Ross B. Taylor

16th March 2005

Secretary
Senate Community Affairs Reference Committee
Suite S1 59
Australian Parliament House
Canberra ACT 2600

Re : Submission into the Enquiry into the Delivery of Cancer Services in Australia

Dear committee,

I wish to submit the following comments in relation to the forthcoming enquiry into the delivery of cancer services in Australia.

1. Personal Background :

- Author of several books including ‘Living Simply with Cancer’ that has sold over 38,000 copies thoughout Australia and overseas.
- Past president, Cancer Support Association of Western Australia Inc
- Past director, Breast Cancer Foundation of W.A. Inc
- Current patron, Breast Cancer Foundation of W.A. Inc
- Chair, Dorothy & Foster Brady Cancer Trust Inc.
- Voluntary counsellor and active cancer campaigner
- Freelance writer on cancer with numerous newspapers and magazines, having been featured on ‘The 7.30 Report’ ; numerous newspapers including ‘The West Australian’, ‘The Herald’ and ‘The Australian Financial Review’. Also in Malaysia’s ‘LIFE’ magazine and ‘The Jakarta Post’ newspaper in Indonesia.
- International speaker on cancer and general health issues

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- Cancer survivor (diagnosed with metastatic melanoma in 1993).

2. Submission Overview

Almost no other word in the languages of the world can generate as much fear as the word ‘cancer’. For many people this word is directly associated with one thing. Death.

With one-in-three Australians now being diagnosed with cancer by the age of 75 years, cancer is a a disease that has touched the lives of most families, either directly or indirectly.

Shortly after the conclusion of World War II, the medical world was jubilant with the discovery of a process called chemotherapy (‘chemical therapy’) that would ‘cure most cancers with the next ten years’. Not only has this not been the case but chemotherapy itself has contributed to the death of many patients, whilst simultaneously helping others (children with leukaemia for example) to live a much better and longer lives.

Today, chemo and radiotherapy have remained the ‘maintstay’ of mainstream cancer treatments and it’s lack of success as a ‘cure’ has resulted in many patients and their carers seeking alternative or complementary therapies to prolong and improve their lives.

An an entire industry has therefore developed around the need to provide cancer patients with hope and a sense of direction. Some of these therapies have been proven to be highly valuable, whilst other therapies do nothing but cost the patients large amounts of money and leads them to dispair.

In the meantime many cancer specialists have no time or consideration for ANY alternative therapies, with my own speacialist referring to these parctises as ‘witchcraft’.

As a result, we now find that the delivery of cancer services in this country is extremely fragmented and surrounded in suspicion and a lack of co-operation from both ‘sides’. In the middle of all this is the patient. Afraid, alone and lacking in direction and a even a basic understanding of what cancer is all about and what they can do to improve their quality and quantity of life.

In a country that prides itself on the delivery of the world’s highest quality of patient care, the current situation with cancer services is unacceptable and in urgent need of review. This senate enquiry is therefore overdue.

3. Real-Life Situations

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I would now like to present to the committee two ‘real life’ senarios involving a mother who has been recently sent to a specialist as a result of her GP finding a lump in the woman’s breast.

Senario 1

The woman makes her second visit to the specialist following her undergoing ‘Cat-Scans’ (X-Rays) for possible breast cancer.

The specialist sits down with the lady and informs her that indeed she does have cancer and the prognosis is not good. This lady is devastated as she has two children still at school, and a husband.

The patient is told by the specialist that she will need to undergo five weeks of radiotherapy and three months of chemo ; all this starting in two weeks.

She is told that there is nothing she can do to help the situation but the doctor does prescibed some valium for her now shattered nerves.

This particular specialist is very anti-complementary therapies, so makes no alternative recommendations saying that there are many ‘charlatans’ out there who will take her money with false promises and ‘snake oil’ treatments.

The lady leaves the medical centre with her life turned ‘upside down’, and feeling totally confused and disempowered.

