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Australia's Lung Cancer Program May Widen Health Gaps

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Australia launched a new National Lung Cancer Screening Program on July 1, 2025, aiming to reduce lung cancer deaths by offering low-dose CT scans to people aged 50 to 70 who currently smoke or have smoked in the past. The program focuses on early detection, which can significantly increase the chances of successful treatment. Health authorities say the initiative is expected to save thousands of lives, drawing on international studies that have shown up to a 20 percent reduction in lung cancer mortality through similar screening approaches.

While the program has been welcomed by many in the health sector, concerns have emerged regarding its structure and potential impact on Aboriginal and Torres Strait Islander communities. Experts argue that the program, while uniform in its eligibility criteria, may unintentionally widen existing health disparities by not accounting for the elevated risk among Indigenous populations.

Lung cancer is the most commonly diagnosed cancer and the leading cause of cancer-related death among Aboriginal and Torres Strait Islander peoples. National data from the Australian Institute of Health and Welfare shows that Indigenous Australians are nearly twice as likely to be diagnosed with lung cancer and to die from it compared to non-Indigenous Australians. They also tend to develop the disease at younger ages.

The screening program currently applies the same age and risk criteria to all eligible individuals. While experts have advocated for lower screening ages and more flexible guidelines for high-risk groups, the Medical Services Advisory Committee (MSAC) adopted a uniform eligibility model. The reasoning behind this decision has not been publicly detailed, but several clinicians and public health experts have expressed concern that it may not adequately reflect the health realities of Indigenous populations.

Public health professionals emphasize the difference between equality and equity. While equality applies the same standards to everyone, equity involves adjusting care to meet different needs. Australia has previously adopted equity-based approaches in public health by offering earlier access to heart checks and vaccines for Indigenous Australians.

Access also remains a significant challenge. Many Aboriginal and Torres Strait Islander communities, particularly those in rural and remote areas, face limited availability of general practitioners, diagnostic services, and culturally safe care. Experts suggest that more work is needed to ensure the program is accessible and effective for all communities.

Recommendations from health professionals include prioritizing high-risk groups on waitlists, improving follow-up systems, strengthening data collection, and validating risk prediction tools for Indigenous populations. They argue that a more tailored and culturally appropriate approach is necessary to achieve fair outcomes in line with Australia's national cancer strategies.