Cancer Care – The Missing Links

Beata Bishop

Last February the World Health Organisation published an 800-page report[1], the first for five years, on all that is known at present about cancer, and also on likely future developments in coping with the disease. The forecast makes grim reading. It suggests that the steadily growing cancer incidence will speed up exponentially, reaching 25 million new cases a year - a 70% increase - by 2032.

Moreover, says the report, "it is implausible to think we can treat our way out of the disease," because of the sheer number of sufferers and the spiralling costs of treating and caring for them, costs that even the richest countries will find hard to afford.

Therefore, the authors of the report suggest, the emphasis must now be on prevention, since about half of the new cases are caused by the unhealthy lifestyle of the developed world. Junk food, alcohol abuse and obesity are the main culprits; they must be tackled as a first move towards effective prevention.

Now all this, except for the frightening statistics, isn't new. What is new is that it comes from the WHO, and that this august official body admits the impossibility of treating all present and future cancers with surgery, radio- and chemotherapy. Yet in Britain, too, these are the only treatment modalities allowed by the Cancer Act of 1939 – a baffling date, as chemotherapy didn't appear on the stage until the late 1950s, while medicine and medical research have surely made considerable progress in the past 75 years. The sole purpose of that venerable Act seems to be to block any innovation or alternative, sight unseen, which might diverge from the official protocol. This total lack of interest looks odd – how would any branch of science discover anything new without curiosity? – especially since the existing methods are clearly inadequate.

Another Approach

Here I must declare an interest. I recovered from Stage IV metastasized malignant melanoma thirty years ago on the Gerson Therapy, a nutrition-based alternative treatment, after conventional oncology had failed to help me; to follow that strict and demanding protocol for over two years was an invaluable if scary way to discover a new approach to cancer, based on optimum nutrition and detoxification to enable the organism to heal itself. Since then I have made a special study of developments in nutritional therapies and in the links between lifestyle and health viz. sickness. All this, however, is beyond the remit of the present article; here my focus is on the two areas that official oncology doesn't deal with or even show interest in, namely prevention and aftercare.

The trouble with prevention is that it involves telling people what they should and shouldn't do to avoid serious disease. Shouts of "Nanny State" or indifference are the public's usual knee-jerk reactions, leaving the food industry free to run the show, which it does with gusto but without any concern for public health. Despite official objections there is still far too much salt, sugar and fat in its products, contributing to the obesity epidemic, but no Government is brave enough to take on this global giant, and so-called voluntary agreements between industry and official circles make no real difference.

Neither can we expect real health benefits from the "Five a Day" policy, urging us to eat five servings of fruit and vegetables a day to become healthier and to prevent illness. Apparently only a minority follow this advice, and no one knows what they actually eat. We may be past the early stage when a food corporation claimed that their tinned Spaghetti Milanese counted for one serving, since it contained tomato sauce, but today's glass of bottled fruit juice, solid with sugar, is hardly better. I wonder whether a list of Five a Day to Avoid wouldn't be more to the point, especially when I see a young overweight mother handing a bag of salty crisps to her triple-chinned toddler.

The only hope for sane nutrition and hence for prevention comes from unofficial initiatives, such as the Food for Life Partnership, a network of schools and communities across England committed to transforming our unhealthy food culture. It's a refreshingly hands-on movement, revolutionising school meals, reconnecting children and young people with where their food comes from, and inspiring families to grow and cook food instead of popping a ready meal into the microwave. Children are enthusiastic about growing food, selling their surplus at farmers' markets and visiting farms. They also enjoy re-educating their parents. Thanks to this and other grassroots initiatives, the next generation should find the nutritional side of prevention somewhat easier to follow.

Changing the Image of Cancer

For the rest of society, prevention must also begin with re-education, initially not about lifestyle changes but about cancer itself. Cancer has a malign mystique that other diseases lack. In heart disease or kidney failure it's one's own heart or kidney that is malfunctioning, but a tumour seems to be an alien invader, a hostile Thing from elsewhere that may eventually kill its host. This misconception often leads to a sense of helplessness, turning the patient into a passive victim instead of an active participant in his or her treatment and recovery. Also, it suggests that there is no way to prevent falling ill with cancer.

Once this is shown to be untrue, moreover that a large proportion of cancers is caused by ourselves, by our pernicious diet and destructive habits, the picture immediately changes: we realise that we do have a choice after all, we can stop making ourselves sick, and therefore the disease is beginning to lose its frightening mystique. When that happens, people become more ready to receive practical information on what to do and what to avoid.

