

Senator LEES (South Australia) (9.56 a.m.)—I would like to begin by paying tribute to Senator Cook for his courage and determination at a time when he could be excused for moving on and not putting such energy and effort into something when he is facing a very personal challenge. I would also like to pay tribute to the committee, and this will be for the last time. The community affairs committee is a fabulous committee. I pay tribute to Elton and his team.

For me, this inquiry was quite a moving experience. I think the essence of it was about empowering people who find that they have cancer. One of the big gaps in Australia is the lack of access to alternatives—to complementary therapies—or even finding out about what the alternatives are. As we looked overseas and had overseas evidence by phone linkage we saw that, particularly in the US and also in Europe, they are so much further ahead than we are. We also looked at the breast cancer model in Australia. We saw there the breast cancer nurse and the contact that is made with the woman within the first few days—someone else who has had the experience gets in touch. There is a process then of explaining alternatives, and we are not talking about going on a diet instead of chemotherapy; we are talking about the other things that can be done to help the cancer sufferer and their family through what is a very daunting experience. This is about action. This is about looking at what we do now and better coordinating the excellent services that are available in our hospitals with what people want and, indeed, as Senator Cook has said, what people are paying for out of their own pockets, because the holistic approach is simply missing in Australia.

For me, one of the specific issues we need to deal with urgently is that of adolescents. There is a gap between excellent childhood cancer services and adult services, which tend to be focused cancer by cancer. As I said, the breast cancer model is the one that we should be moving across into all the various sorts of cancers. But somehow the teenagers seem to be slipping through. They do not want to go into cancer wards in the big hospitals. A lot of the adult services are quite daunting for them. So I make an appeal to the government on this to look at firstly making sure that this battle between what is conventional and what is complementary stops, that doctors are supported through the process of understanding that if you empower someone with a chronic illness—if they actually feel better—they will get better. It is very much a part of the process, and this is not going to cost a lot of money.

I only have three minutes to speak on this, and in my last couple of seconds I want to stress that we are not talking about huge input from the budget. We are talking about reorganising what we have got, focusing it on the individual and understanding that anyone with a chronic illness needs to have firstly a real understanding of what they are facing but then some real alternatives and to feel in control of themselves.