

RADIOTHERAPY TREATMENT

Grievance

MRS D.J. GUISE (Wanneroo - Deputy Speaker) [9.41 am]: My grievance is addressed to the Minister for Health and concerns the availability of radiotherapy treatment for cancer patients in Western Australia. I have a constituent who has been diagnosed with cancer of the cervix, and is currently assessed to be stage 3B by her doctors. As I understand it, this means that the cancer is still growing and that she requires medical intervention for this serious condition. She has been prescribed, as well as drugs, a mixture of chemotherapy and radiotherapy as her only treatment option. While the chemotherapy helps, it is not sufficient on its own to retard the growth of the cancer. Without the complementary radiotherapy, the drugs she has been prescribed are simply not enough.

To protect the privacy of my constituent, I will not name the family concerned. Suffice to say, this issue was raised with me in the context not only of their own situation, but also because of a genuine concern for other people in the community who find themselves in the same situation. My constituent has been told there will be a 10 or 11-week wait before she can access radiotherapy treatment; that is, a 10 to 11-week wait to access life-saving treatment she needs now. My constituent and her family are concerned that she and people like her in the community do not have that 10 or 11 weeks. An undeniable reality is that while waiting for treatment, the cancer continues to grow; therefore, the patient suffers the real fear that the cancer may be too far advanced for the treatment, when provided, to be of assistance. The advice that my constituent and I have received about her case is that despite the necessity for treatment, nothing can be done as there are simply not enough trained staff to run the machines in our hospitals. She cannot be treated now because there are not enough of our dedicated and hardworking allied health professionals in our hospitals to work through the caseload.

Our Government has done well to reduce waiting lists, to instigate improvements for our emergency departments and to increase nurse numbers. However, I am not pleased to learn that our health service cannot provide essential treatment for cancer patients without a potentially life-threatening delay on a waiting list. This has not just happened, by the way - it is not new. Why was it not addressed before? Frankly, I am extremely disappointed that this serious matter was not addressed by the previous Liberal Government; it must have known about it. I am also less than impressed about the lack of support from the federal Government on this issue.

I am advised that there is a 20 to 25 per cent shortage nationally of trained and qualified radiotherapists. An article in *The Sydney Morning Herald* of February this year outlined a 20 per cent vacancy rate in radiation therapy positions. Earlier this year, radiotherapy was also added to the national skills shortage list compiled by the federal Department of Employment and Workplace Relations. Although the Gallop Labor Government has invested an additional \$1 billion in health services over its term of government, that money will not help cancer patients if insufficient staff are in hospitals to work the machines. Australian training institutions enjoy an enviable reputation overseas, to the point that Australian-trained radiotherapists are recruitment targets for overseas hospitals, particular those in Canada and the United Kingdom. No doubt this brain drain adds to the difficulty in attracting and retaining staff for these positions.

In December 2001, the Australian Institute of Radiography's submission to a federal inquiry pointed to a 10.5 per cent attrition rate in the profession. When announcing the same inquiry, the then federal health minister, Dr Michael Wooldridge, admitted that work force issues had caused frustration for 20 years. In an article in *The Sydney Morning Herald* of August 2001, the then General Secretary of the Australian Institute of Radiography said there was a shortage of as many as 130 radiotherapists nationally. At the same time, funding nationally had been reduced for the therapist training program. In May 2002, the Australian-New Zealand College of Radiologists admitted that up to 10 000 Australians were unable to access treatment each year, and projected that the figure would increase to 15 000 within three years. I understand that the national situation is mirrored in Western Australia - it may be worse.

Radiotherapists are working 12-hour days and weekends as they struggle to make a noticeable dent in the waiting list. There is a serious issue of overwork within the ranks of radiotherapists in WA. With this national shortage identified, I expected that a rush would have occurred to train new radiotherapists in Western Australia; that is, to fix the problem from the ground up. Graduates have a 100 per cent employment rate in radiotherapy. I expected a good sign-up rate for courses in WA. Imagine my disgust and anger, minister, when I discovered that WA has no training facility. This State is completely reliant on importing radiotherapists from the eastern States and overseas. We train none of our own - not one young Western Australian can train to be a radiotherapist in this State! We compete with every Australian hospital, and many overseas, for eastern States graduates because we do not train our own. I understand that these issues take time to fix. A three-year degree and a year of practise is needed to qualify as a radiotherapist. What shortage exists in Western Australia for qualified radiotherapists? What action has been taken since the federal inquiry in 2001 to increase the number of training places in this country - in other words, what are the feds doing? What action has been taken to recruit new staff?

What has taken place in this State to ensure that we will be able to train our own radiotherapists in the future - in other words, what are our education centres doing? It is unacceptable that Western Australians cannot access life-saving treatment. It is unacceptable for the members of the family of my constituent who are extremely worried about her chances for a full recovery.

In conclusion, I seek the minister's assurance that the Gallop Labor Government is aware of the problem and is actively trying to do something about it.

