

## Our responsibility to survivors

→ Kathy Redmond ■ EDITOR

ccording to the media version, an individual who develops cancer embarks on a 'battle' - those who win are cured, while those who lose die. This simplistic story overlooks the many whose cancer is brought under control rather than cured, as cancer becomes more like a chronic disease. You do not, after all, fight a battle against heart disease, and the media do not present heart patients in terms of winners and losers. But even if we accept the premise of cancer as a battle, then not all survivors celebrate victory. Some have been dreadfully traumatised, not so much by the cancer as by the cure.

This is a problem at the intersection of success and failure. On the plus side, increasing numbers of people are living longer, while early detection and treatment reduce the death rate from cancer. On the minus side, there is a rising incidence of cancer in this older population, while treatment still carries risks of causing injury or further disease. According to conservative estimates, nearly 10 million Europeans have had a diagnosis of cancer and are alive today – the real number is possibly around 20 million.

When short-term survival was the only aim, the long-term effects of treatment seemed relatively unimportant. As more people live five, ten, twenty and thirty years after a cancer diagnosis, the impact of the treatment on quality of life is ever more significant.

Long-term effects can impinge on all cancer survivors regardless of age or treatments received. Survivors have been shown to have lower quality of life and experience greater loss of productivity and more health limitations than people who have never been diagnosed with cancer. Many survivors also face discrimination in their daily lives primarily because of their cancer diagnosis.

Many clinicians do not address, or are not even aware of, the impact of the longterm effects of the treatments they administer, while family doctors are often poorly informed about potential late effects and the follow-up care that is required. This is compounded by the fact that little or no priority is given by policy makers to addressing the long-term physical, emotional, financial and social effects of cancer and its treatments. As a consequence, cancer rehabilitation services are under-funded in many countries and non-existent in others.

In this and following issues of *Cancer-World*, we will look at the problems faced by survivors, and what can be done to reduce late effects of cancer treatments and to support survivors in the long term. Action to address inadequacies in the provision of rehabilitation services and tackle discrimination against cancer survivors is required now. Otherwise, an increasing number of cancer patients will be condemned to live lives of unbearable quality.