 'right' foods, identifying which foods and which brands is a daunting task and clients will need help to implement the recommendations.

Gawler does this through static display: this would seem appropriate on a regional basis and there may be some ways to organise personal tours.

Last, I think cancer patients should be given ongoing support and encouragement. Diabetes mellitus patients for example, are given regular blood tests (HbA1c) – I think this form of program could be applied through regular General Practitioner visits so that health of these patients can be monitored through blood tests which focus on the lipids etc. as well as blood cell counts.

Finally, given the increasing incidence of one person households, mutual support groups should be encouraged to be established to provide secondary information delivery and patient support.