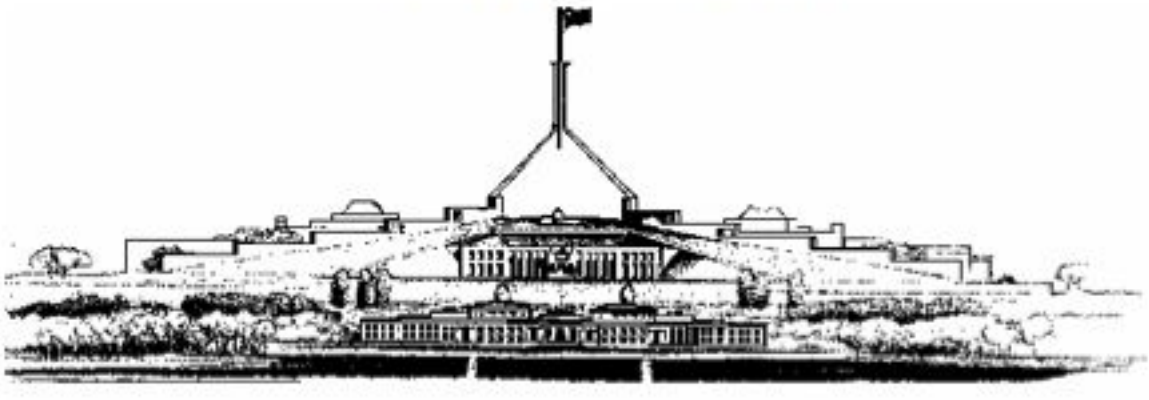
COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



THE SENATE

COMMITTEES

Community Affairs References Committee

Report

SPEECH

Wednesday, 28 March 2018

BY AUTHORITY OF THE SENATE

SPEECH

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Questioner		**Responder**	
Speaker	Siewert, Sen Rachel	**Question No.**	

Senator SIEWERT (Western Australia—Australian Greens Whip) (16:34): I present the report of the Senate Community Affairs References Committee on transvaginal mesh implants, together with the *Hansard* record of proceedings and documents presented to the committee. I move:

That the Senate take note of the report.

This report, entitled *Number of women in Australia who have had transvaginal mesh implants and related matters*, is about the women who have been affected by transvaginal mesh implants. Let me say at the outset that not every woman who has had a transvaginal mesh implant has had the severe consequences that a large number of women we heard about have had—I acknowledge that—but, for the women who have been affected, it has had life-changing and lifelong consequences. I want to say right from the start: it's those women who are at the heart of this report. Those women have suffered for too long. They have been ignored and they have been treated badly. It is essential that we acknowledge that they have been treated appallingly. They have suffered for so long without being heard. They have not been believed. In some cases, they've been belittled. They have been ignored. Well, for no longer shall they be ignored.

I would particularly like to thank all the women who have shared their experiences. Sometimes they felt embarrassment and shame. They articulated this to us. I thank them from the bottom of my heart for sharing their experiences with us. I'd like to share a quote from a woman who did not want to be named, but you'll find this quote in the report:

For those reading this they are words on paper or on an electronic device, but for those of us living with mesh, and especially those that have suffered complications, they aren't words, but physical pain, emotional trauma, fear, embarrassment, ridicule, shame, disbelief, depression, anxiety, derision, and aloneness.

For me, having heard the evidence we received, that sums it up. I hope that we never have to have another inquiry where we see such suffering from the witnesses—women who literally could not sit down for very long. They wanted to be at the hearings for the whole day to bear witness to what others have experienced and to give us their evidence. Many of them could not sit down for very long, so we saw them having to get up and sometimes leaning against a wall. Some had to bring in special cushions to sit on during the hearing. I never want to see women going through that experience again.

I'd like to acknowledge Senator Hinch, who worked so hard on this, and the other senators who also worked so hard on achieving a consensus report and the 13 recommendations that we made. We want to see them implemented so that other women don't have to go through what so many have had to go through. Women who have had adverse outcomes from these procedures, with devices that were put in for stress urinary incontinence or for pelvic organ prolapse, commonly known as POP, have been failed in a monumental way by the system and, I've got to say, by certain people in the medical profession whom they trusted and thought would give them the best advice possible and would carry out the procedure in a way that was world's best practice. It is my belief that the medical profession needs to acknowledge that some mistakes were made and that there were problems. That was acknowledged during the inquiry.

But I must say, as an aside, that an email I got recently because of a comment I had made about some people in the medical profession in relation to mesh indicates to me that we still have some way to go for some people in the medical profession to acknowledge that mistakes do happen and were made here. The committee recommends that:

… treatment guidelines developed by the Australian Commission on Safety and Quality in Health Care should clearly indicate that—

and this is the really important bit—

transvaginal mesh implantation should only be undertaken with fully informed consent and as a last resort when other treatment options have been properly considered and determined unsuitable.

In some instances where we were told that these sorts of implants should be used as a last resort, we had clear evidence that that in fact did not happen.

During the inquiry, the TGA made some very important announcements and decisions relating to these transvaginal mesh implants. They determined that devices should not be used for POP, pelvic organ prolapse, that the use of these procedures should be limited and that it should be ensured that patients had patient cards for devices. One of the issues that we were supposed to deal with through this inquiry was to find out exactly how many women in Australia have had transvaginal mesh implants and how many had had adverse consequences. But we can't answer that question, because the data hasn't been collected. We can't tell you exactly how many women have had these implants and how many women have had adverse consequences.

As I said, the committee made 13 recommendations, including recommendations that relate to adverse event reporting. The reason that we can't tell you how many women have had adverse consequences is that they don't collect the data and the definition of 'adverse consequences' is open to interpretation. There's no mandatory reporting. These are the sorts of issues that we say need to be addressed. We also say that there needs to be a registry of high-risk devices. While there's a specific registry of implantable devices, there's not a registry for transvaginal mesh, which is now a high-risk device. We also had issues around the training of doctors and surgeons that were doing the implant surgery and the credentialing in hospitals of the doctors and surgeons implanting such devices. We need to address that particular issue. There also needs to be an audit done of how many devices are out there.

Before I finish, I would like to again acknowledge the women who told us of their personal experiences, women who have been living with the pain and the consequences of the implantation of these devices. A number of women expressed very strongly the impact that this device and having this surgery have had on them and their families—for example, the splitting up of families and the loss of partners who just couldn't cope with the stress and the impact it has had. This should never have happened. We need to fix it. We need to provide support for these women who have been affected. It's going to affect some women for the rest of their lives, and that support needs to be given.

I'd also like to thank the secretariat who, as usual in our committee, have gone above and beyond. They have produced an excellent report and they've done excellent work in circumstances that were, in some instances, highly emotional, in making sure that we honoured the women who gave us their evidence and very personal accounts in very trying circumstances. I thank them for sharing their experiences.