Preprint:

An Editorial for the EJSO

The cost of cancer deaths deferred

Rew DA. The cost of cancer deaths deferred. Eur J Surg Oncol. 2002;28(3):201-2. PMID: 11985285.

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King Canute knew better. He would be bemused at our current addiction to politically inspired targets for disease reduction. The language of cancer is emotive. The term cancer encompasses a wide range of different disease processes and behaviour which are conveniently classified by their tissue or organ of origin. Cancer is often integral to the genetic and aging processes of the body.

The aggressiveness of individual cancers is very variable for reasons which medical science can neither fully understand nor control. Some cases are avoidable and curable. Others seem predestined to defy the best efforts at treatment by surgery, anticancer drugs, radiotherapy and alternative medicines.

We seek refuge in the language of war, battle and conflict in the face of a disease process which is in some and capable of defeating the best interventions of modern medicine. Politicians see merit in setting strategic targets for the defeat of cancer. The Cancer website of the Department of Health pledges to reduce deaths from cancer by 20% by 2010.

With so much extra Stakhanovite effort and naked cash for research and treatment, we will fulfil the current five year plan and the one after that. We will reduce deaths from such and

such a cancer by such and such a percentage. Why not set even tougher targets say 50%, to demonstrate even greater depths of care and humanity? Public expectations are raised, and the commentators feast on the failure to meet the healthcare delivery which have been unwisely promoted.

One phrase demanding cautious interpretation is "The Saving Of Life". Death may be deferred by medical or humanitarian intervention from the earliest hours of life to a ripe old age, but no life stays saved forever. Thus, if we defer a death from one disease process at a particular age, that life will ultimately be credited to the grim reaper in another way, and human mortality will remain stubbornly set at 100 per cent. Less deaths from smoking at 65 mean more from cardiac failure, pneumonia, stroke, Alzheimer's disease and so on at 85.

Cancer is primarily a disease of the epithelia. With few exceptions, it increases dramatically in frequency in the population with age. These tissues are continually replacing themselves throughout life, and accumulating genetic damage.

Any group of patients cured of one disease in one age group will be at a higher risk of developing another disease later in life. There will be an increase in the absolute numbers of cancers in the population in consequence of longer life expectancy and more effective cancer treatments in younger age groups. The complexities of the real world and the malign and subversive realities of Nature will thus conspire to undermine simplistic goals and grand healthcare plans.

This is not to deny the value of public health care strategies for the cancer services. More can be done in the politics of healthcare to choose and to implement systems of efficient, responsive and competitive funding to improve upon the failing, outmoded, producer led state and command economy models.

More can be done throughout the education system to help individuals understand the complexities of biological variety, statistical nuance and the laws of consequence in healthcare and lifestyle choices. Much more can be done with the language of healthcare delivery to ensure that we set realistic goals in cancer prevention and treatment.

Human lives are individual journeys. They are an unfair and unequal struggle against nature, nurture, environment and biological determinism. The prolongation of good quality life by a clinical intervention is a laudable aim. Success increases the sum of human happiness. The frailties of age, life and family circumstances, concurrent diseases, attitudes to risk taking and personal philosophy will all modulate this sum. Complex, unpleasant, high risk, morbid and prolonged cancer treatments may well diminuish it.

Choice in life is also about the personal and public allocation of resources in a complex socio-economic environment. We could probably marginalise colorectal cancer, a disease as common and far more aggressive and nasty in its consequences than breast cancer, if we each opted to undergo a regular colonoscopy. Unfortunately, the astronomical costs in resources, the risks and the unpleasantness of the procedure have thus far preempted a strategic approach to the problem.

Politicians may promise and demand a great deal, but we will always work in an environment of finite and scarce economic, technical and human resources relative to demand in cancer care, whether in a state funded, insurance funded or mixed finance health economy. The highly trained and well motivated labour force is not so readily substituted, while drugs and equipment can be hugely expensive.

Unless economies are prepared to divert far greater resources to health from personal, luxury and civic spending than are presently on offer, clinicians and managers will have to continue to make difficult decisions about the productive allocation of time and effort to cancer treatment as to other healthcare priorities. For example, huge additional expenditures in anticancer drugs for advanced, recurrent and aggressive cancers may produce increasingly marginal time and quality of life gains relative to the cost.

Surgeons have not generally been at the centre of public debate about cancer resource allocation in recent years. And yet, the vast majority of cancers which can be cured are likely to be cured by surgical removal in the first instance. Outcomes are further improved by teamworking with specialists skilled in the planning and administration of anticancer drugs

and directed radiotherapy.

The conduct of well judged, technically proficient surgery remains the key to the successful management of many types of cancer. Investment in a broad and skilled human resource base will continue to be the key to better outcomes for most patients with cancer, while the expectations of the new biologies remain unfulfilled.

A preparedness to inform the debate and to articulate views founded in solid pragmatism and experience tempered by scientific knowledge is needed from the many hard working and skilled cancer specialists whose professional training and busy lives direct discretion and abstention from public debate. The lay person is often confused and misled about the issues. There is plenty of room for real leadership to balance and moderate the debate on cancer provision and targets. The complexity of human lives and of human choices may be infinite, but resources are not.

Canute sought to demonstrate how the tide of life and time could not be halted by royal command. Populism is no substitute for a more intelligent level of debate.
Next week: the emperors new clothes