Her husband starts to search the internet for answers; friends start to provide well-intentioned advice, and the charlotans inevitably end up ‘guiding’ her to their range of products, OR she and her family simply retreat into a world of hopelessness, confusion and sadness.

Senario 2

The woman makes her second visit to the specialist following her undergoing ‘Cat-Scans’ (X-Rays) for possible breast cancer.

The specialist sits down with the lady and informs her that indeed she does have cancer and the prognosis is not good. This lady is devestated as she has two children still at school and a husband.

The patient is told by the specialist that she will need to undergo five weeks of radiotherapy and three months of chemo ; all this starting in two weeks.

The specialist then informs the lady that in WA there is a fully ‘integrated’ approach to cancer serivce delivery that is available to her and her family should she wish to access this free service.

The patient is then given the name of her ‘Cancer Buddy’ who is appointed through the Cancer Council of WA. ‘The role of the ‘Cancer Buddy’, explains the specialist, ‘is to provide a fully integrated supporting role for her in association with the medical profession.’

The doctor goes onto to expain that the ‘Cancer Buddy’ will use a wide range of resources to introduce the patient to genuine and quality complementary therapies that will assist her and her family during this proceess. The services will include :

- Support Groups.
- Counselling for not only herself but her family and carers.
- Nutritional Advice.
- A detailed explaination of complementary therapies including the ‘Good and the Bad’.
- Financial advice.
- Self-help programs designed to ‘empower’ the patient and her family.
- A detailed briefing by a doctor on the forms of cancer tratments that the lady should expect, and how they will affect her body and general health.

The lady decides to utilze these services and within several months has been able to develop a clear and focused ‘healing plan’ to ensure the best possible outcome from her cancer journey.

I invite the committee to decide which of these two senarios they would prefer if it was their partner who had been diagnosed with cancer ?

4. What Must We Do ?

Western Australia is blessed with a number of outstanding cancer support organisations. These include :

- The Cancer Council of WA
- Cancer Support Association of WA Inc
- The Breast Cancer Foundation of WA Inc
- The Brownes Cancer Support Group
- Balya Cancer Retreat

These organisations have the potential to interface with doctors and surgeons with synergy and professionalism, resulting in a dramatic improvement in the quality of patient care and service delivery, and often a significant improvement in the wellbeing of the patient.

Most of the services offered by the above groups are done so on a ‘cost recovery’ basis and as such patients receive excellent value for their money. Many of the services are actually provided free-of-charge.

5. So Why Doesn’t this Happen Now ?

In some cases it does. But not very often.

Cancer specialists tend to take a very ‘medical’ view of cancer treatment. Seldom do they show any interest in any form of complementary tretament or support for their patient saying that there is no proven evidence that these therapies or support groups can help. This is of course wrong, but even if it were true, the specialists should have a responsibility for their patient’s GENERAL health as well as just treating the cancer. Therefore, by improving the patient’s diet and by teaching them to reduce stress through mediation instead of ‘valium’, for example, might just seem sensible.

Sadly by NOT referring their patients to these quality cancer support groups, and thus allowing the patient to ‘wonder the streets’ looking for solutions, the chalatans who ‘feast’ on the patients misfortune have just been handed a patient thanks to the cancer doctors themselves!

6. Recommendation

6.1. That the federal government, in association with the states establish a process whereby the delivery of cancer services can become fully integrated and in doing so it becomes compulsory for speacialists to inform their patients about approved and certified cancer support services.

6.2. Additional training and information programs should be developed to assist doctors understand that these organisations can truly ‘complement’ them ; not take their customer/patient away from the care.

6.3. Establish an approval/endorsement system whereby cancer support groups receive an endorsement from the health department as an approved cancer service provider.

The opportunity to address the committee with regard these issues would be appreciated.

Please note that during the sitting date in Perth I will be in Jakarta and as such would be prepared to address the committee by telephone ‘hook-up’.

Yours sicerely,

ROSS TAYLOR

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