



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**

**Main Committee**

**CONSTITUENCY STATEMENTS**

**Ms Pauline Talty**

**SPEECH**

**Thursday, 5 February 2009**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

**Date** Thursday, 5 February 2009  
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**Questioner**  
**Speaker** Dutton, Peter, MP

**Source** House  
**Proof** No  
**Responder**  
**Question No.**

**Mr DUTTON** (Dickson) (10.54 am)—I want to bring to the House's attention today the circumstances of a courageous young woman who this morning is lying in a Sydney hospital bed wondering whether this time next year she will still be alive. That hospital bed has been her home now for almost 12 months. Thirty-six-year-old Pauline Talty has had a difficult life to say the least. She was stricken with cancer as a two-year-old. Unfortunately, the radiation therapy that saved her life then permanently damaged her bowel. In her 20s she battled and survived cervical cancer. Despite all of these setbacks, Pauline fought to live as normal a life as possible, studying at university and working in several careers. She married and bought a home—just normal, everyday aspirations but perhaps remarkable achievements given all that this young woman has been through.

Now Pauline Talty is fighting again. Four years ago her bowel collapsed and her health steadily deteriorated, and certainly has deteriorated since. Today medical experts all seem to agree on one thing—that is, she needs a small bowel transplant. In October last year Pauline Talty applied under the Medical Treatment Overseas Program for funding to be sent to a specialist bowel transplant unit at Pittsburgh in the United States. In January the Department of Health and Ageing informed her that she did not qualify for MTOP assistance, failing to meet one of four criteria which states that:

... an effective alternative treatment must not be available in Australia in time to benefit the patient.

The department's position is that Austin Hospital in Melbourne can provide that alternative. Austin is of course a renowned medical institution, but it is my understanding that the Austin has never carried out a small bowel transplant. Three senior medical specialists—Dr David Storey of the Royal Prince Alfred Hospital, Professor Ross Smith of the Royal North Shore Hospital and Dr Michael Crawford as Surgical Director of the National Liver Transplant Unit—have all supported Pauline's application to travel to Pittsburgh for treatment. All declare that they do not believe that the Austin Hospital can successfully treat her, yet the department of health has now asked her to travel to Melbourne to again be assessed by staff at the Austin Hospital.

I am not a medical expert, but I have taken advice from medical experts and, in addition to that, I can only rely on what specialist surgeons who are treating Pauline say—those who know her medical condition best. It is clear that their opinion is that they see in Pauline a compelling case. I have written to the minister for health asking for her department to break through the bureaucratic red tape that is surrounding this particular arrangement and to arrive at a decision, and to do it expeditiously. The government needs to reverse its decision. If the minister for health is not able to haul her department into line, then the Prime Minister needs to become involved. Time is clearly of the essence for this young woman. All Australians should get behind Pauline Talty's case.