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EU Affairs

National Discrepancies in Cancer Treatment

The European Union should attach greater importance and recognition to medical oncology. That way specialists can improve their performance in multidisciplinary teams, move easily to areas where there is a shortage of suitably trained staff and help cancer patients receive the treatment they require.

This call from the European Society for Medical Oncology (ESMO) came with the publication of its new survey on the education of, and access to, cancer specialists. This revealed that the degree of care which people suffering from cancer - Europe's second biggest killer with 1.7 million deaths a year - can expect to receive varies considerably depending on where they live.

In some countries, the costs to patients of a second medical opinion are reimbursed, in others not. Some health systems require oncologists to remain abreast of latest scientific and medical developments, in others the facilities to allow this do not exist.

The status of multidisciplinary teams, which include surgical, radiation and medical oncologists and are considered crucial in producing the best outcomes for patients, varies from country to country as does the teaching of palliative care.

Dr Roberto Labianca, who chaired the task force that produced the Medical Oncology Status in Europe Survey III, said it highlighted the need for action to tackle the inequalities that exist across Europe. "When you are fighting for your life you want to know you are getting the best available care. This can be a stressful enough time for the patient and their families – patients should have specialists in reach or get reimbursed if they need to travel across EU borders for that care," he said.

The structure of multidisciplinary teams is regulated in Belgium and the Czech Republic, but not in Sweden and Poland. Palliative care is recognised as a separate speciality in just a handful of countries, ranging from the United Kingdom and Poland to Albania and Moldova, accounting for a shortage of specialists across Europe.

However, it now features more prominently on university curricula. It is included in undergraduate teaching in just over half (53%) the countries surveyed, compared to 28% in the previous survey two years ago.

Further discrepancies exist in the extent to which cancer specialists are expected to be aware of the advances made in their field to help them in their diagnosis and treatment of patients. In France and Ireland, for instance, it is required, while in other countries access to continuous medical education may not exist.

Overall, just 30% of countries require medical students to continue their education after they graduate in order to work in a private institution and only 22.5% if they work in the public sector.

When the results of the survey were presented at a conference in Brussels in October, Dr Adamos Adamou, a Greek

member of the European Parliament and medical oncologist, told the audience they confirmed the inequality in cancer treatment across Europe. He said that the report "brings us a step closer towards defining what a fair level of treatment between nations should look like – something that will be welcomed by cancer patients and their families". He added: "A defined role for medical oncologists is vital in this context."

The EU has made a decisive step in a different area which will impact on all medical administrations. After six years' tough negotiations, pan-European legislation has been finally agreed which will ensure that temporary employees will enjoy the same pay and conditions as equivalent full-time staff.

This will apply not only to salaries, holidays, rest periods and parental leave, but also access to facilities such as canteens, child care and trans

port services and to training opportunities.

The equal rights for some three million temporary workers in Europe must be in place within three years at the latest, but some governments are certain to apply them earlier. In principle, this equality of treatment will apply from the first day of employment and countries such as France and Spain are planning to do so.

However, it is possible for an agreement between employers' and trade unionists' representatives to delay its introduction. That is the case with the UK where it will only apply after 12 weeks.

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