

Column for Manila Bulletin
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March 27, 2012

Of Trees and Forest

Free Medicines for Cancer Patients

MANILA, Philippines — Cancer is the third leading cause of death in the Philippines today. It is outranked only by communicable and cardiovascular diseases, claiming one death for every two new cases within a year, while cancer, which afflicts 189 per 100,000, kills four Filipinos every hour or 103 every day.

The incidence and mortality rate of cancer in the Philippines has been increasing in the past three decades. This trend is expected to continue if organized and sustained specialized care and preventive measures against cancer are not initiated.

Cancer is not communicable like tuberculosis, but it's dreaded because it is very expensive to treat. Tuberculosis, once a very common disease in the Philippines, is currently treated with a combination of three or four types of medicines, which are not as expensive as the medicines for cancer.

The chemotherapy for cancer patients may cost about P100,000 per session. The cost of treatment by radiation, or even examination by MRI, is burdensome even to middle-income patients, and often beyond the reach of the poor.

This is why cancer has gained a reputation as the disease for the rich. The painful truth is that it can afflict anybody, regardless of economic status.

I had known of people, some personally close to me, who have lost loved ones to cancer after a long and costly treatment, including frequent trips in and out of hospitals. In the end, family resources are drained. The only consolation is if the patient lives, which is not often the case, especially if the disease is diagnosed in later stages.

I have proposed earlier that the government shoulder the cost of medicines for the treatment of cancer. It's not easy because of the need to allocate resources to various public services as well as for capital expenditures. But, with the improving fiscal condition, including a narrowing deficit and growing tax revenues, I believe the government is in a good position to adopt and implement this proposal.

The government can utilize the Philippine International Trading Corp. (PITC) to import anti-cancer drugs at much lower prices than private importers.

We may not be able to save all cancer patients, especially those in terminal stages, but helping them cope with the financial burden will be a significant relief from their families' sufferings.

In the area of structural reform, I have filed Senate Bill No. 3141, which seeks to create a National Cancer Institute of the Philippines, which will be mainly responsible for the centralization of planning, programs, and activities related to the prevention, screening, detection, diagnosis, and treatment of cancer

The centralization will apply as well to the conduct of research related to malignant diseases, the assignment or distribution of such research activities and the dissemination or application of beneficial research results.

As provided in the bill, centralization coupled with the establishment of a network of regional treatment and research centers will prevent duplication of efforts, reduce costs,

provide a comprehensive view of the cancer-affected sectors, and enable a more appropriate assignment of priorities on programs, activities, and fund allocation.

Moreover, the establishment of regional cancer centers presents in concrete form the government's intention to make specialized health services more accessible to people outside highly urbanized areas such as Metro Manila and the cities of Cebu and Davao where cancer treatment is traditionally available.

If enacted into a law and properly implemented, the various regional cancer centers, which will be manned by highly competent staff and equipped with appropriate facilities, will raise the availability of cancer treatment, reducing the gap between the supply of and demand for these services, leading to reduced costs to patients.

Eventually, the program may even contribute to the growth of the tourism industry, specifically in the area of medical tourism.

The regional cancer centers may attract patients from other countries, increase the inflow of medical workers from developing countries who will pay for training in the centers, expand the local sector that provides hospice care for cancer patients, raise the supply of exportable medical/health workers who are skilled in cancer treatment, raise incomes from the medical sector, and generate more revenues to finance the continuing modernization of the country's cancer-related services and facilities.

(Please send comments/feedback to: mbv_secretariat@yahoo.com)

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