

MEDIA RELEASE
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Cancer Council, COSA support Senate call for patient travel assistance overhaul

The Cancer Council Australia and the Clinical Oncological Society of Australia (COSA) have called on the next Australian Government to adopt new Senate recommendations to improve travel and accommodation assistance for cancer patients in rural Australia.

Tabled yesterday, the Senate report, *Highway to health: better access for rural, regional and remote patients*, recommends that the Australian Health Ministers' Advisory Committee sets travel and accommodation subsidy rates that reflect living costs and that the need to improve the schemes is recognised in the next Australian Health Care Agreements.

The Cancer Council Australia's CEO, Professor Ian Olver, said that with an election approaching and the health care agreements between the Australian and state/territory governments due for renewal next year, it was an ideal time for the major federal parliamentary parties to commit to leading an overhaul of the schemes along the lines of the Senate's recommendations.

"Under current arrangements, the schemes are under-funded, operate without national standards and are often subject to complex and inefficient bureaucratic processes that add to the stress of people already coping with a cancer diagnosis," said Professor Olver, who for many years treated cancer patients in remote central Australia.

"The Cancer Council Australia commends the Senate for this inquiry. The challenge to act on the Senate's advice and show national leadership towards reducing the inequities in cancer care outcomes between rural and metropolitan Australia is now with the next Australian Government."

COSA President Professor David Goldstein, who has many years' experience of treating remote cancer patients, said Australians in rural and remote areas were more likely to die within five years of a cancer diagnosis than their city counterparts, largely because of late diagnosis and poor access to care.

"Around 30 per cent of Australia's cancer patients live outside a metropolitan centre where multidisciplinary cancer care is available," Professor Goldstein said.

"Without adequate travel and accommodation assistance, these people face unacceptable barriers to appropriate service. This report provides a timely opportunity for the next Australian Government to improve regional cancer care."

Professors Olver and Goldstein welcomed other recommendations including greater flexibility in escort eligibility, reviewing the distance threshold, a generic application form, a pre-payment option and accommodating Indigenous patients' cultural and language needs.

Full report available: www.aph.gov.au/Senate/committee/clac_ctte/pats/report/index.htm

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