In closing, I acknowledge my constituent. I extend to her my prayers and best wishes for a full recovery. I am humbled by the generosity of spirit shown by her family in their attempts to make the situation better for other Western Australians.

MR R.C. KUCERA (Yokine - Minister for Health) [9.48 am]: Firstly, I share the member's prayers for her constituent. Please pass on my best wishes for her recovery.

I agree with everything the member for Wanneroo has said. A vexing aspect of the supply of radiation oncology is the enormous cost. The federal Government has recognised that the sheer cost of supplying this treatment is a national issue. A national body has been working under the auspices of federal and state ministers of health to try to rectify this situation. Clearly, Dr Wooldridge recognised the issues in his time as health minister. However, all he did was express his frustration.

Mrs D.J. Guise: He's did not carry through, minister.

Mr R.C. KUCERA: Indeed. An aspect that concerns me is the federal Government's view of where oncology services should be placed in Western Australia. Unfortunately, it would appear that the federal view is very much driven by political considerations in the south west of the State, rather than meeting clinical needs and practicalities.

I clarify some issues for the member for Wanneroo and her constituents. Radiation oncology is the study and discipline of treating cancer with radiation. The treatment is referred to as radiotherapy and radiation therapy, as opposed to X-rays etc. Western Australia provides fewer services to its population than does any other State, unfortunately, and services are limited by the number of linear accelerators - I will refer to these radiation therapy machines as linacs - and, as the member rightly pointed out, the number of radiation oncologists or specialist doctors available to see new patients. The other aspect is the number of oncology therapists available to operate the linacs. Therefore, three restricting issues are involved: the number of machines, the number of specialist doctors and the number of operators of the machines.

The member is correct: waiting times can be up to 12 weeks at Royal Perth Hospital and up to 18 weeks at Sir Charles Gairdner Hospital. However, if a specialist doctor considers that the member's constituent's condition is deteriorating in any way or is becoming urgent, cases are dealt with immediately and priorities are set. Of course everybody would like to receive immediate attention. Unfortunately, that is not always possible. Western Australia has the lowest level of radiation therapists per one million population of any State. According to national benchmarks, up to 13 positions in Western Australia are unfilled at present. Western Australia does not cater for any local radiation therapy courses. The local universities do not support the establishment of a course at this time. Demand for funding of training places in medicine is enormously competitive. I welcome the 45 places allocated to this State by the federal Government recently for a new medical school. However, it will amount to only a drop in the ocean. I compliment both the University of Western Australia and the University of Notre Dame Australia for combining to create that opportunity. I am also very concerned that universities such as Curtin and Murdoch receive the same support. Together with Edith Cowan University, those two universities are focusing strongly on training allied health professionals.

As I said earlier, Western Australia has the capacity to train oncologists locally. This State does not have a severe shortage of those specialist doctors; it is pretty much on par in that area. However, the lack of machine operators is causing difficulty. The Commonwealth has allocated \$73 million over the next four years for improving rural access to radiation oncology services. I am advised that, for whatever reason, the federal member for Bunbury became involved last year in an effort to establish a service in Bunbury. The support for his electorate may be laudable; however, the Government has written in strong terms to the federal Minister for Health urging that the number of linear accelerator machines be increased. It has been recommended that Western Australia purchase more of those machines. However, it would be pointless to use a political exercise to position them when there are no radiation therapists or oncologists outside Perth. The appropriate place to locate them is Sir Charles Gairdner Hospital. We have written to the federal minister and implored her to put politics aside. We had enough of political considerations playing a role when we were seeking funding for the magnetic resonance imaging machines, and it is still occurring. It is about time the clinical specialists in this country took a role in telling Governments where the needs are. The Director General of Health has written

seeking funding for two new linear accelerator machines. One will replace an old machine and the other will add to current services. That should increase the level of service to reduce waiting time to about three weeks.

Waiting lists generally in this State have now reached an 11-year low. They peaked under the previous Government in 1997-98 with 16 998 patients. For the very first time, the number of people on the waiting lists has reduced to less than 10 000, at 9 207. That is an admirable achievement by the health services in this State given that, as we heard on the radio this morning, almost 300 people have presented at hospital emergency departments in the past two days. The radiation oncology section of the commonwealth Department of Health and Ageing has requested approval for health program grant funding to upgrade machines in this State and additional funding for their supply.

I ask the member for Wanneroo to please reassure her constituent that I acknowledge, with a great deal of concern, the problem in providing the therapy she requires. We are actively seeking to address the issues. If the member's constituent has been deemed an urgent case, she will be dealt with urgently. Although transport is a problem, safety and quality issues are best served by locating the new machines in Sir Charles Gairdner Hospital. The Government is acutely aware of the issue and, as Minister for Health, I am concerned. This is one occasion on which the federal Government must enter into partnership with the State to ensure the member's constituent, God rest her, is well taken care of.

Mr A.D. McRae: Hear, hear!