



A European report card

→ Kathy Redmond ■ EDITOR

Disparities in the speed at which patients in different European countries get access to the latest cancer drugs were highlighted last month in a report published by Stockholm's Karolinska Institute. The Roche-sponsored study, launched at a press conference at the European Parliament, shows that patients in Austria, Spain and Switzerland tend to get quickest access, with patients in the UK, Czech Republic, Hungary, Norway and Poland lagging behind. The authors of the report conclude with a call for governments to take "a broader perspective on the benefits these drugs bring to patients and society, and introduce a more rational system of allocation of resources to the healthcare system." The point is well made. But there is a danger that focussing narrowly on drugs will divert attention from inequalities in other aspects of cancer care that are at least as important.

The majority of cures are achieved through a combination of therapies, not just drugs. Surgery plays a key role, yet patients in many countries – particularly in rural areas – still have complex cancer surgery carried out in centres with insufficient case volume and skill, often outside of a multidisciplinary setting.

Few European countries have enough radiotherapy machines. Available knowledge and techniques are often not being

used to best effect; health professionals responsible for delivering cancer care are too often inexperienced and poorly trained.

Patients are suffering needlessly because symptom control is still not seen as a routine part of cancer care, and outdated regulations undermine pain relief. Europe's growing elderly population is let down by doctors who withhold intensive cancer treatment on grounds of age alone, and by a failure to train cancer specialists in geriatric medicine. Cancer rehabilitation services are often underfunded, and in some countries they are non-existent.

The Karolinska report was clearly intended to put pressure on governments to allow their citizens faster access to the drugs they need. A similar report, deserving equal attention, has recently been published on disparities in radiotherapy provision (see p. 32). But if, as the authors of the Karolinska report say, we are really looking for "a more rational system of allocation of resources", perhaps the time has come for this name-and-shame tactic to be used across all aspects of cancer care. An annual 'report card', for instance, could be just what is needed to promote such a rational approach. Providing solid comparative statistics on key quality indicators, it could show governments how their countries rate against others, and offer them an incentive to focus on the aspects of cancer care that need most attention.