

COMMITTEES
Community Affairs Committee
Report Speech

Senator ADAMS (Western Australia)—I join my colleagues in congratulating all those who were involved in the inquiry into gynaecological cancers by the Senate Standing Committee on Community Affairs, especially our witnesses. As a Western Australian and rural member of the committee, I would like to focus more on the problems of rural women who have gynaecological cancers. One of our main recommendations—which I am so pleased the committee agreed to put forward and which we have a comprehensive chapter on—is patient assisted travel. One of the biggest problems for rural patients—whether or not they have cancer—is the need to travel long distances for treatment, which makes the experience even harder.

Today I am thrilled to be hosting 30 members of the National Rural Health Alliance. The alliance is made up of allied health people—doctors, nurses and consumers, anyone who knows anything about rural health. This morning the Minister for Health and Ageing, the Hon. Tony Abbott, addressed the alliance, and they raised the issue of patient assisted travel. We have a recommendation that the Council of Australian Governments, as a matter of urgency, improve the current patient travel assistance arrangements in order to establish equity and standardisation of benefits, ensure portability of benefits across jurisdictions, and increase the level of benefits to better reflect the real costs of travel and accommodation.

Something that was raised this morning was the importance of an escort to accompany the patient. There is nothing worse than having to travel huge distances to be diagnosed with gynaecological cancer, as you can imagine—it is such a shock. You have heard from Senator Ferris about how she felt. How would you feel having to travel thousands of kilometres by yourself to hear the diagnosis and have your treatment? At the moment, women in the Northern Territory cannot access radiotherapy treatment in the Northern Territory; they have to go to either Adelaide or Brisbane. They are not allowed an escort unless that person can give them medical advice or medical assistance. The psychosocial aspect, unfortunately, has not been taken into consideration. I would like to see this taken up. It is so unfair.

The other issue I want to refer to, having had lymphoedema myself from having had breast cancer, is that when women with gynaecological cancer problems have lymphoedema it affects their legs and their bodies. They have to wear restrictive garments, which cost a terrific amount of money. We are hoping that another of our recommendations is taken up, which is that the Commonwealth government consider a Medicare item number for lymphoedema treatment by accredited physiotherapists. Getting physiotherapy in rural areas is difficult. For me to get a physiotherapy appointment I have to wait three weeks. For a lymphoedema treatment, you have to have at least two weeks of continuous appointments. There is no way that someone living in a rural area can get that assistance. There are so many things that happen to women who have gynaecological cancers that are really unfair, such as trying to access the garments and trying to get treatment.

I refer to an article from the front page of the *AlbanyAdvertiser* on 17 October 2006. The headline on the front page says, 'Why are we still waiting?' The article states:

Who would want to be a woman in Albany? That is the question that visiting specialist Dr Michael Price asked last week when he heard that Great Southern women were still waiting for their resident obstetrician/gynaecologist.

Dr Price said:

I think it's dreadful. Who wouldn't? All I can say is, who would want to be a lady who needs a gynaecologist in Albany. This is very disappointing yet again.

Once again, the WA Country Health Service has not found anyone to go to Albany. They do not have an obstetrician. Albany is a city on the lower part of the coast of Western Australia. It has over 22,000 people, with a catchment of probably another 10,000 people, but they do not have a resident obstetrician or gynaecologist. What happens to these women? A local GP, Dr David Tadj, says:

Our need is rather for increased gynaecology services in the Great Southern. The irony is that our visiting gynaecologist, Dr Price, has asked to be allocated more operating time at the Albany Regional Hospital in order to reduce the waiting list. Unfortunately, this request for more operating time has, I understand, been refused by the local health service.

That just illustrates the situation in an area of Western Australia, where I come from—I am two hours north of Albany. What happens to our women? They have to travel to Perth. They have to travel to the metropolitan area from other isolated areas such as the Northern Territory. The number of rural women who came forward is highlighted in our report. It is not easy to talk about gynaecological cancer. It has been a taboo subject. I am a nurse and a midwife so for me it is not a problem, but for other women to come and talk about a condition to a group of strangers, knowing full well that what they said was being recorded for a public document, can be difficult. They came forward and were so grateful to be given the opportunity to do this.

Another issue that has been mentioned briefly is that a lot of people do not realise the number of young women who have gynaecological cancer. They have to have chemotherapy and they have to have radiotherapy, so then they go into an early menopause. This is absolutely dreadful for them, especially when they are still of child-bearing age. Their whole life changes. What can we do to help these women? I believe that in this report we have tangible evidence that we can proudly present to the public. I do hope that the report will improve the lot of women as a whole, particularly rural women because they do have a much bigger disadvantage, especially if they do not have a GP in their area. It is not easy. I just cannot express just how hard it is.

I listened to all those people who came forward to give evidence, and they are wonderful people. I would like to thank the secretariat. They were just brilliant. For the women on the committee it was great. I think I have Senator Humphries, a male senator, who is the chair of our committee, sitting behind me now, and I know that he learned an awful lot. It was great to have Senator Humphries with us to really give us the support that we had. Thank you.