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SUBMISSION – Inquiry into Disability Care and Support

I have been involved in the care of people with spinal cord paralysis since 1977. I worked in the public sector from 1977 to 1982 and in late 1982 began a privately run home visiting medical service for people with spinal cord paralysis in Melbourne which I am still conducting 28 years later. I spend at least 60 hours per week in direct patient care.

I received a Doctorate of Medicine in 1987 for my research in the field – The causes and Aetiology of Traumatic Spinal Cord Paralysis.

I believe my involvement in direct clinical care with people with spinal cord paralysis over the past thirty three years, much of it in their own home, makes me qualified to make a few comments to the Productivity Commission regarding their Inquiry into Disability Care and Support.

The issue anybody involved in this field cannot ignore is the quality of treatment and long term care spinal cord injured patients who are covered by Workcover or the Transport Accident Commission receive in comparison to the 60% of my patients who rely on a disability support pension to survive. The effects of not having a National Compensation scheme to cover people with spinal cord injuries and acquired brain injuries are profound. They not only effect the person involved and limit their options, not having a national compensation scheme places an enormous burden on both family and friends. In a significant number, if not all cases, lack of direct assistance leads to permanent hardship for all concerned.

The best way to improve care is to set up a National Compensation Scheme funded through a universal levy similar to the Medicare levy to fund the care of people with profound disabilities, irrespective of the cause of their disability. Such a scheme would go a long way towards overcoming the problems faced by all those people in the community with profound disabilities, whether acquired or congenital, who cannot receive the help they require under the plethora of piecemeal arrangements that currently exist at a local, state and Federal level to deal with this issue.

A Federal funding scheme that is administered by regional councils is the best way to ensure the people who need the services receive the services required and have some input into how these much needed services are delivered to everyone, not just those who are currently covered through workplace or road traffic injury schemes.

Dr. Joseph TOSCANO

NB. I am willing to appear at an inquiry to expand on these brief points.