

**BREAST SCREENING — KIMBERLEY**

*Grievance*

**MS J. FARRER (Kimberley)** [9.41 am]: My grievance this morning is directed to the Minister for Health. Last week, I tabled a petition with 700 signatures. I have listened to the Broome community and I recognise the urgency of focusing on the health needs of women, especially those in rural and remote areas, and those who are economically or otherwise socially disadvantaged and isolated. The signatures on the petition were not all from Kimberley people. A lot of people who live in remote areas do not really know and understand about breast screening; some of them have had that experience but others have not. We need to do more work to inform a lot more people about breast screening, and what it entails for their health.

Women in the Kimberley region are at great health risk due to the absence of a permanent mammography facility. Currently, a facility visits Broome once every two years. That is the huge pink bus that comes in. Some people in the Broome area know when this bus comes around, so they make bookings. Having spoken to the people running the screening service, I know that they have a very tight schedule for the places they have to get to by a certain date. Most bookings are taken, but if people have not booked, they are not screened. There needs to be a bit more flexibility in that. With a female population of approximately 18 000 and growing, a permanent mammography facility is urgently required in the Kimberley. As I said before, bookings need to be made, and I have experienced that problem because I had not booked in. By the time I was able to book, I was told that they did not have any vacant spots left. They told me I would have to come to Perth to have my screening done. There needs to be a bit more investigation into how this service can be made available for most of the women in the Kimberley. Some women in the mining industry live in remote areas, some women live on pastoral leases and many Indigenous women live in remote communities.

As we know, this disease is the most common cancer affecting women. Last month, around the seventeenth, we lost a young girl to this disease. She was a well-known young Aboriginal girl who worked in the pastoral industry all around the Kimberley as well as in Queensland. She also worked at Roy Hill station in the Pilbara. Most of her young life was devoted to work in the pastoral industry. I spoke to her a few days before she died, in the hospital in Halls Creek. She had been diagnosed in late October last year. She was sent to Darwin to start chemotherapy, but the chemotherapy was too strong for her body, and she could not take it. They asked her if she had any other ideas about how to treat her cancer, and she said she did not know. She did not even know what cancer was about, what it was like and how it forms. In the end she was sent back to Halls Creek, and she was going from the hospital to her home on the station, and then back to the hospital. She died on the seventeenth of last month. She has not been buried yet, but I went to speak to her parents, who asked me all sorts of questions about cancer. A lot of us just do not know anything about it. The father said, “Why was it her who had to be faced with this disease? Why wasn’t it picked up?”

Breast screening is done for women from around about the age of 40 onwards. Not enough work is done for the younger women. I do not know whether that is another area that the Department of Health can look into, because we find more and more of our young women having problems with their breasts, especially when they are working or are young mothers. Somehow we need to work together with the Department of Health to make sure that some of the younger women are also covered. This government is leaving the health of Kimberley women at serious risk. Today I call on the minister and the government to act now and provide the urgently needed health services that the Kimberley deserves. The government must provide all women with access to specialised women’s and children’s health services. It is not only breast screening, but a lot of other services as well, but today we are talking about breast screening. Kimberley women should not have to leave the Kimberley to seek these essential health services. If this young woman had been diagnosed earlier, a lot more could have been done for her. She told me that she was shoeing a horse on the station, and the horse kicked her, and it was then that she felt a pain. By the time she got to the hospital to have it checked out, it was too late. I just wanted to bring that to the attention of the minister. Thank you, minister.

**DR K.D. HAMES (Dawesville — Minister for Health)** [9.48 am]: As quickly as I can, I need to give the member a briefing about who needs to get breast cancer screening and who does not. It is recommended only for those in the 40 to 70 age bracket, and for good reason: radiation is involved, and there is no good evidence that the frequency of cancer is enough to warrant exposing women under the age of 40 to that radiation risk. Screening is done for women aged 40 to 70. For women under that age, it is the responsibility of people like me, when I was a general practitioner. Local health practitioners see those patients. Whenever I prescribed a contraceptive pill for a patient, I would use that as an opportunity to do a breast examination, and teach the woman about self-examination. Women should be routinely examining their own breasts. It is hard to tell, but it is much better than any other system of finding breast lumps. Something like a blow often brings attention to the condition, but it does not cause breast cancer. There are many causes that are just not known about. When women of that age group—I am assuming this woman was younger than 40, from what the member has said—

have their regular check-ups, they should be taught by their doctors about those things and then do it themselves. Women need breast cancer screening from age 40 onwards.

