

Specialism: political oncology

→ Simon Crompton

Not quite satisfied with having helped shape the cancer services of Cyprus, as the island's first medical oncologist, **Adamos Adamou** took to the political stage in Brussels. In five brief years, he successfully built alliances, mongered resolutions and agitated for action aimed at ensuring all of Europe's citizens have access to quality screening and treatment.

The office and consulting room of Cypriot politician and oncologist Adamos Adamou is on the fifth floor of a modern office block down a blessedly quiet avenue in bustling Nicosia. From his window, you can look over the Greek Cypriot half of the city, across the United Nations buffer zone, and into the half of Nicosia that has been Turkish since the invasion of the island in 1974.

Beyond that are the Pentadaktylos Mountains, deep in northern Cyprus, now occupied by Turkey. On the side of those mountains is painted an enormous Turkish flag, as if to taunt their Greek Cypriot compatriots. But Adamou isn't cursing when he points it out. "It's a reminder," he says. A keepsake, maybe, of the injustices he wants righted – social, political and medical – which have preoccupied him for 10, maybe 20 years. The flag reminds him of them all.

Adamou, 59, was head of Cyprus's main medical oncology unit for breast and gynaecological cancers until becoming a Member of the Cyprus Parliament in 2003 and then a Member of the European Parliament between 2004 and 2009. He's made a political name for himself by pouncing upon inequalities – whether he's been drawing attention to the variations

in cancer provision across Europe, the political situation in Cyprus, or the appalling conditions in the Palestinian territories.

Before Adamou's brief but significant five-year stint in the European Parliament, cancer was barely on the European political agenda. But, having helped assemble a group of fellow MEPs determined to change that, he played a key role in successfully pushing for the Commission to establish an EU Cancer Partnership to promote improved cancer control and screening rates throughout Europe. He and his colleagues transformed vague statements of good intent into a comprehensive European Parliament resolution, passed in April 2008, setting out the need for greater investment in cancer prevention, and strategies to reduce inequalities between European countries.

Cancer, says Adamou, who sat with the European United Left–Nordic Green Left Group in the European Parliament, transcends political boundaries and these issues should have been better addressed long ago. What motivated him to push for change was a belief that was cultivated during 30 years working as a doctor, and which also provided him with the impetus to move into politics: making people healthy is not



just a matter of medicine. To really achieve change, doctors have to engage with national and international policy. That's what he did.

HEALTH IS POLITICS

"Health is not only about science, it's about politics too," says Adamou. "All the scientific and stakeholding organisations in Europe have to realise this, because the politicians are the people who approve health policy programmes. Health specialists should be more direct in expressing their views to politicians and pressing for the implementation of programmes that are eventually going to help the European citizen."

Photographs of Adamou, looking serious in jacket and tie, don't capture his vivacity, or the passionate way he addresses every subject. He's opinionated but not dogmatic, and reluctant to allocate blame for inequal-

ities too freely – it's "the big powers in the world", the political institutions, he feels, that are the problem, not the people, whether you're talking about lack of screening services or a divided Cyprus.

He likes to align himself with the people rather than these 'powers'. His father was a labourer in a wine factory, his mother was a cleaner (both are now in their 80s) and when Adamos said he wanted to study at university to become a teacher, his father said that if he insisted on "draining my blood" and going to university, he would have to study medicine. Reluctantly, Adamos agreed.

He was accepted in Athens University Medical School in 1969, but soon realised that, having chosen the modern Greek path at high school, he had insufficient grounding in biology, chemistry and physics – so he negotiated an extra year to catch up.



He's still reluctant to talk about what happened next. When Cyprus was invaded by Turkey in 1974, Adamou was back at home on vacation. Having already served as an officer in the National Guard after school, he was asked to serve again, and was sent to the frontline to fight. Many of his friends were killed, and one of his brothers went missing. He was eventually found, wounded. The experience has stayed with Adamou. "When people talk about war, like the current one in Afghanistan, they don't know what a truly terrible, terrible thing it is," he says.

He's constantly aware of the legacy of that war, and tells me of the people he knew who were robbed of their homes, the sources of national income taken away, the families fragmented. The problem, he says, is the politicians, and the powers whose interests they serve, not the Turkish Cypriots. "Where I was born, in Limassol, my neighbours were both Greek and Turkish Cypriots, and we all lived together fine."

He finally qualified in 1976, and while waiting to take a specialism in internal medicine was

The reminder. For Adamou, the view from his office testifies daily to the need to keep working for political solutions to inequalities and injustices

invited by a colleague at the Hellenic Cancer Society's St Anargyroi Hospital to be a medical officer there. This is where his interest in cancer and palliative care began. He worked briefly as a medical oncologist in America, and then came back to Athens where he became the deputy director of the first clinical oncology unit at St Anargyroi.

