



**Australian Society of Otolaryngology Head and Neck  
Surgery – ASOHNS**

**Submission**

**to the**

**Senate Community Affairs Committee**

**Inquiry into**

**Hearing Health In Australia**

**October 2009**

## **INTRODUCTION**

The Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS) is the representative organisation for Ear Nose and Throat Head and Neck Surgeons (Ear, Nose and Throat Surgeons) in Australia and dates from 1950. ASOHNS currently has a membership of 384 surgeons throughout Australia.

ASOHNS is the peak body in Australia relating to the medical (non-surgical) and surgical management of conditions of the ears, nose, throat and neck including hearing loss. As such ENT Specialists are expert in hearing loss both occupational and non occupational its diagnosis, medical and non-medical management.

Only ENT specialists are qualified to diagnose the cause of hearing loss. The medical care ENT Specialists provide for conditions of the ear to individual patients is founded on evidence based medicine.

## **KEY ISSUES**

### **Access to Hearing Services:**

#### **The Workforce:**

Access to hearing services provided by Ear, Nose and Throat Specialists is one of the most critical issues facing the Australian community to ensure the effects of hearing impairment are prevented or minimized.

According to the 2008 Royal Australasian College of Surgeons (RACS) Annual Report there are 356 active Otolaryngology Head and Neck Fellows providing services across Australia. The majority of these Specialists are located in the major metropolitan cities and provide a high level of access and service within these areas. At the same time there are 81 medical practitioners undergoing training through the Surgical Education and Training Otolaryngology Head and Neck Surgery program the majority of whom will over the next 5 years complete their training and begin practice. The curriculum includes audiological medicine as well as otologic surgery.

Access to services in regional areas in particular to the more remote areas of Australia and its territories is limited therefore often requiring city based surgeons to deliver services to these areas as an outreach service.

There is a concern regarding access to hearing services which is reflected in Hospital waiting times for some of the more common operations. The insertion of grommets in children, illustrates this. While the Department of Health and Ageing statistics 2007-08 provides comprehensive data in this area ASOHNS members from across Australia report Hospital waiting times of between 3 – 12 months for a routine insertion of grommets operation.

Another concern in terms of workforce is the availability of well trained support staff for ENT Specialists such as audiologists, nurses and speech

pathologists. Government measures and incentives to encourage the training of support staff would assist.

### **Hearing Technology**

Currently free hearing aids are available for children and young adults up to the age of 21 years. This is an **essential service** and must be maintained. However we advocate the service be extended for young adults who are unemployed and cannot afford to purchase necessary hearing aids after the age of 21 years.

At the same time Australia is a world leader in cochlear implant technology and this should be maintained and supported wherever possible.

### **Newborn Screening:**

In June 2009 the Prime Minister Mr Rudd gave an undertaking that by the end of 2010 every newborn child within Australia would be screened for hearing impairments. ASOHNS supports this position and believes early detection of hearing loss is essential to ensure the highest quality of life for children born with hearing loss in Australia.

At present this concept is being rolled out across Australia. Having such screening in place allows for the earliest possible detection and intervention ideally leading to a high quality outcome for the child.

In an economic sense such intervention which identifies babies that may have problems is estimated to be worth a saving to the community in future education, vocational and pension costs to be in the vicinity of \$A1.2 million per severely deaf child identified.

Newborn screening for all should be a primary goal to ensure the hearing health of Australia.

### **Noise Induced Hearing Loss:**

This is commonest form of preventable hearing loss in the Western world. It is a very important consideration in terms of maintaining the community's hearing as it impacts across all ages in the community. Children with noisy toys, children at noisy primary school discos, children at loud concerts, discos and rock concerts, children with loud personal listening devices, and students at high school or TAFE undertaking noisy trades are at risk of noise induced hearing loss and should be educated about it and protected. However the incidence and magnitude of preventable noise induced hearing loss is largest for workers in noisy industry, the defence forces.

There must be evidence-based research to demonstrate the government noise regulations for industry and other government policy is reducing the incidence and magnitude of occupational noise induced hearing loss. In the absence of any such evidence the government noise regulations need reform to implement a standard that can be demonstrated to be effective in preventing or minimizing occupational noise induced hearing loss. The current regulations do not provide for overarching expert guidance, expert

supervision, expert education or an expert resource of information for employers and employees in regard to firstly the damaging effects of occupational noise on the ears, secondly the adverse effects of noise induced hearing loss and tinnitus on a person's daily activities and thirdly the proper use of hearing protection to prevent or minimise noise induced hearing loss.

