

## Media Release

### Surgeons call for action on bowel cancer screening for Māori

Thursday 7 October 2020

The Royal Australasian College of Surgeons (RACS) is joining others in calling on the Government to lower the age range for bowel cancer screening for Māori.

Dr. Maxine Ronald (Ngati Hine/Ngati Wai), Northland-based General Surgeon and Chair of RACS' Indigenous Health Committee, says the New Zealand national bowel cancer screening programme, currently being rolled out, does not provide the same levels of health gains for Māori as it does for non-Māori and non-Pasifika people. "Māori have a higher incidence of bowel cancer at ages 50 to 59 compared to non-Māori. And Māori have a lower rate of bowel cancer in the screening population. The bowel screening program age range is deliberately designed to fail to detect bowel cancer for a large proportion of Māori and is perfectly poised to perpetuate bowel cancer inequities for Māori."

She said the Ministry of Health has long understood, through its own bowel cancer data and expert opinion it has received regularly, the importance of extending the minimum age for equitable bowel screening to Māori and Pasifika. This opinion is provided by the Cancer Control Agency advisory council, a range of expert groups and by extensive community engagement and feedback.

"I would struggle to find a better current example of systemic and institutional racism – evidenced by inaction in the face of evidence-based, appropriately consulted, community-driven need."

The Ministry of Health has cited a number of reasons for not lowering the screening age, including pressure on colonoscopy resources, focus on other screening programs such as lung cancer where Māori are significantly over represented and increasing risk of invasive procedures for a well population. "However, the numbers of extra colonoscopies required to lower the screening age for Maori and Pacific, are around 1000 extra per year- or one extra per week per District Health Board.

"The official rationale for not lowering the age range shows there is always an excuse which requires Māori and Pasifika to compromise and this is yet another example of the Ministry declining to take a pro-equity response and upholding institutional racism."

The Indigenous Health Committee has issued a statement (attached), 'Systemic Racism as Inaction in the Face of Need' to support its call for action.

The statement refers to data that shows Māori are over-represented in cancer registrations and overall mortality. The Māori cancer registration rate is 430 per 100,000 compared with 320 per 100,000 for non-Māori. Cancer death rates are 188 per 100,000 of the Māori population, compared with 110 per 100,000 of the non-Māori population. 'This disparity cannot be explained away by socioeconomic status, co-morbidity or consent to treatment as has been claimed previously. Institutional racism is a known important determinant of health, and is a major cause of health inequities between Māori and non-Māori in New Zealand.'

**Ends**

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**About the Royal Australasian College of Surgeons (RACS)**

*RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery. [www.surgeons.org](http://www.surgeons.org)*