In my psychotherapeutic work with cancer patients I learned how urgent and important it was to dissolve the malignant mystique and the fear it was causing. That's why I found it regrettable that a recent fundraising leaflet of Cancer Research UK actually reinforced that very fear. Its lead slogan was CANCER DOESN'T CARE, repeated six times in a hypnotic incantatory style, presenting it as the hostile intruder that attacks and destroys the most precious gifts of life. Here we go again, I thought, this is the exact opposite of how cancer should be seen, it's almost like the medieval concept of a killer in a black cloak, complete with scythe, "not caring whether you are six or 66", and so on. But – the text runs on – if you give £10 now, you'll help us to beat cancer. (Of course there is nothing like fear to make people send a donation.) This encouraging effect is somewhat spoilt by the next statement, claiming that "for over 100 years we've been working tirelessly towards beating cancer". I have no figures for the cancer incidence in 1914, but in 1937 in the United States it was 1 in 14 (today it's 1 in 3, moving towards 1 in 2), so one wonders what the researchers have achieved during 100 years of tireless work. I can't help feeling that the UK's biggest cancer charity should do better than this.

Losing the War on Cancer

Incidentally, in 1971, when President Nixon declared 'war on cancer', 215,000 people died of the disease in the United States. Twenty-five years and untold million dollars' worth of research later, in 1996, the annual death rate stood at 557,000. And another 19 years later, in 2013, a study published by the Eberhard Karls University in Tübingen, Germany,[2] simply stated: "It is very likely that we can't win the 'war on cancer' by exclusive military means. Instead, it will be an important milestone to restore the body's immune control of malignant tumours". (Military means, it added, included chemotherapy, the standard response to cancer.)

Behind the medical Establishment's neglect of prevention there is also the huge vested interest of the cancer industry. It has often been said that more people live off cancer than die from it, and while that is patently untrue, conventional cancer treatments demand an enormous investment in chemotherapy drugs, medical equipment, specially trained staff and other necessities. The Canadian biochemist and nutrition researcher, Ross Hume Hall3, is an outspoken critic of what he calls the medical-industrial complex ruling the field of cancer medicine. According to him, conventional cancer treatments add up to a vastly lucrative business, involving the chemical, pharmaceutical and nuclear industries. An all-

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embracing effective programme for prevention would reduce cancer incidence globally, making treatment unnecessary, and is therefore ignored by all, including the medical profession.

In view of all this, prevention must be a matter of self-help, operating on grassroots level. To some extent this is already happening. NGOs and voluntary organisations do offer guidelines, but their voices must be strengthened. Erasmus of Rotterdam declared around 1530 that prevention is better than cure; the WHO echoed his idea this year; it's time to put it into practice and make prevention an integral part of cancer medicine.

What about Aftercare?

Looking back at my own cancer experience, it amazes me how the need for aftercare didn't even cross my mind at the end of my conventional treatment. But then – and I expect that happens to others too – just to hear that I was "all clear" flooded me with relief and all I wanted to do was to put the whole cancer experience behind me, including the major surgery, the extensive skin graft, the deep pain and the months-long uselessness of my legs. My kind and humane oncologist reinforced my wish by advising me to resume my life where I had left it off at the onset of the disease. He meant well but he couldn't have given me worse advice by directing me back to the life in which I had become ill, back to a stressful job, a substandard diet, moderate drinking, pretty heavy smoking and unresolved emotional problems: a perfect prescription for falling ill. He also betrayed his ignorance about the true nature of cancer, by believing that it was a thing, namely the tumour, and not a process involving the entire organism, so that unless the process was stopped, the removal of the tumour would not be enough to prevent a relapse.

Which is what happened to me: exactly a year later I had a massive recurrence, which sent me off in total despair to find another way. But, as I said before, that's another story.

In most British hospitals aftercare mainly consists in checking the condition of treated patients at regular intervals and giving varying amounts and kinds of advice. In the lead is the flagship of British oncology, the Royal Marsden Hospital in London and Sutton, Surrey, which provides a substantial online booklet, "After Treatment – A Guide for Cancer Patients". This contains a wide variety of practical advice, from resuming former activities to drying one's feet thoroughly after a bath, but when it comes to the all-important diet and lifestyle, the message is excessively cautious and in many instances downright wrong. It is as if the Marsden's dieticians had managed to ignore all the latest nutritional discoveries made by researchers the world over, or else had refused to grasp the nettle and spell out the essential dietary and lifestyle changes. So the advice is timid and vague, asking patients to reduce their intake of red and processed meats and of alcohol and to avoid sugary drinks and cut down on salt. All that is sensible and correct if addressed to a healthy person following what passes for a "normal" diet these days, but totally inadequate when it comes to re-building a body weakened by both the disease and the mostly debilitating treatment.

