

MATTERS OF PUBLIC INTEREST

Positron Emission Tomography Review

Senator MILNE (Tasmania) (1.06 p.m.)—I rise today essentially to speak about Gunns, but since Senator Humphries has just been referring to the PET inquiry I just wish to reiterate that what we found as a committee was that the report was changed. It was changed from saying that the technology was 'clinically effective' to 'potentially clinically effective', and the impact of that for cancer patients was felt not only in Australia but also in New Zealand and Canada, because New Zealand and Canada were waiting on the outcome of that assessment to determine what to do in those countries. As a result of that changed report, New Zealand did not get a PET scanner until last year, I think, and Canada is looking at it again through their ombudsman. So the impact of this report was on cancer patients not just in Australia but around the world, and that report was changed.

To say that now we have the benefit of hindsight is all very well, but in that supporting committee there were specialists who were saying exactly the same then as they are saying now. What is even more appalling is that some of those people have been forced to use their expertise for the last eight years to justify something which they already knew eight years ago to be true. As a result they have not been able to use their brilliance—and I would describe some of the medical scientists involved here as brilliant—to pursue other uses of PET for other forms of cancer because they have had to go back and re-prove something they already proved eight years ago.

We all agreed that the report was changed. The question is who changed it and what their motivation was. Professor King took responsibility for having changed that. As to Professor Kearney, he said before the supporting committee had even met that the Commonwealth would not be providing unrestricted funding and they had better find something else in relation to this inquiry. I still stand by the view that there was a political direction to the Medical Services Advisory Committee, and that is why the Commonwealth put in place a different process for this assessment than otherwise would have been the case. They put in a political component because it came hard on the heels of the then minister's—Mr Wooldridge's—MRI scan affair, which cost the government so much in political terms at that time.

However, I am not surprised that Senator Humphries is defending the processes of the previous government or Minister Wooldridge. We did not get Minister Wooldridge before the committee. A criticism Senator Humphries has made is that we did not go back and get the former minister. It was because at that point in the inquiry the government of the day was the Howard government and the chance of a government dominated committee bringing back a previous minister on a matter like this was zero. I just put that on the record.

I am glad to say that PET is now being rolled out, but tragically it is not being rolled out fast enough, because the big centres have to do the testing on it, which means that rural and regional centres—North Queensland, south-west Western Australia, Tasmania and so on—cannot get a Medicare rebate for a whole lot of the PET scans that are still being done and, as a result, it is not cost effective or viable in those rural hospitals. The upshot is that rural and regional Australians are missing out because that report was changed in the way it was all those years ago. Might I also say that we proved that the department did provide false and misleading evidence to the inquiry. I will not go into its motivation for doing so today, but I was able to demonstrate that clearly in relation to correspondence

from the secretary, Jane Halton, and I stand by that. The correspondence is there for anybody to see that you could not have drawn the conclusion she drew from that correspondence in her report back to the committee.