SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE – REFERENCE

PETITION: GYNAECOLOGICAL HEALTH ISSUES

The Leader of the Australian Democrats (Senator Allison), also on behalf of Senators Stott Despoja, Crossin, Troeth, Stephens, Kirk, Adams, Payne and Nash and pursuant to notice of motion not objected to as a formal motion, moved business of the Senate notice of motion no. 6 – That petitions tabled in the Senate on 6 December 2005 relating to the management and prevention of gynaecological cancers and sexually transmitted infections be referred to the Community Affairs References Committee for response to the Senate by the last sitting day in March 2006.

The Petition of the undersigned shows:

We believe that Australian females should have basic rights to increased funding for the management and prevention of gynaecological cancers and sexually transmitted infections, and sexual functioning especially in relation to research funding, allocation of basic services and treatment and increased education and community awareness.

Your Petitioners ask/request that the Senate should:
Ensure that the Government upholds Australian females' rights to increased funding and support by:

- Immediate increase in research funding for the development of a screening test for ovarian cancer

- This is badly needed and a number of research establishments around the world are currently working on it. Professor Alex Crandon, Director of the Queensland Centre for Gynaecological Cancer (QCGC) writes ….. 'The principles I used in my PhD thesis work would be applicable to this as the development of a predictive model. As we (QCGC) have the highest number of cases in the one place in the Southern Hemisphere it would be logical and suitable to undertake this work here. It needs substantial funding to set up the team and the research work but I believe it can be done. Up until now suitable levels of funding have not been available.' …..

- Increase funding for the needs of women with gynaecological cancers in the indigenous population and other cultural backgrounds

- Along with many other groups, both government and NGO's, the Gynaecological Cancer Society has independently investigated and funded research into the admitted problems surrounding gynaecological cancer in our indigenous communities. Whilst these efforts may yet bear fruit, the issue is problematical. Professor Crandon writes ….. 'We don't have a lot of information on the incidence in Aboriginal and Islander women alone especially outside cervical cancer, although this information should be available from the State cancer registries. The problem is that the indigenous community become a very expensive group to track. Following preliminary diagnosis, often they simply don't turn up for treatment and ongoing management. While it sounds like a good idea, unfortunately and in reality, it should be near the bottom of the list as it would not be a cost effective form of expenditure.' …..

- Increased research funding to increase awareness and prevention of all gynaecological cancers to the same level as cervical cancer

- A large percentage of the Gynaecological Cancer Society's efforts are channelled into information and education activities. We would argue that the 'message' is already known. What is needed is funding to spread the 'message'. Prof. Crandon writes ….. 'This is certainly needed. One woman dies every 8 hours of gynaecological cancer. It requires a campaign of articles in glossy magazines and in the mass-media. For example – with endometrial cancer it needs to be understood that any bleeding after the menopause is cancer until proven otherwise. Patients must be educated and encouraged not accept being fobbed off by GP's saying it's just your hormones. They need an ultrasound +/- a uterine curettage. Ovarian cancer just needs to be generally publicised more. The existence of National Guidelines needs to be more widely disseminated especially by the press. Other cancers are too rare to make a major impact.' …..

- Increase education of gynaecological cancer symptoms with GPs and primary care workers to ensure timely diagnosis and treatment

- The Society has previously been involved in offering accredited Continuing Medical Education (CME) courses to GP's on important gynaecological cancer issues. They failed totally through general lack of GP interest. Prof. Crandon writes ….. 'Absolutely, but it needs to be mandatory. Otherwise those that do turn up are the ones who least need education. It's generally those that think they know it all who know the least and who don't turn up for ongoing education. Maybe propagation of dot-point info through the RACGP would help. Something needs to done as educating the potential patient can only ever be part of the education process.' …..

- Recognise the need for, and fund accordingly, psychosocial and psychosexual care for patients and families affected by gynaecological cancers

- This is such an important issue as the many thousands of calls to the Society's and other emotional support help-lines will attest. Prof. Crandon writes ….. 'This is one of the most chronically under funded areas. You (the Society) already know about the abnormally high number of relationship failures that occur in gynaecological cancer affected partnerships. Every, and I mean every, gynaecological oncology treatment unit needs at least social worker(s) and a clinical psychologist. The families are devastated and need support and counselling. Almost half of the all gynaecological oncology work is done in the private sector where there are no social workers and very few private hospitals can afford clinical psychologists.' …..

- Increased funding for research and prevention of Sexually Transmitted Infections and their link with gynaecological cancers and infertility, especially human papilloma virus vaccine funding and Chlamydia prevention.

- As previously stated this is an education area of great interest to the Society. Effectively, the research has already been done and the ‘message’ is also known. The problem is that to be most effective the ‘message’ must be delivered prior to the commencement of any sexual activity. As we all understand the actual age at which sexual activity commences is young and getting younger. There is an understandable if misguided reluctance by educators to become meaningfully involved in sexually educating this age group. Prof. Crandon writes …… ‘Absolutely. This needs to be started with education in junior secondary school <u>at the latest</u> and is best done by doctors who are not one chapter ahead of the students as is often the case with teachers. The development of a student education pack to be part of personal development / physical education should become compulsory subjects again. A by-product could be in assisting to combat the obesity problem.’ …..