

Extract from Hansard
[ASSEMBLY - Friday, 10 June 2005]

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Chairman; Dr Kim Haines; Mr Norm Marlborough; Mr Jim McGinty; Dr Steve Thomas; Dr Graham Jacobs; Mr David Templeman; Mr Tom Stephens; Dr Janet Woollard; Mr Peter Watson; Mr Colin Barnett; Mr John Day; Mr Paul Andrews

issue for the hospital. On the physical side - the philosophy must be underpinned by the money - we are refurbishing some 3 000 square kilometres of the old dental hospital to provide outpatient services. That will have a domino effect. When that facility is in place in December, we will decant the third floor of the north block. That will enable us to spend \$6 million establishing a trauma and burns unit for acute trauma. The establishment of a major trauma centre is important for the state. Literature reveals that more people live if they are cared for in a centre that has built-up experience in trauma. There will be a domino effect through the hospital with outpatients and trauma. Subsequently, we will need to spend funds in the emergency department, where the trauma is initially received. The signposts we are investing in Royal Perth Hospital are very important to the staff and to the public. I would not underestimate their importance in retaining staff over the next five years. The staff are involved in two aspects. The first is maintaining the hospital that they are in now and the second is planning for a new hospital in collaboration with staff at Fremantle Hospital. It is a busy time for Royal Perth Hospital staff, but it is important to do both jobs well. The feeling I get from the staff is that they are enthusiastic about doing both, which is heartening.

Mr C.J. BARNETT: I refer the minister to the first dot point of cancer prevention and detection on page 468 of the *Budget Statements* and raise the issue of breast screening programs. I do so following approaches by women in my electorate. I do not have a point of view about this matter, but I will raise it. As I understand it, and from the information on a breast cancer web site, the use of mammography is important, as was commented earlier, particularly for women over the age of 50. The web site states that mammography is not as effective for women aged between 40 and 49. I gather that for women under the age 40, mammography is regarded as generally ineffective, mainly because of physiological differences of that age group. However, I am advised that about 25 per cent of breast cancers occur in younger women. Obviously, there is a high-profile case in Australia at the moment. My question relates to mammography, which can detect a cancer that is already present. There has been some publicity recently about the use of infrared thermography as a way of detecting, if not a cancer, a risk of cancer. I am conscious that, particularly for younger women, a mammography is often not only ineffective but also very uncomfortable, whereas thermography is unobtrusive and fairly easy. I am not asking this question to promote one method of detection against the other. The web site is not particularly complimentary about the use of infrared thermography, but it relies on research information that dates back to the 1980s. Is the department prepared, in the first instance, to review the literature and research findings on the use of infrared thermography in detecting a risk of breast cancer in young women as an early detection and prevention measure? Secondly, if that is agreed to, will the department consider some sort of clinical testing of infrared thermography in detecting risk, if not cancers, in younger women?

Dr N. Fong: The Radiological Council and the group that advise on the different age groups that should be screened promote women over 40 receiving routinely to yearly mammography screening. It is recognised that six per cent of women under the age of 40 are at risk of breast cancer. However, it is not recognised that we should screen women between 40 and 49 routinely because the pick-up rate will not justify the expense. There are other ways of determining whether some younger women are at risk. Western Australia has family history screening clinics as part of the Royal Perth Hospital and Sir Charles Gairdner Hospital breast cancer service, which is lead by a world-class breast specialist, Professor Christobel Saunders. I am sure that we would be prepared to look at this issue, because the breast cancer service is always reviewing its protocol and ways in which it can provide a better service for Western Australian women. I am not sure whether any other particular screening tests are available; I would have to take that on notice. My understanding is that for the small percentage of women aged 49 years or below who are at risk, we are actively promoting ways in which they can be checked, particularly if there is a family history of cancer.

Mr J.A. McGINTY: I undertake to have the *Hansard* of the member's question and the response referred to Professor Saunders and to provide the member with a more detailed response.

Mr C.J. BARNETT: I have no clinical expertise, but I raise this issue because it has been put to me that even if women wish to undertake infrared thermography, it falls outside the net of what is available and endorsed by government. For those women who want that assessment because of family history and the like, I understand it is fairly easy, not all that expensive and may be effective. All I am asking is that an evaluation be undertaken.

Mr J.A. McGINTY: I am happy to do that. Professor Saunders is the appropriate person to do that.

Mr J.H.D. DAY: I refer to service 2, diagnosis and treatment, on page 471 of the *Budget Statements*; to the provision of specialist mental health services, as detailed on page 484; and to the provision of obstetric services, which appears on page 482. Will the minister advise me of any plans to modify the provision of mental health services at Swan District Hospital, in particular inpatient mental health services? Are there any plans to change the number of beds at Swan District Hospital? Are there any plans to establish mental health services, particularly inpatient mental health services, at Kalamunda District Community Hospital? In relation to