

Cancer Patients' Rights When Using Integrative Medicine in Australia's Public & Private Systems

Key Points

- **Australian cancer patients have a right to access safe, respectful, and high-quality care in the public healthcare system.** This includes receiving care free (or at minimal cost) if treated as a public patient in a public hospital under Medicare.
- **Patients retain autonomy over medical decisions**, including the right to accept or refuse any treatment offered, and to make choices in partnership with their healthcare team about integrative, complementary, or alternative therapies.

Oncologists' Responsibilities Regarding Integrative and Naturopathic Approaches

- **Oncologists are expected to respect patient autonomy, preferences, and beliefs**, including choices about complementary and alternative medicines (CAM) if those are informed and deliberate.
- The Clinical Oncology Society of Australia (COSA) states that providing care to patients who choose CAM does not mean the practitioner condones CAM. **Still, patients have the right to autonomy in their healthcare decisions.**
- **Doctors are not obliged to provide or endorse treatments that they consider clinically inappropriate or unsafe.** Still, they should discuss the risks and reasoning transparently, document these discussions, and respect patients' right to choose, including their right to refuse conventional treatments or continue integrative ones.

Refusal of Care: What Is Permitted?

- **It is not acceptable for a public hospital oncologist to unilaterally refuse to provide standard of care cancer treatment solely because a patient is using integrative therapies or supplements**, provided the patient is making informed decisions and is not, for example, taking substances known to directly interfere with the efficacy or safety of their medical treatments.
- If a specific supplement or therapy poses a genuine, documented risk of harm or serious interaction with conventional treatment, practitioners are allowed—and expected—to explain this clearly. In extreme situations where patient choices create an immediate risk, care could be altered or withheld for medical safety. Still, **the**

reasons must be transparent, and the decision should be documented and discussed with the patient.

- **Blanket refusal to treat based solely on a patient's choice to use integrative or naturopathic therapies, without discussion and documented, evidence-based reasoning, is not consistent with current ethical guidelines or patient rights.**
- Patients are encouraged to discuss all medications and supplements with their care team to avoid dangerous interactions, but this should be a collaborative and respectful conversation.

Patient Rights and Advocacy

- **Cancer patients in Australia have well-established rights to be involved in their treatment decisions, to be treated with respect, and to have their choices, beliefs, and lived experiences recognised.**
- If a patient feels their oncologist is inappropriately refusing care, they can:
 - Seek a second opinion within the public system.
 - Access hospital advocates or complaint processes.
 - Contact organisations such as Cancer Council Australia or Rare Cancers Australia for guidance and support.

Summary Table: Oncologist Obligations vs. Patient Rights

Area	Patient Rights	Oncologist Obligations
Treatment Access	Public patients can receive conventional cancer treatment regardless of CAM use.	Cannot refuse treatment solely due to CAM use unless clear, serious safety risks exist .
Autonomy	Right to make informed choices about therapies, including integrative options.	Patient autonomy must be respected, and patients must be involved in all care decisions.
Safety	Right to be informed about and protected from unsafe interactions.	Potential interactions must be discussed, and reasons for care decisions must be documented.

Advocacy Right to appeal or seek another opinion if care is refused.

Should enable access to second opinions and ensure open communication.

Q. What To Do If Your Oncologist Refuses Treatment Without Evidence-Based Reasoning?

If your oncologist says they will not treat you—but does not clearly explain a specific, evidence-based safety risk—use the following steps to advocate for your Australian public health system rights.

1. Request a Clear Explanation

- Calmly ask your oncologist to provide a detailed, written explanation of why they are refusing treatment.
- Request specific evidence, scientific studies, or clinical guidelines to support their reasoning for refusal.
- Mention your right to receive the standard of care and to have any safety concerns explained and documented.

2. Document Everything

- Take notes during your discussion, or bring a support person to help record what is said.
- Ask the doctor to document the conversation and decision in your medical file.
- Request a summary of their explanation and the refusal, in writing or by email, to maintain a clear record.