FIRST MEDICAL ONCOLOGIST

Then, in 1985, the Cyprus Ministry of Health asked him to return to Cyprus, to be the first medical oncologist on the island. At the time, the only specialist cancer facility available was a radiotherapy department at Nicosia General Hospital. It was the start of a process of building up medical oncology on the island of which Adamou is unashamedly proud.

"When I arrived, everyone was looking at me with

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half an eye – they didn’t know about this. Medical treatment? What was medical treatment?” laughs Adamou, who was in charge of a small unit at Paralimni Hospital, and then consultant medical oncologist at the Nicosia General Hospital between 1988 and 1998. “It is always hard when a new thing comes in, but at the end of the day, I can say I built up medical oncology in Cyprus. I was the first, and gradually we built it up so that there are now 12 medical oncologists.”

Adamou, who has advised the Cyprus government on developing cancer services on the island, is pleased with the way that things are turning out. The Bank of Cyprus Oncology Centre, which opened in Nicosia in 1998 in a joint operation between the bank and the Cyprus Government, provides diagnostic and treatment services in separate units for all the main cancer types. Adamou was head of medical oncology in the breast and gynaecological cancer units between the hospital’s founding and his election as a Member of the Cyprus Parliament in 2003. As a politician, he has always belonged to AKEL – the Progressive Party of Working People – now the dominant party in the Cypriot government.

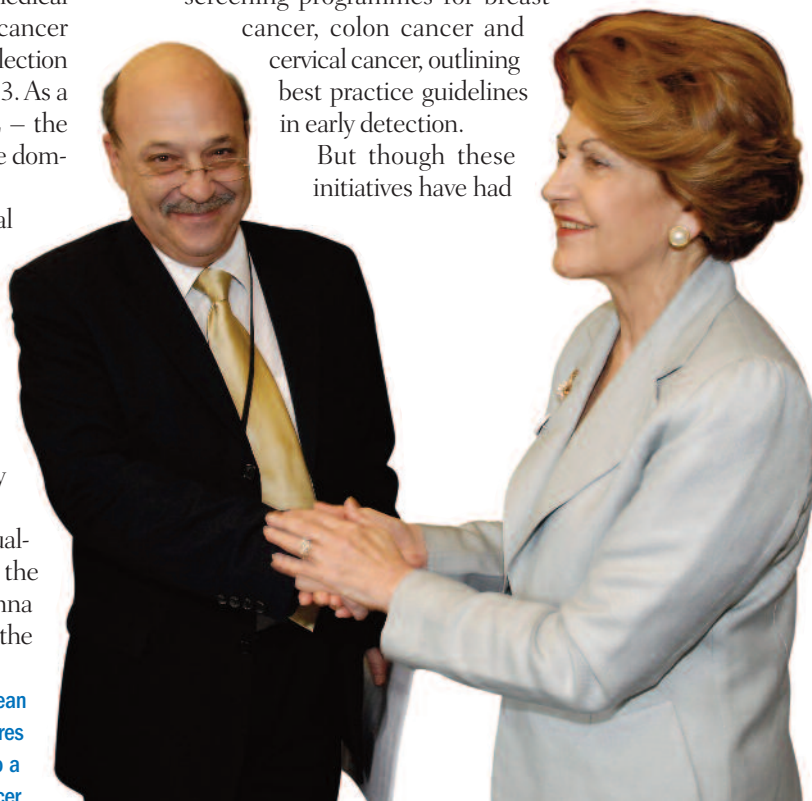
“We have a comprehensive cancer hospital for a population of around 750,000 Greek Cypriots and we also serve Turkish Cypriots who come in from the occupied area,” he says. “The Government pays all the running expenses, the drugs and everything. All cancer patients in Cyprus, independent of their income, are offered cancer treatment for free. This was a decision taken 15 years ago, and every new government follows these policies.”

His positive attitude about the improving quality of cancer services in Cyprus is at odds with the views of some lobby groups. The Europa Donna Cyprus group, for example, has been calling for the

Health Ministry to speed up the creation of a specialist breast cancer centre for the island. It has criticised the lack of multidisciplinary support services for people with cancer, and says there are delays due to lack of equipment and staff.

But Adamou’s positive view may be more than a mark of pride in his own, and his party’s, involvement in service developments thus far. He sees services in Cyprus in the context of poor levels of screening and treatment in many other European states. This, he says, was his prime concern while an MEP. Though unable to enforce health initiatives on Member States, the European Commission has published quality assurance guidelines on breast and cervical cancer screening and diagnosis. In 2003, the EU Council called on Member States to implement effective screening programmes for breast cancer, colon cancer and cervical cancer, outlining best practice guidelines in early detection.

But though these initiatives have had



Cypriots Against Cancer. With former European Commissioner for Health Androulla Vassiliou, who shares with Adamou not only a common nationality but also a long track-record supporting action against cancer

a profound impact in some countries, they have had none in others, says Adamou. “There are huge inequalities. Looking at the map of the 27 Member States, you see the number having screening programmes is less than half – so the majority of European countries don’t implement programmes for early detection of breast cancer, or the Pap test for cervical cancer, or colonoscopy for colon cancer. In fact, very few European countries have programmes for colon cancer.”

