

Politics is bad for our health

Jonathan Waxman

Cancer survival rates in the NHS are excellent. Without costly meddling they could be even better

A new piece of research linking survival rates from cancer with investment levels in treatment has shown that the NHS provides excellent value for money. Indeed, between 1979 and 2006, of the 10 countries assessed (which also included Germany, the US, France and Japan), survival rates in England and Wales were found to have improved the most, making this the most cost-efficient health service in reducing cancer mortality.

So how come the health service has done so well, when all we seem to hear is bad news about cancer treatment? Why, when our politicians proclaim that the NHS is performing poorly, does the objective evidence suggest the opposite?

In my 35 years' working as a clinician I have treated all manner of cancer patients - many successfully and some, unfortunately, not. I have also been involved in media campaigns to modernise and improve treatment - some successful, others less so - and have just completed a collection of stories about cancer patients and their doctors to help people better understand the disease and its treatment.

There are two key reasons why the situation has improved: first, public health measures such as the anti-tobacco campaigns and attempts to discover cancers at an earlier, curable stage by screening "normal" populations. A fall in smoking rates from more than 40% of the population 25 years ago to about 20% now has had the consequence of a fall in larynx, lung and bladder cancer incidences. And although the value of screening is endlessly debated, there is no doubt that cervical screening has reduced death rates by 50%, while mortality in breast cancer

has fallen by about 30% in 15 years, with about 3,000 lives saved annually.

The messages about diet, though, are not getting through. We are getting fatter, and fat is bad for health. Increased obesity rates are particularly bad omens for future cancer rates.

The other reason for our improved cancer survival rates - and this is where it gets more political - is better treatment. In the 1950s, there was a tatty brigade of effective cancer drugs; now we possess a sparkling battalion, reinforced by amazing new treatments coming on stream all the time. In particular, molecular therapies that target the genetic changes of the cancer cell can prolong the lives of patients with very advanced cancer. In bowel cancer, where 10 years ago the survival of a patient with metastatic disease was typically nine months, we can now extend life expectancy to around two and a half years - and that life extension is of good quality, too.

But what could we doctors have that would make patients' lives better? Simply, the ability to provide the modern drugs needed to extend their lives. In this we are limited by the regulatory processes that prevent effective treatment being given. For many clinicians, the most significant block to further extending the lives of patients is the machiavellian machinations of Nice, the National Institute of Clinical Excellence.

These can lead to the proscription of effective treatment on the basis of a false calculation of their cost. Nice does this with purple smoke and broken mirrors, conjuring tricks with pricing that are not recognised by clinicians as being anything near the real cost of treatment. Politics controls prescriptions.

For instance, a new drug has been developed for prostate cancer that is available on the continent and in Amer-

ica, but which we cannot prescribe here. The drug extends life. Why can't we give it? Cost, allegedly. But the cost is not that great in the context of the significant life extension this drug offers.

I was struck by the hypocrisy of one of the directors of Nice recently who, at a public meeting, was asked what he would do if he or one of his family had advanced kidney cancer and needed a drug that banned by Nice. His answer was that he would pay for it himself.

The reality is we spend very little on cancer drugs - far, far less than, say, laxatives. Our politicians tell us we can't afford new cancer treatments, yet spending just 9.5% of our GDP on health is way down the list in the context of the industrialised world. That 9.5% includes private health spend, and compares with the 17% cost in the US and 14.5% in France.

The trouble is, politics interferes with the treatment of our patients. And the cost of politics to the NHS is enormous. It is estimated that the annual cost of running primary care trusts is about £5bn - one big management cost. And the changes to funding being introduced in the guise of the "GP consortia" looks, to most of us, like being an even bigger disaster than the PCTs - a triumph of politics over intelligent consensus building.

Far be it for a doctor to suggest that the money could be better used in funding drugs for critical illnesses. Sadly, politicians have an interest in decrying advances in cancer. Bad news for the health is good news for ministers who, whipping their horses called Dogma and Delirium, proclaim a rationale for their change-at-all-cost campaigns.

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