3. Contact Hospital Support Services

- Contact your hospital's cancer care coordinator, nursing unit manager, or social worker. Let them know what has transpired and ask for help resolving the situation.
- You can also approach the hospital's independent patient representative, complaints officer, or advocate.

4. Make a Formal Complaint (If Needed)

- If the issue is not resolved:
 - File a written complaint through the hospital's official complaints process.
 - Clearly describe the situation, your request for evidence-based reasoning, and the lack of proper explanation.
- Each hospital has a quality assurance or governance unit to oversee complaints.
- Keep copies of all correspondence and documentation.

5. Seek a Second Opinion

- You can request a second opinion from a different oncologist within the public hospital system.
- Ask your GP or another treating doctor to refer you to another oncologist or treatment centre if necessary.

6. Get External Help and Advocacy

- **Contact Cancer Council's 13 11 20 support line for free advice on patient rights, making complaints, or accessing advocates.**

7. Escalate to Oversight Bodies (If Needed)

- If the hospital response is inadequate, you can complain to your state or territory's Health Care Complaints Commission or Ombudsman.
- For serious unresolved concerns, you may seek independent legal advice.

Remember:

- You have the right to adequate explanations about your care, respectful treatment, and access to standard therapies unless there is clear evidence of risk.
- Most issues can be resolved through open dialogue or hospital advocacy, but strong processes exist if you need to escalate.

You are never alone—use these steps, and reach out to support organisations to ensure your rights are respected throughout your care journey.

Can an Oncologist Refuse to Order a CT Scan if a Patient Declines Standard Therapy?

Patient Rights on Treatment Refusal and Follow-Up Scans

- **Patient Autonomy:** In Australia, adult patients with decision-making capacity have the right to refuse any medical treatment, even if the refusal could result in harm or death. This extends to refusing the standard of care cancer drugs, regardless of stage, provided the patient is fully informed of the consequences.
- **Obligations of the Oncologist:** When a patient refuses treatment, the oncologist must clearly explain and document the potential risks of non-treatment and ensure that the patient's choice is voluntary, informed, and understood. The patient's medical record should document the refusal and related discussions.

Ordering of Follow-Up Imaging

- **Role of Follow-Up Scans:** Follow-up after cancer diagnosis is necessary to monitor disease progression, recurrence, and overall well-being. Australian guidelines state that follow-up care, including scans, should be individualised, considering the patient's symptoms, disease status, and wishes.
- **Oncologist's Discretion:** An oncologist is not strictly required to order follow-up imaging if, in their professional judgment, imaging is not clinically indicated (for example, if the patient is not following the agreed treatment plan, or if they believe the scan is requested solely for non-standard or unsupported alternative management). However, the oncologist must *not* withhold necessary clinical surveillance purely out of punitive response to a patient's treatment choices⁵⁶.
- **Ethical Duty Not to Abandon:** Even when a patient refuses recommended therapies, the oncologist retains a moral duty to provide ongoing care, including symptom management, surveillance if clinically justified, and support. Total withdrawal of care or support—including the refusal to order medically indicated scans—because the patient declined the oncologist's preferred therapy is not in line with ethical principles of patient-centred care.

Can a GP Order a CT Scan in This Setting?

- **GP Referral for Imaging:** If an oncologist refuses to order a scan, the patient can request their GP to refer them for the CT scan. In Australia, GPs can refer patients for many types of imaging, including CT, if they deem it clinically justified based on presenting symptoms or signs.
- **Documentation and Advocacy:** If follow-up imaging is clinically warranted (for example, due to symptoms, progression concerns, or ongoing monitoring), the patient should clearly describe their situation to the GP. If appropriate, the GP can assess and order the scan or refer the patient to another specialist for further opinion.

What To Do If the Oncologist Refuses Care

- **Request Written Explanation:** Ask the oncologist to document the rationale for refusing to order follow-up imaging and their concerns regarding your alternative treatment plan.
- **Document Everything:** Keep records of all communications, refusals, and explanations.
- **Seek a Second Opinion:** Patients can request a second opinion from another oncologist (within the same hospital or elsewhere) if they feel their care has become non-collaborative or punitive.
- **Contact Support Services:** Engage the hospital's patient advocate, social worker, or Cancer Council helpline for further guidance.
- **Use GP as Advocate:** If medically justified, work with your GP for ongoing monitoring and needed referrals.