The breast screening service was offered once every two years in Broome, but it is not anymore. Last year I increased the funding to BreastScreen WA, run by the North Metropolitan Health Service, so there is now an annual service. The member may not have noticed that, because it started only this year. That service now goes every year to Broome, Derby, Kununurra, Halls Creek, Wyndham and Fitzroy Crossing, and not only that, it is coordinated through the whole Kimberley. I understand that not everyone is on the electoral roll, but every woman aged between 50 has a letter sent directly to them telling them the breast screen service is coming and where it will be. For those who do not get that letter, an Aboriginal liaison officer has the job of rounding up everyone else and letting people between 40 and 50 years of age know that they are still welcome to come along, but they are not specifically invited.

The participation rate is better in the Kimberley than in the metropolitan area: 60 per cent of eligible women in the Kimberley have their screen, but in the metropolitan area it is only 58 per cent. Women in the metropolitan area can get a scan any day of the week, but in the end, the rate is only 58 per cent—a lesser percentage. We make that effort. The service goes to Broome; it does not do that full circuit, but every year it will be in Broome for a period, again to encourage women to have a test and probably targeting those women who did not have a screening in the first round.

That is for screening; there are also diagnostic tests. When a person finds a breast lump, what do they do? We send them to Perth. It is appropriate to send them to Perth and not have the diagnostic tests done in the Kimberley. Critically with breast cancer, it is important to have three things: firstly, people who are expert breast cancer radiographers; secondly, the capacity to have a fine-needle aspiration—a small piece of the lump is taken and sent immediately to the laboratory and comes back while the patient is still there and the patient is told they have cancer—and, thirdly, direct access to a surgeon who will treat that. Those services are all available in the metropolitan area. As the member knows, the patient assisted travel scheme we fund through most of the costs of bringing people to Perth for that treatment and making sure they can get it quickly and easily. It is the same for people in metropolitan Perth and the wheatbelt; they do not have the service. They come to Perth for that diagnostic imaging, not screening. A mammography unit in Broome that could be used for diagnostic imaging is not being used but that is because there are not all those other services to back it up. There is no breast X-ray specialist, the specialist who can treat breast cancer or the ability to do the fine-needle aspirations. It is far safer and better for those women to be flown directly to where the best possible treatment is. It is all about outcomes. It is all very well to have cancer and have treatment close to home where the family is, but if the survival rate from that sort of treatment is 65 per cent but 85 per cent of people survive if they go to Perth, I would send my parents and my family to Perth any day of the week, especially when I do not have to pay for it. It is far better to have that immediate service.

It has taken me a fair bit of time since last night to get this information together. I have not done as much preparation as I would like and I have to find out further information. One of the critical areas is to make sure that people know about the screening, and I think there is an opportunity for the member to do that. I do not know whether she sends out newsletters in her electorate, but most members do that. We will provide the member with information to disseminate. I will look further into what extra we can do, if anything. I have talked to the people who do the breast screening and asked what it would be if we did anything extra and was told that there was really not a lot; with the extra money we gave them last year they have been able to do the full service they think is appropriate. One of the critical issues from the general health service is to make sure that people not in that age group still know to check their breasts. There are not a lot of GPs in that area. Maybe we can do more in that area to make sure people understand that they need to routinely check themselves because there are not the GPs to provide that advice that I would have given if I were a GP there. We will continue to make sure we give people the best access to that treatment. We bus them from all the remote communities to where the screening bus is located. We send a free bus to communities outside the locations I mentioned and bring people in to have the treatment. That is why we have such a high participation rate of 60 per cent. I think the service is pretty good. We will see whether it can be better.