Other Resources

Again, it's the unofficial civil sector that leads the way in providing aftercare (besides helping patients with active disease). The Penny Brohn Cancer Care4, previously the Bristol Cancer Help Centre, runs a wide-ranging programme based on the Whole Person Approach, which covers the physical, psychological, emotional and spiritual aspects of coping with cancer. The London Haven5 and its branches in Hereford and Leeds specialize in helping women with breast cancer, also following a holistic model, and there are many other voluntary groups all over the country with similar aims, if fewer resources.

Yet all this isn't enough.

Just as with prevention, what is missing is an all-embracing, effective country-wide programme of aftercare, which – ironically enough – would also have prevention as its aim, namely the prevention of a recurrence. And at present I've been unable to find any trace of such a programme. Instead, I had the sobering experience of giving three informal seminars to a group of some 40 women who had been discharged from hospital after their cancer treatment without a word of advice on how to reshape their lives following their traumatic experiences. They were feisty, inquisitive women, willing to introduce changes provided that they made sense. So, interactively, we investigated the main areas of necessary reform, starting with diet, but in the original sense of the Greek word, *diaita*, meaning an entire way of life; we then went on to look at the all-important body-mind link and its decisive role in health and sickness, and ended with an analysis of relationships, the human network within which we live and whose quality strongly affects our quality of life for good or ill. It was an exciting journey. Every now and then someone in the group would demand why they hadn't been told about all these possibilities. That was one question I was unable to answer.

The material that I used with that group has now turned into a slim book, called "Cancer and After – How to Avoid a Recurrence". It's deliberately un-academic, written from my own experience both as former sufferer and as a psychotherapist working with cancer patients. I see it as a tiny, inadequate effort to fill a large gap in official cancer care, but in our present global predicament, as forecast by the WHO's cancer report, perhaps even tiny efforts are better than nothing.

More importantly, despite its alarming contents, the report also conveys one positive message, namely that the old hierarchical relationship between all-knowing doctor and ignorant, passive patient is on the way out and that we can – and must – take responsibility for our health and survival.

References

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Being of Good Character

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This short article summarises developments in the debate surrounding character education and its implications. The recently created Jubilee Centre for Character and Virtues brings together 30 academics in the Education Department of the University of Birmingham researching aspects of virtue ethics, running practical projects and considering social and educational aspects of this work. James is also chair of trustees of Character Scotland, of which David Lorimer is chief executive. See www.jubileecentre.ac.uk, www.character-scotland.org.uk and www.inspire-aspire.org.uk

Calls have been made recently for the renewal of public and private virtues, not least because of the serious scandals that have beset our banks, political system, as well as our health and social welfare provisions. The public appear to want people to be of good character, and so improve the quality of public life. And yet Britain today is a pluralistic society in which our values and virtues appear to be constantly changing and where children are exposed to a variety of perspectives on moral right and wrong. We seem to regard identifying with any set of virtues to be problematic and we often appear to lack any clear conception of what virtues are, which virtues are to be promoted, as well as knowledge of how to promote them.

This is why Tristram Hunt's urgent call for us to prioritise the teaching of 'character, moral purpose and the education of well-rounded individuals' together with academic attainment must be welcomed. But some will no doubt ask whether or not it is the job of a school to teach character? Should this not rather be the task of parents, or of society broadly defined? Hunt rightly raises the question of what is the purpose of contemporary schooling. Is it simply to prepare young people for a life of tests, or should it actually be to prepare them for the tests of life? The answer, of course, is that we have no choice in the matter. Through its very existence, every school already models a set of values to its students. It is far better that this process be a conscious one, rationally organised, so that it becomes possible to evaluate what the school is saying and doing and how it says and does it.

Character education is an umbrella term for all explicit and implicit teaching that helps a student develop positive values and virtues. It is about the acquisition and strengthening of virtues which sustain a well-rounded life and a thriving society. Schools should aim to develop confident and compassionate students who are