

## Big C: Taking the fight beyond drugs

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Article

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THE Prime Minister's recent call to heighten the fight against cancer cannot be more timely.

According to the 1st International Cancer Control Congress held in Vancouver from Oct 23 to 26, a few days after the demise of Datin Seri Endon Mahmood, more than six million people die of cancer worldwide each year – or more than 10 per cent of deaths reported globally.

This makes cancer the second leading cause of death. With more than 20 million others living with cancer, the Director-General of World Health Organisation (WHO) refers to it as a "growing health crisis".

In other words, it is a human, social or economic challenge for every nation, from a disease that is largely preventable.

And, for Malaysia, it is no exception. In fact, by 2020, the year when Malaysia is to be a fully developed country, it is estimated that there will be 16 million new cases every year.

It is, therefore, clear that something must be done both within and across nations.

And at the national level, countries are expected to plan, implement or think about cancer control strategies or programmes in line with the Resolution on Cancer Prevention and Control as recommended to the 58th World Health Assembly recently.

It is such an urgent matter that the WHO member states approved the resolution in May this year marking an important milestone in global cancer control.

In short, as envisaged under the WHO, national cancer control programmes are conceived to reduce the number of cancer cases and deaths, or otherwise improve the quality of life of cancer patients.

This is done through the systematic and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment and palliation, making the best use of whatever available resources.

This includes evaluating the various ways to control the disease and implement approaches that are most cost-effective and beneficial for the largest part of the population.

By promoting the development of treatment guidelines, placing emphasis on preventing cancers, screening and detecting cases early as well as providing as much comfort as possible to patients with advanced disease, the fight against cancer can be made more effective.

In other words, national cancer control programmes must be broad-based and well managed as a public health activity designed to lower cancer incidence regardless of the resource constraints a country faces.

As late as 2002, some WHO guidelines were already made available in order to provide an updated framework for policy development and programme management that can be adapted to socio-economic and cultural contexts in all countries.

It, however, must be updated and implemented quickly to avoid delays in access to innovative treatments, management and evaluation to help policy-makers and programme managers not only to make the most efficient use of the available resources but also develop feasible, equitable, sustainable and effective cancer control activities.

Of late, with the WHO Executive Board's approval of a resolution on cancer prevention and control, for the first time in the history of the organisation, member states are presented with an opportunity to reinforce their comprehensive cancer policies and strategies.

Among these are information on the fundamental intervention strategies — from prevention to end-of-life care — that can reduce cancer mortality and improve the quality of life of patients and their families, too.

It emphasises the need for partnerships in order to achieve sustainable impact in reducing the cancer burden and the importance of surveillance.

This is in addition to research for adequate planning, monitoring and evaluation.

The current worsening scenario could generally be traced to the increased exposure to cancer risk factors,

namely proliferation of tobacco use, unhealthy diet, physical inactivity as well as some infections and carcinogens.

A rapidly ageing population can also be a contributing factor.

However, despite many already recognising all of these, the response in narrowing the gaps between knowledge, attitude and practice is still found wanting.

While WHO continues to lend support by providing the appropriate guidelines, strategies and interventions for the prevention and treatment of cancer, including the Global Strategy on Diet and Physical Activity and of late the Framework Convention on Tobacco Control Treaty, not all countries are fully committed to implement them.

Thus, it is heartening to hear the Prime Minister making a personal commitment to combat cancer (NST, Oct 25).

His resolve to make cancer treatment affordable is indeed laudable because admittedly, medicines for cancer treatment are at present very expensive and are accessible to only the well-to-do and affluent families.

"The cost of cancer treatment is very high and I know the medicines are really expensive. It is my intention to make cancer treatment affordable to all," the Prime Minister was quoted as saying.

"This should be our aim and this is what I want to work towards," he said in reply to a motion tabled offering condolences in Parliament recently.

To complement the noble aim outlined by the Prime Minister, steps must also be taken beyond drugs on at least three fronts: to aggressively increase prevention measures, early detection and screening, and provide professional palliative care.

Let alone research and the appropriate resources – financial and human (see tables).

Health spending as % of GDP Cancer deaths per 100,000 people Five-year Survival Rates  
financial and human (see tables).

Health spending as % of GDP Cancer deaths per 100,000 people Five-year Survival Rates  
Colon cancer Breast cancer

USA

12.7

n/a

60

82

Germany

10.5

196.7

48

68

Switzerland

9.8

182.1

51

76

France

9.6

194.3

45

72

Netherlands

8.6

206.8

50

72

Italy

7.6

199.9  
42  
72

Spain  
7.6  
179.8  
46  
64

Finland  
7.5  
163.0  
49  
75

Sweden  
7.2  
161.3  
n/a  
n/a

Britain  
6.9  
206.5  
36  
63

Denmark  
6.4  
226.5  
38  
69

Source: World Health Organisation, 1998; Berrino et al, 1995; Murray 196398; World Bank, 1993.

#### PATIENT PER CANCER SPECIALIST

Britain  
550

France  
320

Germany  
250

Italy  
100

Sweden  
140

Finland  
74

Source: CERT

The above table shows an increasingly clear link between healthcare expenditure and cancer survival and the table, left, shows the ratio of patient per specialist, in different countries.

Palliative care, for example, has not been fully developed in this country, except perhaps those undertaken by

some non-governmental organisations – still there are far and few in between to cause any meaningful impact on the cross-section of the society.

Besides the lack of palliative care, there is no national cancer screening. The trend to regard this as private sector initiatives is inadequate and costly.

Still the most worrying of it all, dear Prime Minister, is the poor way prevention measures are executed. While you personally endorsed and launched the Tak Nak campaign, as a symbol of your commitment right from the beginning, its implementation was plagued with too many contradictions in policy decisions.

The case in point is the ridiculously long period of postponement for the banning of the sales of small packs of cigarettes which in essence translates to even more cancer cases and deaths in Malaysia.

Already latest statistics from the Health Ministry indicated that more than two million Malaysians are at risk due to smoking.

Yet we continue to back pedal when we need to be tough.

Thus, we appeal that your good offices and conscience to seriously review and rescind such compromising and harmful decisions, and not to waste our precious human capital (and lives) as you so often fondly stress.

It is time to set targets for reducing the number of cancer-related sufferings and deaths backed by your strong political will to make it happen.

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