

## **Dr Susan Miles**

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20 October 2019

The Legislative Council  
Parliament House  
Macquarie Street  
Sydney NSW 2000  
Email:

Dear Legislative Council,

Thank you for the opportunity to present to you at the Silicosis Enquiry.

Please consider adding the following amendments to the transcript from the September 16<sup>th</sup> 2019, made of the Silicosis Enquiry and which I have reviewed:

**On page 10 my response to the first question from the Hon Daniel Mookhey** I would like to add to the 3<sup>rd</sup> sentence the word "preventing" to section which reads ..."when further exposure will reduce the progression" so it will reads "when preventing further exposure will reduce the progression".

**On page 13 in line 2, in response to a question from the Hon Wes Fang** I would like to replace a "good clinical examination" with "*a thorough medical and occupational history, physical examination, blood tests, full laboratory lung function tests and a High Resolution CAT Scan with a respiratory physician with expertise in the field. This is an essential part of the process. A second opinion may need to be sought.*"

**On page 13 in response to the first question from the Acting Chair** The Hon Greg Donnelly where I am questioned about testing in NSW through icare Dust Diseases Care, where I make a comment that "they are not a respiratory physician....". To add greater clarity and accuracy I would like to make the following amendments to the first paragraph. This could replace this paragraph:

*"A doctor initially sees the patient either on the bus or at the new Pitt St medical centre which I am pleased to hear you visited this morning. This doctor is trained and experienced in assessing dust related diseases. They are not a respiratory physician. Later all investigations and occupational histories and assessments are reviewed by a respiratory physician with icare Dust Diseases Care. Those with potential compensable diseases then progress to a second stage of investigation, some of which is arranged by icare or by the patient's GP, ideally in conjunction with an external respiratory physician with expertise in the field. Some of this process is paid for by icare. The patient and GP receive a letter from icare advising them of this. After all of these processes*

*have occurred the results of investigations and clinical assessments in whom a compensable dust disease is suspected are reviewed by a panel of respiratory physicians with considerable expertise in the field. This panel determines if the patient does in fact have a compensable dust disease as outlined under the Act."*

**On page 13 paragraph 3,**

My intention was to say "lightly" instead of "likely" in the sentence that currently reads "it is not a diagnosis I make likely."

*After my statement which ends in "before I come to that conclusion" I would like to add "This is very important because there are other conditions that can look like silicosis some of which are treatable. Also the stakes are very high for the patient. After 6 months I repeat the High Resolution CAT scan and full laboratory lung function tests and review the patient ideally after they have stopped smoking".*

*I would be agreeable to these amendments being published if required.*

Thank you for considering my requests.

Regards,

**Dr Susan Miles**

**Electronically reviewed and signed**