The occupational noise induced hearing loss thresholds before compensation is awarded, as occurs in many states, may be a disincentive to protect workers. This is because it allows binaural occupational noise induced hearing loss of up to 5.9% in NSW (for example) before compensation is awarded. There is no medical basis for such hearing loss thresholds before worker's compensation is awarded.

In our opinion Australia should have a benchmarked National Method of occupational hearing loss and tinnitus assessment.

The fact that primary school children may be subjected to the loud noise of discos at school is unjustifiable. In noisy trade courses at high school and TAFE, all students in the class must be provided with hearing protection not just the student operating the noisy equipment.

#### **Hearing Loss in the elderly:**

It is essential this age group has access to medical services of General Medical Practitioner and ENT Specialists for hearing loss, tinnitus and imbalance. Proper medical care must not be denied on the basis of age discrimination.

Any move away from this medical model places the person at risk, lowers standards of medical care to this group and removes them from medical care which is discriminatory on the basis of age. In addition it may add significantly to the economic cost of maintaining hearing health within the population. The subsidised system of hearing aid provision for pensioners is vital and should be maintained and expanded.

#### **Indigenous Issues:**

Indigenous hearing health in Australia and the problems that accompany it requires a systematic and focused approach if there is to be a significant improvement. The state of a nation's health can be measured by the prevalence of children with chronic suppurative otitis media (CSOM). Otitis media is a disease of poverty. The World Health Organisation defines a 4% prevalence rate of CSOM as being a major public health problem. At present this level is exceeded many times over within indigenous communities.

The prevalence of CSOM at such high levels has serious implications for the child's speech and language development and subsequent educational and vocational outcomes.

In 2009 a report prepared by Access Economics, "The Cost Burden of Otitis Media in Australia" provided a comprehensive analysis of this condition

among the population at large and the indigenous population highlighting the significantly higher incidence level within the indigenous population and therefore the much higher proportion of cost to the health system.

At present Indigenous hearing loss have issues of

- access to services
- newborn screening
- support services via audiologists and speech therapists
- access to ENT specialists for reconstructive ear surgery

These services are all severely lacking in relation to the indigenous population. As a consequence the individuals health and their longer term educational and vocational prospects is compromised.

## **WHAT IS NEEDED OVERALL FOR EAR HEALTH IN AUSTRALIA**

### **Prevention of Hearing Loss**

Implement government policy regarding occupational noise induced hearing loss that provides :

- (a) Expert guidance and education to employers and employees, that can be demonstrated to prevent or minimise occupational and non occupational noise induced hearing loss.
- (b) Implement a National Unified Benchmark method of assessment of occupational hearing loss, rather than a different system in each state and territory.

Enhance community access, including the elderly and very elderly, to ENT Specialists for investigation, diagnosis and treatment of conditions of the ear so as to diagnose the cause, treat the condition/s and help improve hearing, and help prevent hearing loss.

### **Early detection and treatment of Hearing Loss in newborns**

- A national childhood screening program applied to newborn children and subsequently at school entry
- More support for parents of deaf children
- Ongoing support for Cochlear implants and post operative care.

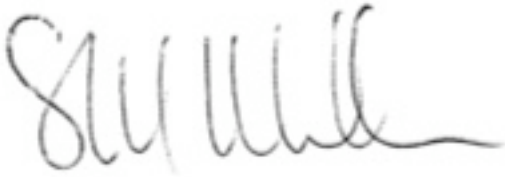
**CONTINUATION** of free hearing aids for under 21's, with extension above 21 yrs for the unemployed who cannot afford to purchase hearing aids that are essential for that person.

**CONTINUATION** and expansion of the subsidised system of hearing aids under medical supervision to eligible pensioners

## **INDIGINOUS HEARING**

Significant commitment to addressing the hearing issues, including hearing screening that is community based, within the indigenous population which relate to their overall health profile

The Society would welcome the opportunity to elaborate on its views at any future date.

A handwritten signature in black ink, appearing to read 'Stuart Miller', with a long horizontal flourish extending to the right.

Dr Stuart Miller FRACS  
**President**

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