

REPAIRING THE WORLD ONCOLOGISTS NEEDED

Richard R. Love, M.D.
Scientific Director
The International Breast Cancer Research Foundation
Madison, Wisconsin
Professor of Internal Medicine
The Ohio State University Comprehensive Cancer Center
Columbus, Ohio

If you are like me – closer to retirement than mid-career – after years of coping with the tragedies of patients with cancer, you are being jolted by the occurrences of malignancies or other serious illnesses in close friends. In response, we might be inclined to reassess the rewards of whatever cancer work we do. There's a case to be made for what could be a radical change in at least some of what we do: We should find other ways to use our skills to "repair the world." A translation of the Hebrew phrase "tikkun olam," repairing the world, suggests social action and the pursuit of social justice. In particular, I urge considering some foreign service.

The global challenges of cancer are not a mystery: The case burden is growing rapidly. Beyond surgery when appropriate, few interventions are practical-that is, widely applicable-and inexpensive. Large differences in incidence/mortality ratios exist within and among countries. The costs of optimal treatments are great, and the financial resources available in most countries are very limited.

Additionally, attempts to address these challenges constructively must be made in the face of extensive social injustice, e.g. political terrorism and lawlessness, cultural extremism, racism, class discrimination, gender discrimination, market and religious terrorism, and poverty. In these daunting circumstances can we actually "repair the (cancer) world"?

I submit that practicing oncologists have medical and teaching skills and expertise with which much can be done. At the individual patient care level, here is what I have seen on many visits in Asia and Africa:

**Basic history-taking and physical examination skills are undervalued and poorly exercised.* Present me five patients who have "limited stage" breast cancer in a resource-poor country, and I will find one who has suspicious cervical or pathological supraclavicular adenopathy. At the bedside of a young Asian woman, I was asked to help decide about the operability of her clinical stage III breast cancer. Beginning a rapid evaluation, I found tachypnea and tachycardia, subsequently demonstrated to be due to pleural and pericardial metastatic disease. Indeed, I have often found evaluations

for metastatic cancer halted prematurely because radiologic imaging of the skeleton or brain could not be accomplished, when patients' verbal reports strongly suggested that such procedures were unlikely to be revealing.

**The limits and appropriate use of our therapies are often unrecognized.* In Nigeria, I saw a terminally ill hypoxic patient with confluent pulmonary metastases from breast cancer who was considered to have a life expectancy of 6-18 months. A colleague of mine in India asked me to see a woman with locally advanced breast cancer. He had consulted by email with specialists in the United States and had been giving her neoadjuvant chemotherapy. The patient entered the examination room carrying her breast which had a small basketball-sized but operable tumor. Clearly, neoadjuvant treatment had little to offer this unfortunate woman.

**Basic aspects of supportive care are omitted.* A nurse colleague patient and I were visiting a frightened Tagalog-speaking woman awaiting surgery for breast cancer in the Philippines. To the astonishment of the Philippine patient, my nurse, a breast cancer survivor herself, unbuttoned her blouse showing her mastectomy scar and held out her fingers saying "8 years". The Philippine woman beamed, saying "same to you", visibly reassured by the support. In overwhelmed medical systems, such gestures take on enormous importance.

So there is a need to exercise and teach basic oncologic medicine in resource-poor countries. Additionally there are opportunities for developing very useful data in public health oncology-research information on practical, easily reproducible, inexpensive interventions with no or limited toxicity.

In the post 9/11 terrorist, Israeli/Palestinian Afghan, and Iraqi conflicts and tensions, just showing up in foreign countries sends a positive message. A colleague in Indonesia who cries when I come to Jakarta notes, "Indonesians believe that all Americans hate them". My closest friend in Vietnam spent 15 years as a field surgeon in the North Vietnamese underground hospital in the demilitarized zone during the Vietnamese/American war-a hero of the war-to-peace transition who serves as a model for comparable situations today.

A voice of the 1960s, Arlo Guthrie once said that the job of a human being is to link up to the next generation. My internationalist view is that one of the best things I can do to make the world a better place for my children is to increase contacts with our fellow non-American travelers on this planet. As I see it, trying to repair the world is my job as a global citizen. From my experiences abroad, I complain less (I hope!), I am more thankful for all I have and more joyful from the giving. Think about it: just open your search engines (mirror first, computer second).

-Richard R. Love, MD