Acta Scientific CANCER BIOLOGY (ISSN: 2582-4473)

Volume 6 Issue 5 August 2022

Editorial

Empowering Physicians to 'Close the Care Gap' in Cancer

Sreelekha Ray*

MBBS, DLO, DNB ENT, Fellowship in Head Neck Oncosurgery, Consultant, Head Neck Oncosurgery,Deenanath Mangeshkar Hospital and Research Center, Pune, Maharashtra, India

***Corresponding Author:** Sreelekha Ray, MBBS, DLO, DNB ENT, Fellowship in Head Neck Oncosurgery, Consultant, Head Neck Oncosurgery, Deenanath Mangeshkar Hospital and Research Center, Pune, Maharashtra, India.

Received: July 23, 2022

Published: July 29, 2022

Introduction: Mind the Gap

This year, on the 22nd World Cancer Day, UICC coined a three-year theme 'Close the care gap'. The first year's emphasis is on realizing the problems of rural-urban divide, socioeconomic gap, gender inequality, sexual orientation, geographical location and lack of awareness, which are unnecessary, unjust and avoidable barriers in cancer care [1]. In continuity of the theme, 2023 will focus on uniting our voices and taking action to build a momentum to fuel our fight, before we engage our leaders in 2024 to eliminate health inequities by addressing their root causes.

Our government has been doing a lion's share of decentralising cancer care, even before this theme came into being [2]. The National Cancer Control Program (since 1975) has reduced cost, travel, stay, loss of workdays, and improved access to oncological emergency and supportive care, while the National Cancer Grid (since 2012) has helped in standardizing and delivering high-quality cancer care.

However, in conscious interpretation of this contemporary topic, in a country where patients largely depend on the private healthcare sector, what can we, as individual physicians and practitioners do to 'Close the care gap'?

Remove the myths

First and foremost, we physicians need to rid ourselves of our biases and prejudices, which have been acquired in the process of living in society, wherein cancer patients are perceived as less competent, more depressed and sicker as compared to patients with diabetes or heart disease [3]. Inherent prejudices and fatalistic attitudes among health-care workers should not contribute to increasing the very gap which we are attempting to close!

Create digital awareness: Primary prevention

The fact that 70% of the Indian cancers (40% tobacco-related, 20% infection-related and 10% others) are caused by potentially modifiable and preventable risk factors, [4] speaks volumes about the awareness level of our population. Removing stigma and myths around cancer, spreading awareness about the risk factors, encouraging vaccines for vaccine-preventable cancers, reinforcing early warning features of cancer, and teaching methods of self-examination are the need of the day.

Physicians can directly contribute to raise awareness with television and radio interviews, newspaper articles, hand distributed pamphlets and of course, social media. Exploiting the digital revolution to our advantage [5], we may find that digital posters, short videos, interviews, talks on Facebook, Instagram, WhatsApp, Twitter and YouTube etc will have a wide outreach, as our entire population has smartphone and internet access in the post-pandemic scenario.

Screening camps: Secondary prevention

In their individual capacities, awareness campaigns and free screening camps on special days like World Health Day, World Cancer Day, World No-Tobacco Day, World Head Neck Cancer Day, World Breast Cancer Day, World Thyroid Day, World Colorectal Cancer Day etc. can be organized by larger centers, NGOs and corporate hospitals. These can be done in the campus itself and

in the neighbouring villages it has adopted. Advertisement of their institute would be a welcome by-product of this exercise.

Make tertiary care accessible and affordable

The COVID pandemic demonstrated that telemedicine is a fast and effective means of consultation [6]. Teleoncology can improve cancer patients' access to care by reducing the need to travel to distant tertiary-level oncology centers [7].

Cancer diagnosis and treatment are crucial issues, whose financial implications are felt strongly. Enrolment by private hospitals in schemes like Ayushman Bharat Pradhan Mantri Yojana (AB PM JAY) will allow cancer departments to post their costs, so that the estimates are known before making decisions about tests and treatments. Introduction of value-based pricing by treatment centers allows patients to choose higher-value treatments with lower costs [8].

Insurance companies can be encouraged to reform health insurance by passing policies that help cancer patients, and hospital social workers can be empowered to scan eligibility for schemes and programs beyond insurance. If provided easy access to organisations offering emotional, practical and financial support, patients will receive requisite help with medicines, travel, lodging and living expenses.

Be sensitive to end-of-life issues

End-of-life care is an emotional issue, which needs sensitive behaviour from physicians used to administering cutting edge curative treatments. Futility of active treatment, when to stop active treatment and when not to resuscitate are crucially important. Whether we refer them to a palliative care unit, or handle the day-to-day issues ourselves, it behooves the treating oncologist to empathize with them. 'Breaking bad' should be learnt, since communication skills are not an essential part of medical studies [9].

Contribute to registry and research

Cancer statistics are often incomplete due to incorrect death certificates, thus presenting an inadequate overall picture with respect to numbers and patterns prevalent in our country. At all levels of healthcare, physicians need to explicitly state the cause of death, so that population-based registries can be maintained and cancer-control resources be channelised [10].

Cancer research system in our country needs some major reforms, considering the confrontational nature of inter-personal rivalries, personal egos and bureaucratic attitudes. Challenges unique to cancer research in India are advanced stage, comorbidities, performance status, nutritional status, tolerance logistics, and lack of funds, which need to be overcome by working together [11].

Train ourselves (and others)

Hospitals impart education and training to each new generation of doctors, nurses, pharmacists and technicians. Apart from formal degree and fellowship courses, there are CMEs, conferences and symposia etc organized by various competent bodies. The practitioner can make use of these excellent facilities to train in the foundations of oncology care. Passing on that training to grassroot-level healthcare workers can empower physicians to reach out to the patients, even before they gather the resources to reach us. These measures will enable us to address the problem of lack of workforce to meet the rising burden of cancer [12].

Conclusion

COVID pandemic and territorial wars notwithstanding, 'Close the care gap' is an ambitious theme, and depends on the participation and support of all strata of society. The physician's role can be pivotal, no matter what his/her field of interest might be.

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