

Why does a breast matter more than a penis?

Unfair treatment for male cancer victims

Bettina Arndt is one of Australia's first sex therapists and editor of Forum magazine. She became well known during the 1970s and '80s talking about sex on television and radio.

A trained clinical psychologist, she also taught medical students, doctors and other professionals and talked endlessly about this fascinating subject to audiences all over Australia and overseas. By her own admission she gave away the topic of sex for nearly 20 years, turning her attention to writing and talking about social issues.

Over the past few years Bettina, however, has returned to her first love and written a best-selling book about sex, *The Sex Diaries*, and her latest book *What Men Want...In bed* which she describes as an exciting diary project on why sex means so much to men.

She'll be a guest speaker at two events in Dubbo this coming week, on March 29 and 30.

In this commentary for DUBBO WEEKENDER, Bettina Arndt writes about the imparity in Australian society between health issues for men versus women.

WHY does our government treat male cancer victims so differently from women? Women with breast cancer are finally now receiving substantial government funding to help with the costs of rehabilitation. Yet the 20,000 Australian men a year who are diagnosed with prostate cancer are totally on their own when it comes to funding essential treatments necessary to regain their confidence and wellbeing. As far as the government is concerned, the loss of a functioning penis simply doesn't rate compared to the loss of a breast.

When a woman has a mastectomy it has long been assumed she had a right to government support for the costs of breast reconstruction. Losing a breast often means a major blow to her femininity – naturally surgery to restore her sexual confidence is a necessary part of her rehabilitation.

Breast reconstruction is available for free through the public system. In 2007-8 government expenditure on breast reconstruction was \$9.142 million, but this figure doesn't include the costs of the doctors' services nor the \$3.332 million for Medicare claims related to private surgery. From 2007, the Australian Federal Government committed to spending \$31 million over five years for breast prostheses, providing reimbursements of up to \$400 for each new and replacement breast prosthesis. It's wonderful that this money is finally available – women have lobbied hard to ensure women can afford this important aid to their recovery.

But the comparison with prostate cancer raises some disturbing questions. After skin cancer, prostate cancer is the next most common form of cancer in Australia. The most recent (2006) figures show around 12,600 cases of breast cancer diagnosed each year, compared to 17,444 for prostate cancer. Many of these men will undergo treatment for their cancer which leaves them impotent – dramatically affecting their sense of masculinity, their ability to enjoy their usual lovemaking, their relationship with their partners. A permanent breakdown in men's sexual equipment can be just as emotionally harrowing as losing a breast.

So how is it that the government ignores the plight of these men? The history is interesting. Caverject was subsidised through the Pharmaceutical Benefits Scheme (PBS) from 1996 until 2002 when an application was made by Pfizer asking for Viagra to be listed on the PBS for use by men with erectile dysfunction (ED) following prostate cancer treatment or other medical problems

A permanent breakdown in men's sexual equipment can be just as emotionally harrowing as losing a breast...



like diabetes, multiple sclerosis, Parkinsons and spinal cord injuries. In 2002 the Pharmaceutical Benefits Advisory Committee recommended that the drug be approved since Caverject was already listed – but warned of a potential blow-out in costs. The result was both drugs were taken off the list. (Veterans can still obtain subsidy through their Repatriation PBS for various ED drugs, provided their ED is a war-caused condition.)

The result is most men are given no government support to help them with the costs of recovering from their own form of cancer, nor for the sexual consequences of other diseases. Yes, government bodies are forced to make decisions on the basis of costs. But there are basic issues of equity here and men have every reason to feel short-changed. The lack of public protest is understandable – it takes a brave man to speak out on men's right to an erect penis.

Many of the men taking part in my recent research project complain that they simply can't afford the luxury of treatment for their erection problems. There's evidence suggesting that penile rehabilitation involving chemically induced erections soon after cancer surgery may reduce the risk of permanent erectile dysfunction. Yet many men can't afford to pay for this treatment. ED drugs are expensive, averaging about \$9-\$10 per treatment – so this preventative approach is out of the reach of many men. They are forced to just wait and hope their sexual equipment emerges in good shape after the recovery period, but many find they do have permanent damage.

There is a large population of men suffering ED, sometimes as a result of normal ageing processes but often as a result of disease such as prostate cancer, diabetes, Parkinsons and so on. Finally we have the means to help most men in this situation with the wonderful new array of proven treatments now available. Yet many miss out because they can't afford to pay these high costs leaving them vulnerable to shonky companies offering widely advertised treatments that have no proven effectiveness.

Normal sexual functioning is not some frivolous life-style choice, like Botox or hair dye. Many men experience erectile failure as a devastating blow, which severely impacts their confidence, sense of masculinity and their relationships. Although there are women delighted that their men are forced to hang up their spurs, many wives greatly mourn the loss of this particular form of physical intimacy.

Sure there are problems in funding treatment for so many sufferers – but there's no logic to the differential treatment being offered to these two groups of cancer sufferers. How can male sexual needs be so cynically disregarded?

• Bettina Arndt will be the guest speaker at a Prostate Cancer Fundraiser on Tuesday, March 29, and a Women In Business Luncheon on Wednesday, March 30, both at the Taronga Western Plains Zoo Savannah Room. Tickets for both can be purchased from the Chamber of Commerce online www.dubbochamber.com.au.