



\$100m Budget nasty hurts cancer patients

Rudd Government has got it wrong on chemotherapy cut, writes **Mathias Cormann**

Senate estimates is the time when instead of Budget night slogans and headlines we get to check out the fine print. It is the invaluable and robust part of our democratic process when any hidden Budget nasties will come to the surface.

One of these — yes it is unbelievable — is a \$100 million cut in funding to cancer treatment.

“More efficient arrangements for the payment of benefits for chemotherapy drugs” is the description of the measure in the Rudd Government Budget papers.

That sounds benign enough. Except that after the tiniest bit of scrutiny it becomes obvious that it is a straight Budget cut which will end up hurting cancer patients.

We have quizzed the Government about this measure in Senate estimates since October last year. How will it work? Who will be affected? Will it hurt patients? How will you achieve your savings? Department officials had no idea at the time, pointing to the starting date of July 1, 2009, as being still “a way off”.

Well it’s no longer “a way off”. We were at it again at the recent estimates with health bureaucrats still without a clue how this will work in practice. Things just didn’t add up.

At the core of the Government’s “savings plan” is the accusation levelled by the Rudd Government at health care professionals that there is too much “wastage” in the system, wastage which the Government no longer wants to fund.

The Government defined that “wastage” in estimates by accusing health care professionals of discarding whole unopened vials of expensive chemotherapy drugs.

That was an inaccurate and baseless slur against health care professionals across Australia.

The more accurate story is that different cancer patients, with different body weights, require different dosages of a particular lifesaving chemotherapy drug. At times, a portion of an opened vial will be left unused.

We are talking about very dangerous drugs, which are mixed from the original vial into an intravenous bag in a secure, safe, sterile environment. Health care professionals involved in this are gowned from head to toe and wear two sets of gloves to prevent contamination.

Because of the characteristics of these chemotherapy drugs and firm requirements of the Therapeutic Goods Administration, the regulatory agency for medicinal drugs, any unused portion of those drugs has to be discarded and will not be able to be used for anybody else.

The Rudd Government no longer wants to fund that unused portion of a vial containing chemotherapy drugs, which has already been opened for use by a cancer patient who does not require all of it.

While that sounds sensible at first sight, it fails to take into account the chemical characteristics of these drugs and the sporadic use of high doses of these lifesaving medicines in a just-in-time situation.

Unless there is a change in vial sizes, no change of Government funding arrangements can remove that inefficiency and somebody will have to pay for the Government’s \$100 million Budget cut.

Having asked the question why the Government didn’t push big pharmaceutical



companies to adapt their vial sizes, the answer was that was too hard. The argument was that with 2 per cent of the global population we don't have enough leverage to force those companies to do so.

But surely the physiology of Australian cancer patients is not that much different from that of cancer patients in Europe and the US.

Why would we not take a joint approach with Europe and the US pushing for more appropriate vial sizes, to help minimise "waste"?

The Government had no answer to that question. If the Government doesn't pay for the portion of the drug that has to be discarded, somebody else will have to — the patient or the pharmacist. The Government has now said patients will be protected by legislation against any increase in out-of-pocket costs.

So the pharmacist will be expected to cover the cost, which has been estimated at \$600 a dose per patient. How many pharmacists will continue to provide this important service at a loss? If pharmacists no longer provide the service, because they cannot afford to, what will happen to all those patients forced to present at public hospitals across Australia?

The Labor State Government in Victoria has already come out swinging, accusing the Rudd Government of a \$4.5 million cost shift on to it.

Kevin Rudd should send his Health Minister back to square one to do her

homework properly. The Government's whole chemotherapy Budget cut is based on the wrong premise that there is significant avoidable waste in the way these drugs are administered in Australia.

There is not. The "wastage" is a function of the vial sizes and the different physiological requirements of different cancer patients. The Rudd Government needs to get its head around that, instead of just persisting with a measure that will end up hurting vulnerable cancer patients.

Mathias Cormann is a WA Liberal senator and the shadow parliamentary secretary for health administration.



Highly dangerous: Chemotherapy drip