Key Takeaways

- Refusing a standard therapy does **not** forfeit a patient's right to respectful, ongoing follow-up and monitoring according to clinical indications.
- Oncologists can decline tests they feel are not medically necessary, but blanket refusal to participate in follow-up for patients making informed choices contradicts ethical norms.
- Patients have recourse, beginning with seeking support through their GP, requesting a second opinion, and accessing advocacy resources if their care is compromised.

Can a GP order a CT but not a PET scan in Australia

Key Facts

- **General Practitioners (GPs) cannot directly refer patients for Medicare-funded PET scans in Australia.**
 - PET scan referrals must come from a medical specialist or consultant physician, not from a GP, to be eligible for Medicare rebates.
- **If, under exceptional circumstances, a GP refers a patient for a PET scan:**
 - The scan *may be* performed, but **Medicare will not cover it** and will usually require the patient to pay the full cost out-of-pocket.
- **For most patients, the pathway is:**
 - The GP refers the patient to a relevant specialist (such as an oncologist, respiratory physician, gastro or neurologist).
 - If the specialist agrees a PET scan is clinically indicated, they will write the PET scan referral, making the patient eligible for Medicare coverage.

Additional Notes

- **Specialist referral ensures PET scans are clinically justified under Medicare's strict criteria, and helps contain unnecessary costs to the healthcare system.**
- **Some imaging sites may accept direct GP referrals, but the patient will pay full fees unless a specialist has initiated the referral.**

Guidance for Patients

- If you need a PET scan, discuss your reasons with your GP and ask for a referral to a specialist, who can then assess the clinical need and arrange a Medicare-eligible PET scan if appropriate.

Do Any Oncologists in Australian Private Hospitals Operate Without Taxpayer Support?

In the Australian healthcare system, **nearly all oncologists working in private hospitals receive at least some of their income from taxpayer-subsidised sources**. This occurs via the *Medicare Benefits Schedule (MBS)*, which reimburses part of the consultation and treatment fees for eligible patients, regardless of whether these services are delivered in a public or private setting. Out-of-pocket patient payments and private health insurance may cover the remaining costs, but the government (taxpayers) always pays a set proportion.

How Private Oncologist Billing Works

- **Medicare Rebates:** When a patient sees an oncologist in private practice (including private hospitals), the oncologist may set their fee. Medicare pays a fixed rebate, and the patient is responsible for any gap between the rebate and the doctor's fee.
- **Private Health Insurance:** For hospital admissions and specific procedures, private health insurance contributes to costs, but Medicare still pays a significant share via rebates for medical services.
- **Direct Patient Payments:** Patients may also pay out-of-pocket for any remaining gaps or services not covered by Medicare or insurance.

Can Any Oncologist Be Entirely Independent of Taxpayer Income?

- **Theoretically possible, but extremely rare:** An oncologist would have to opt out entirely from *all* Medicare billing, and patients would need to agree to pay the entire fee privately (not accessing Medicare rebates). This is rarely done in practice, as most patients expect and rely on the Medicare rebate, and oncologists structure their billing accordingly.
- Private hospital oncologists routinely bill Medicare for consultations, biopsies, supervision of treatment, and other services, even for privately insured patients. Some specialist procedures—such as radiation oncology—receive direct government grants and Medicare funding.
- **No substantial sector operates outside public funding:** Specialist income in public and private sectors arises from systems that blend private fees with public rebates.

Conclusion

Australian cancer patients retain the right to make informed choices about their treatment and to receive standard of care within the public and private health systems, regardless of their use of integrative or naturopathic therapies—unless there is a clear, evidence-based safety risk, properly explained and documented. If these principles are not respected, patients have established avenues for seeking clarification, support, and redress to protect their rights and well-being.

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