

Guest editorial

Cancer doesn't discriminate: neither should we

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One in three people in the UK will have a cancer diagnosis at some time in their lives. As a reader of this guest editorial, you may be someone with direct experience of the disease but regardless of our individual experience, more or less all of us know someone with cancer or who is a cancer survivor. Despite its prevalence and the enormous advances in detection and treatment, cancer remains stigmatised. It's frightening, it's something we would rather not discuss and whatever our connection with the disease, it forces us to reflect upon our own mortality.

Cancer doesn't discriminate: it is a disease that can and does affect us all regardless of social status, race, gender, religion and sexuality. However, access to care and treatment is a different matter. It is acknowledged that despite the efforts of central government and cancer agencies, if you are black or a member of another minority ethnic group you are more likely to die from preventable and treatable cancers than the mainstream UK population (Cancer Black Care, 2004). This is clearly an unacceptable situation and other minority groups also have issues in relation to access to services and care. For example, women in prison have difficulty in accessing breast screening; people who identify as lesbian, gay, bisexual and transgender are often met with ignorance and misunderstanding when accessing cancer services; people with learning disabilities and others who have problems with processing information may not have their needs met in busy clinics where time is at a premium.

Access to specialist cancer care in world-leading academic and research centres, such as The Royal Marsden Hospital in the UK, generally relies on the individual patient being referred by a secondary or primary care provider. If you cannot read, speak or understand English, if you don't have internet access with which to do your 'research' and if you don't feel confident enough to challenge a healthcare professional, you may not gain access to specialist cancer services, and especially to potentially life-enhancing clinical trials, in the same way as an assertive, articulate, educated, middle-class person. Apart from raising awareness, there has previously been little that specialist cancer centres can do about the referral

pathway, as we all rely on our primary and secondary care colleagues as gatekeepers who refer patients to us. However, in the new world of patient choice in the NHS, it may be possible to establish alternative routes to specialist cancer services by providing access direct from the community through rapid diagnostic and assessment centres in high street locations. Staffed by highly qualified and experienced cancer professionals who rotate between the cancer centre and the community-based centres, these facilities could radically change access. The role of the cancer nurse practitioner as a first-line carer, diagnostician, health educator, clinical leader and referrer into the cancer centre is important; so is the expert back-up required from diagnostic radiographers and radiologists, surgeons and physicians and leading-edge pathologists. These are not the sort of centres which it is envisaged could be established by cancer-inexperienced private providers, but they should be part of major academic centres of excellence.

Once in a specialist cancer centre, there are other challenges for patients, carers and healthcare professionals in ensuring that everyone receives optimal and truly individualised holistic care. Whether it is patient information in our own language, access to culturally appropriate nutrition, the proper acceptance of a same-sex partner as our next-of-kin or our spiritual needs, healthcare professionals and clinical leaders have a responsibility to ensure equity and to meet the varied needs of the people we are employed to serve. We also have a responsibility to develop best practice to meet the needs of all minority groups through high-quality research programmes.

Cancer is an issue for us all. We *all* have the right to receive optimal care.

REFERENCE

www.cancerblackcare.org.uk

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