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Illawarra doctors fighting to help the cancer patients Medicare doesn't fund

Rachel Merton
Illawarra Mercury, Wollongong
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Bruce Kerford, Dr Tatiana Fox Yates, Dr Michael Davis, Dr Tanya Smith Dr Trevor Gardiner, Dr James Wykes and Professor Andrew Haydon are collaborating for cancer and wound patients in Wollongong and Illawarra. Picture: Supplied

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Wollongong surgeon Bruce Ashford doesn't like to compare cancers, but after 14 years operating on hundreds of Illawarra residents with various types of head and neck cancer - he can't help but feel his patients are dealt short by.

"Breast cancer is terrible, but you can hide the scars of breast cancer, or bowel cancer, or any other types of cancer, but with head and neck cancer the scars are on your face or they're on your throat," he said.

"Unlike every other type of cancer, you can't hide it because it's on your face or it's in your mouth and it affects your ability to socialise, to talk, to eat, to cough, to swallow, all those things."

Despite this visibility, Associate Professor Ashford said head and neck cancer rarely receives the funding or attention it deserves.

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That is why he and a team of other Wollongong clinicians - who are celebrating 15 years of working together - are leading the push for change.

Their big focus is that Medicare does not cover the costs for head and neck reconstruction to revive prostheses which can improve their quality of life.

"A prosthesis for an amputated leg is [covered], a prosthesis to breathe is [covered], but not head and neck ones," Prof Ashford said.

An Illawarra contingent went to Canberra last week to lobby for facial prosthetics to be included in a Medicare scheme, as patients don't face huge barriers after being cured of cancer.

"Head and neck surgery has the greatest cost to patients you could ever imagine," Prof Ashford said.

"But these people just push on, despite all the things we have to do to them to cure them of their disease.

"I don't know many starving surgeons, but if you told me I could have a new ear for $10,000 and that would have to be replaced every three years, I would still have trouble going for that.

"So how are we expecting our patients from across the Illawarra to pay for it?"

Gilmore MP Fiona Phillips raised this in parliament earlier this year after she had a benign oral tumour removed, nothing that Medicare "of course covers the removal of oral tumours in hospital".

"But if your tumour removal means cutting into your jaw, nose or face, Medicare does not cover the reconstruction, so you might not be able to do simple and very necessary functions like eating or speaking," Ms Phillips said.

"If you have breast cancer or prostate cancer, Medicare does cover the cost of a reconstruction, which is great, but if you have head and neck cancer, Medicare does not cover a reconstruction with technology available. My grievance is: this needs to change."

Related to Video of the Ride Beyond Pain event. Picture supplied

Still fighting for better care

Until 2019, patients who needed cosmetic reconstructive surgery after head and neck cancer needed to travel to Sydney.

Prof Ashford, who led the push to establish a local surgical team, said there was initially resistance but after a public campaign involving some of the patients it would help, it went ahead.

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The team now performs about 50 complex surgeries a year in Wollongong's public and private hospitals.

"We've probably done about 700 reconstructive cases, which involve what we call a free flap - where you take a bit of tissue usually from somewhere else and put it into a defect in the jaw or the face or the mouth or the skull," Prof Ashford said.

"It's a great credit to the hospital and to the community for supporting us, and it's a reflection of the training that we all had.

"We have people come here from around the world to train now, and we speak internationally and train other surgeons internationally, so we're giving back in a way."

Anesthetist Tanya Selak has been part of the complex microvascular reconstruction surgery team since the start and said she was proud so many Illawarra residents had been able to be treated near home since 2019.

"Over the years, we've become much faster, much more efficient and we've developed such a high-trust team," she said.

"I'm responsible for keeping patients safe whilst they're anesthetised, and the operations themselves might last four, or six or 12 hours depending on the complexity of the operation."

'A natural consequence of taking your job seriously'

As well as celebrating the 15-year milestone, the Illawarra's head and neck surgery team took part in a sixkm charity ride this month to raise money and awareness about the illnesses they treat.

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Run by Head and Neck Cancer Australia, and organised by Prof Ashford and Wollongong anesthetist Trevor Gardiner, the Ride Beyond Pain event raises funds for research, advocacy and quality- of- life interventions like prosthetics.

Prof Ashford said all this extracurricular work was "just a natural consequence of taking your job seriously" for the Illawarra clinicians, who hope to look back in 10 years and marvel at the advances in treatment.

Australia's leading causes of death
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Data from the Australia Bureau of Statistics has revealed the top leading causes of death in Australia. Cancer is the leading cause of death in Australia, with 43,000 people dying from it. Suicide is the top five causes of death in 2021. It was not the primary one.

"For me, forever, this has been the least funded area of surgery and we feel, because we're biased, like these patients are the ones that do it the hardest," he said.

"I think if you talk to the breast surgeons or the breast care people from 10 years ago, they would probably have said the same things, like 'we can't get anyone to take this seriously, we can't get people to invest and recognise the loss that is involved in the surgery we do'.

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"I feel like that's the stage we're at now, and our job is to advocate for our patients and their families and those people that are in their lower circle by increasing access to care and reducing the impact psychologically, financially, emotionally of that care."

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