“It’s not just differences in screening programmes. My major concern from the beginning of my time as an MEP has been major differences in treatment and survival rates. It’s well known, for example, that the survival rate of a man with lung cancer in an eastern European country is far below the average in a western European country. That’s what pushed me, and two colleagues, Liz Lynne and Alojz Peterle, to create the MEPs Against Cancer group.”

MEPs AGAINST CANCER

The group was established in 2004 to promote action on cancer as a priority, and to harness European health policy to do so. Its main aim, to put cancer on the agenda, was accomplished with the 2008 resolution on cancer. This calls on the European Commission, Council and Member States to allocate resources and take action to reduce the cancer burden. It paved the way for the establishment of a formal European Partnership for Action Against Cancer, which involves the Commission and Member States, as well as professional and patient groups, providing a framework for identifying and sharing information, capacity and expertise across Europe – thus helping to avoid scattered actions and duplication of effort.

But there is still much to be done. Some countries inevitably resist investing heavily in new screening and treatment programmes. Adamou says that, despite his attempts to persuade the European Commission otherwise, the EU will only issue recommendations, not directives, on cancer services. The principle of subsidiarity means that change cannot be imposed in policy areas that can be dealt with by Member States themselves. He’d like to see European funds allocated

to poorer Member States, to help them build up cancer services. The long-term profitability of such an investment should be clear to both the Commission and Member States: early detection equals less expenditure on expensive treatments.

He believes the other hurdle to progress is the lack of recognition of medical oncology in some European countries where cancer treatments are the responsibility of organ specialists, not cancer specialists. Adamou, who chairs the Developing Countries Task Force of the European Society for Medical Oncology, has joined with ESMO to impress on European Commissioners the importance not only of medical oncology being recognised throughout Europe as a specialty, but of standardising the level of training doctors must have to qualify as specialist medical oncologists.

“This is very important, not just for physicians, but for European citizens. With the introduction of cross-border healthcare in Europe, patients who are going to another country, say for a second opinion, should know who is a medical oncologist and who is not. I think that with the full recognition of the specialty, the phenomenon of people being treated by physicians who are not qualified to carry out cancer treatments will stop.”

Again, his efforts appear to be yielding results. The 2008 resolution urges the Commission and Member States to recognise oncology as a medical specialty. He believes that, in 2010, there will be sufficient support from Member States for this to happen.

With so much achieved, but so much to do, why did Adamou decide not to stand for re-election in 2009? The answer is simple: exhaustion. For his five years as an MEP, he was making the 12-hour journey between Cyprus and Brussels every week. “I got sick because of it,” he says. “I didn’t see my family. I spent more time in planes than in my house. I became a grandpapa, and didn’t even see my grandson.”

The workload was enormous. Adamou wasn’t just working on health issues during his time in Brussels. He was chairman of the Delegation for Relations with the Palestinian Legislative Council, making five visits to the West Bank. He is still haunted by images

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Portrait of Adamou as a young medical student. This photo still has pride of place in the family home



The fruits of their labour. Adamou's father insisted that if his son was going to bleed him dry with university fees he should do something worthwhile and become a doctor

“Maybe my father, an uneducated man, was right, and knew it was this job I had to do”

of Gaza “where human dignity doesn’t exist”. He also sat on a host of committees on the environment, food safety, culture and education.

“So I said that I’ve served the Parliament, and I’m satisfied with the way I’ve served the Parliament and the European people – not only the Cypriot people, but the European people.” He’s proud, he says, of having gained support for his initiatives from a wide range of committees and politicians, even though he came from a small political grouping himself.

So since July 2009, Adamou has been spending more time with his family – his wife (also a doctor), three adult sons and a daughter (none of them doctors) and one grandson (another was expected in December). He’s been seeing patients privately and considering his options for the future. Now, looking back over 33 years in medicine and six years in left-leaning politics, he believes it is human rights that have always driven him.

“Since I was born it’s been in my character to try and help people. Maybe my father, an uneducated man, was right, and knew it was this job I had to do, and that’s why he pushed me to go to medical school.” But the politician in him seems just as strong as the medic. He’s had approaches to return to work as an oncologist from both the state and private sector. But with the current Cypriot President from his own party, Adamou seems tempted by the prospect of getting into the political thick of it again.

“Whether the government wants to use and exploit my five years’ experience in the European Parliament, on health or environmental issues, I don’t know yet. Maybe they will ask me to take a position in the government. Maybe they will say stay where you are, we will see you in the future. We will see.” It’s hard to imagine him being content for long, sitting back in his quiet high-rise office, looking out at that flag, taunted that there are still causes to be fought.