THE diagnosis of cancer, its treatment and socioeconomic impact, stir much fear and distress in patients.

Malaysia and other developing countries are facing increasing cancer incidence and mortality due to urbanisation, sedentary lifestyles and
unhealthy habits.

The incidence of cancer related to infectious agents, such as cervix, naso-pharynx and stomach, has not decreased in the last decade. These factors, together with increased life expectancy and population growth will increase cancer care burden.

Cancer patients are primarily treated with surgery, radiation and chemotherapy as well as biological therapies. Cancer care in the last 30 years has changed tremendously.

Treating cancer with as many evidence-based treatment as possible and providing the best treatment option in the most cost-effective way possible are practised at nearly all cancer centres worldwide.

At University Malaya Medical Centre, it is no different. Patients are treated using the personalised medicine philosophy, tailored to each individual according to best practices but guided and governed by a nationwide healthcare policy.

This is to ensure optimal cost effectiveness and safety of each treatment which, in the long-term, will give positive health economic outcome. The majority of our cancer patients are urban, educated citizens more from the government than private sectors. They demand the best we can offer.

They are also actively involved in the decision making process of their treatments.

These two factors of advancing technology and changing patient attitude have contributed to the successful treatment of many patients.

The rising incidence and longer survival of cancer patients mean that the provision of an internationally recommended "gold standard" cancer treatment will be a costly affair in the future.

Even now, new cancer drugs are very expensive.
As clinicians, we appreciate the freedom in prescribing therapies indicated to (for) our patients according to international guidelines but subjected to the nation’s drug prescription policy/guidelines and/or restricted budget.

While we understand that a large chunk of the treatment costs at government hospitals are subsidised, we are also aware that currently our country spends only four per cent of its GDP on healthcare.

We strongly feel that cancer treatment and its outcome should not be viewed nihilistically or be given lower priority than other chronic diseases.

The unhealthy trend of rich patients who can afford private facilities being accorded new, advanced drugs or state-of-the-art treatment while poor patients have to settle for not-up-to-date or substandard therapies elsewhere is worrying and should not be tolerated.

Cancer care in the last 30 years has changed tremendously.
BIGGER ALLOCATION: Give priority to cancer treatment - Letters to the Editor - New Straits Times

Young couple on fateful flight (New Straits Times)

Parents Sue Uber Over Daughter's Death, Claim its App is Illegal (CIO)

Leave Your Comment
BIGGER ALLOCATION: Give priority to cancer treatment - Letters to the Editor - New Straits Times