

Senator HUMPHRIES (Australian Capital Territory) (10.02 a.m.)—I was privileged to be part of this fascinating inquiry. I feel that a real contribution has been made to public policy in Australia by virtue of that inquiry having been conducted. Like other members, I commend Senator Cook for the opportunity he created, by virtue of his own experience, to throw the spotlight of the Senate onto this important issue. I think it has produced some value in public policy terms.

As senators have already heard, this problem is a significant problem for an increasing number of Australians. Between 1991 and 2001 there was a 36 per cent increase in the diagnoses of cancer in this country—a frightening statistic. In recent years, it has led to the calculation that half a million potential years of life are lost each year to Australians by virtue of this insidious set of diseases. It is important to note that, although there are certainly improved survival rates for a number of cancers, in fact for the majority of cancers, across Australia in recent years because of improved technology and medicines, the fact remains that all too many Australians each year are finding that diagnosis suddenly placed in front of them. Steps need to be taken to ensure that they are better supported through the process of the cancer experience, the cancer journey.

It is true to say that overall the quality of cancer services in this country is quite good. We have survival rates which are quite high by world standards, and it is important for us not to lose sight of that. Indeed, what this report focuses on is not so much recommending massive new amounts of money to be spent on cancer research or cancer services per se—although, of course, more money would be welcome and would go a long way—but rather looking at ways in which we can improve the delivery of service to Australians by looking at the range of services available in Australia, the information available to Australians who are diagnosed with cancer, particularly the way in which we integrate conventional cancer services with what are variously called complementary therapies and other things for people who find themselves in that position.

An important recommendation from this report is the one that suggests that, with so many information pathways available to Australians affected by cancer, it is extremely important that we begin to channel and tailor packages appropriate to people who are diagnosed with cancer. There is a huge amount of information for people in these circumstances. In fact, there is much information which is probably unhelpful or inaccurate. There is much very useful information provided by clinical outlets, government and semi-government agencies, research bodies and so forth. But, for those freshly diagnosed with cancer, we found evidence that there were too often confusing portals into that information and a lack of a clear set of principles and explanations of clinical pathways available to them. The opportunity created by Cancer Australia's formation to bring this all together is very significant. I think it is most important that this report be taken up by that new body to establish a very clear set of principles for how information is provided to those newly diagnosed.

I want to touch on the issue of complementary therapies. My view during the course of this inquiry about those therapies swung around quite dramatically. I was sceptical about the value of such therapies but have come to the view that they are extremely important for the emotional and spiritual wellbeing of cancer patients. The fact that so many cancer patients in this country turn to them, often sidestepping clinical advice available to them from their GP or specialist, is evidence of the important place that they occupy in the cancer scene by offering hope to people who otherwise might be told by conventional medicine that they have little or no hope.

It is important that we provide a pathway for people who are diagnosed with cancer to access accurate information about complementary medicines. I particularly commend to the Senate the recommendations that provide for the NHMRC to establish a funding stream dedicated to research into complementary medicines, and not because I think it is likely to bring a large number of alternative therapies in from the cold and somehow make them acceptable to mainstream medicine overnight. That may happen over time but it is not likely to happen anytime soon. But it is important for people to know where they stand with those medicines, to know what implications they have in connection with conventional medicine. Many complementary therapies are beneficial, as I have said. In an emotional and spiritual sense they support patients with a diagnosis of cancer. They give them a sense of being empowered, as Senator Lees said, in the circumstances of their condition. But some therapies have the potential to be harmful to a conventional medicine regime. We can overcome that problem if we focus on the interface between the two areas.

Another important recommendation to support that position is that there should be a peak body of some sort, a forum or committee of complementary therapies and providers in this country, so that they are able to deal on more equal terms with the conventional medical hierarchy. We all know that there is something of an art form to writing a good application, and probably no more so than when it comes to seeking large numbers of dollars for research. But very often we have heard that some of those therapies are not in a position to put together suitable and acceptable funding applications, and we need to give them a pathway to ensure that they do not slip outside the mainstream merely because they do not conform to those conventions. I remind the Senate that therapies like acupuncture, for example, were long regarded as quackery but now occupy a very respectable place within conventional medical procedures. Other alternatives deserve to be considered as the evidence comes forward that they are in fact efficacious.

I also believe it is important that we focus on the recommendations about a multidisciplinary approach towards cancer. It is clear that patients do not have a single, one-dimensional set of needs. They are not focused just on the physical presence of a cancer in some particular part of their body. There are a range of problems—psychosocial problems, for example—which absolutely must be addressed as part of a comprehensive approach towards the treatment of a person with cancer. With a greater focus in conventional medical education on how those sorts of multidisciplinary approaches could

be achieved, as well as some reorganisation of funding mechanisms to ensure that, I believe we will give much more hope and much more satisfactory experiences to people diagnosed with cancer.

There is also a recommendation in the report that we should encourage doctors to focus on communication techniques. That is obviously achieved partly through medical education as well. It has been disturbing throughout this inquiry that we have heard of so many cases of poor bedside manner used by doctors who come to offer services to their patients. That very clearly is a matter for improvement. I seek leave to continue my remarks.