

Senator MOORE (Queensland) (6.24 p.m.)—I was privileged to work on this particular committee, where we had the enormous privilege of listening to the stories of the most amazing group of people, all of whom had some familiarity with what they termed, and which now has become common parlance, ‘the cancer journey’. Through this process we talked with people who indicated that they were working through personal treatments, people who were providing various forms of treatment and—I think, in some ways, most poignantly—the family members and friends of those who identified with having cancer and were trying to work out their role in this journey, in many ways giving us such sensitive information from which we can benefit. I hope people will take the opportunity when they can to have a look at the report of the Community Affairs References Committee. It is called *The cancer journey: informing choice*.

Through this inquiry we were able to look at the way that the treatments surrounding cancer in this country have moved forward over the last 10 years. Certainly, previous Senate inquiries and also House of Reps inquiries had looked specifically at the issue of breast cancer. There was quite groundbreaking work provided by previous committees that led in no small way to changing how treatment was offered to women across this country. One of the clear things to come out of this committee’s inquiry, though, is that the work done through the breast cancer movement has benefited other people who are suffering from—who have other forms of cancer. I corrected myself when I started to say ‘suffer from’, because this is a term that the people with whom we spoke totally reject and one they do not wish to be used. However, all of us seem to fall into usage which we should have learned not to use.

I hope to talk again on these issues at different times during my career in this place, but this evening I want to talk particularly about alternative methodologies. We were privileged in the inquiry process to have submissions from a number of organisations which were looking really centrally at the issue of providing alternative help for people who were travelling on the cancer journey. This evening I want to talk about one that I have been fortunate enough to visit in my home state of Queensland. It is called Bloomhill, and it is located in the extraordinarily beautiful area of the Sunshine Coast, just north of Brisbane.

Bloomhill is an inclusive model of treatment. It operates with the whole team of people involved in the treatment options. There are support mechanisms for people who have been identified as having cancer. The process is linked by people sharing a common goal of having someone be as well as they possibly can. The idea is that everybody has a role to play, but it is focused on the individual choice of the person who has been identified as having cancer. The idea is a community based, complementary care organisation. I know that is a mouthful, but it sums up the philosophy of the Bloomhill centre.

This centre was founded in 1997 by Margaret Gargan, who is a nurse by profession and worked for many years on the oncology wards at the Prince

Charles Hospital in Brisbane. After diagnosis, Margaret went from being someone working with people with cancer to being someone who identified as having cancer and was on her own journey. She experienced service models from both sides and brought that knowledge and sensitivity to setting up the Bloomhill model. In 2002 Bloomhill worked at and set up a partnership with the local Blue Care palliative care team. The enormous contribution of the various palliative care teams across the country was documented in the process of this inquiry, and the role of community nursing, actually working with people in their own homes, cannot be overstressed. They are people to whom we should be deeply grateful.

The partnership that has been established at Bloomhill is one where the people at the centre can have access to the kind of professional care that is offered through the hospital system and through the community system, but Bloomhill also looks at the wider needs of people and offers alternative therapies. Not too long ago people tended to laugh at alternative therapies but now, through experience, people understand that these can help. After all, the key issue is wellness. It may not, and in this particular disease often does not, result in cure, but it does create wellness and strength of spirit which is so valuable.

The Bloomhill centre can only operate, as most of these community organisations do, on the basis of a very strong group of volunteers. The whole idea is that volunteers with skills come together to share information and be part of the process. In the period from 1997 until now, there has been such growth and need that there is now a management committee, 10 full-time staff, eight part-time staff and over 250 volunteers who work together to make sure that everybody involved is as well as they possibly can be.

The permanent site, since 1999, is the most extraordinarily beautiful place—10 acres of beautiful rainforest with room to develop respite facilities, chapels and further facilities for extra therapies such as massage, counselling, music therapy and a whole range of different and alternative methods. These are not exclusive of medical treatment but complementary to it, so that people involved feel nurtured, valued and are given the key choice for themselves as to which path they will take down the journey.

Margaret is an extremely passionate woman. She has worked outside the location at the Sunshine Coast and is working with other communities to try and set up similar organisations. I know that they are working together now to try and set up a similar place in the Blue Mountains—another extraordinarily beautiful place. It has been proven that your environment does have an immediate impact on your sense of wellbeing.

Another model of care which also includes a range of complementary systems to make the person and their family members feel better and part of the whole process is the Brown's clinic in Perth. One of the key areas of this model and the

difference with the Brown's clinic is that the actual place where these therapies are offered is situated at the hospital. They have a desperate need for more space, but there is something about having this particular centre, which focuses on the wellbeing of people using complementary medicine, co-located with the medical processes at the hospital that I think gives it a special validity.

One of the things to come out of the cancer inquiry is that there was a feeling that the professional medical areas do not give sufficient weight or value to the range of complementary medicines and therapies. There are people with various skills available in our community who are focused on making people as well as they can be. What we do not need, and what no patient or family involved in this process needs, is a sense of competition or any disrespect between the various methods of treatment. What was stressed consistently throughout the evidence received by the committee was that there needed to be a whole-of-patient care and a team approach, because no one system works.

The message that came from the people at the Brown's clinic and from Bloomhill was that these systems can work. Again, there is no promise or guarantee that people will be cured. During the cancer journey through which people are travelling there will be the consideration that people care, that their views will be protected and valued and that there are ways that this process can work better than it has in the past. The way forward has been led by the enormous amount of work done across this community and also overseas in the area of breast cancer. Throughout the cancer inquiry, the committee learnt lessons from the expenditure, the funding and the research that had been done on the issue of breast cancer. Other areas have also learnt from that.

Each of the words in the title of the report—*The cancer journey: informing choice*—are important. It is a journey. It is one that so many people are now travelling, and the statistics are quite horrific in terms of the number of people who are facing this process. The key area is with the last two words 'informing choice'. We can learn and we must learn. I seek leave to continue my remarks later.