Kerala’s public policy crisis in fighting Cancer

By Abin Thomas, PhD Scholar Student, King’s India Institute, London

The Indian state of Kerala’s proneness to Cancer has been a concern for public health sector. A renewed anxiety on the matter has been on the rise since 2014 January 27. Shri. Oommen Chandy, the Chief Minister of Kerala, informed the public that the state of Kerala has the highest number of cancer patients all over India. I In Kerala, out of every one lakh males, 133 persons suffer from the disease while in the case of females, it is 123 for every one lakh females. At national level, according to the former Union Minister for Health and Family Welfare Ghulam Nabi Azad there were 2,934,314 cases in 2013 based on the study of the Indian Council of Medical Research, ICMR. II

To give a historical picture of cancer spread in the state over the last 33 years from its inception, the Regional Cancer Centre in Trivandrum registered the trends within cancer treatment and management in the Hospital Based Cancer Registry and its Consolidated Report 1982-2011. III A general trend in Cancer care based on the Consolidated Report shows the graphical representation of annual number of patient’s attendance at the RCC every year till 2011. IV

Recently, the interest in cancer treatment and the related issues got international attention with the Lancet Oncology Commission Report in April which voiced its concern over India’s increasing cancer cases. When the Commission discussed India’s precarious case of cancer spread, the report considered the population of the country as one of the major deciding factors. V For the Commission, cancer is not only a medical problem, but also a state of affairs inviting state attention into the welfare aspects of the citizens.
It is against this background that one needs to think about the requirement of a coherent cancer care policy in the state. Historically, the National Cancer Control Programme was launched in 1975-76 with an aim to equip the cancer hospitals. As part of this programme, the Regional Cancer Centre (RCC) in Thiruvananthapuram, started out as an expansion of the Radiation Therapy / Radiotherapy Department of Medical College in 1981. Though the state has a draft health policy in place in 2013, it has not developed a cancer specific document. It discusses on cancer care (Section 2.6). The discussion focussed on early detection and prevention of cancer as crucial for the health policy of the state. In the meantime, the draft health policy did not touched on the issue of cost of cancer care in the state. The government spending on health is very crucial for the cancer care and its treatment. The Lancet Oncology Commission study series on cancer in India showed the public expenditure on health at national level, ‘in 2011, India spent an estimated 3.9% of its gross domestic product (GDP) on health care (both public and private funding)’ (Lancet Oncol 2014 (15): e224). Kerala has spent 330-507 rupees per person on health (Lancet Oncol 2014 (15): e223). However, an overarching approach towards cancer care is not viable. Because, the case of cancer treatment and its screening cannot be embedded in a broader non-communicable disease programme. The Lancet study emphasised this factor when it flagged the complex and expensive nature of cancer treatment. The study called for specific mechanisms to be developed (Lancet Oncol 2014 (15): e225). India does not have any organised national cancer screening programmes although the country started the National Cancer Control Programme. To be precise, the state requires a policy which is dedicated to cancer care. The Lancet study reminds policy thinker ‘to account for disease burden, extent of income distribution, accessibility of public facilities, supply of health-care services (eg, patient to physician ratio), financial coping strategies, and standards of living’ as part of a better policy for cancer in India. (Lancet Oncol 2014 (15): e225).

**Government intervention**

The government schemes to support cancer patients are numerous which focus on the treatment of cancer. Most important among these programmes is the ‘Cancer Suraksha Scheme’ of Government of Kerala. Under this scheme, cancer patients up to the age of 18 years in the BPL/APL groups can avail totally free treatment. Another programme launched by the RCC is called ‘Cancer Care for Life’. It is a programme since 1986 to meet expenses related to cancer treatment for all those who join the scheme, up to a prescribed limit. Another scheme, ‘Financial aid from the Society for the Poor’ by Government of Kerala, gives cancer patients from low socio-economic backgrounds Rs.10,000/- for their treatment. The ‘Prime Minister's National Relief Fund’ (PMNRF) gives patients belonging to low socio-economic status a financial aid of maximum Rs.2,00,000. Likewise, the Rashtriya Arogya Nidhi (RAN) under Health Minister’s Cancer Patient Fund, the Chief Minister and Health Ministers Fund are other possible government funds for cancer treatment. Under CHIS PLUS, the patient who belongs to BPL category is eligible for a maximum of Rs.70,000/- cashless treatment. Also, all BPL patients can a pension of Rs. 200/- per month on a lifelong basis. Among all these schemes, Kerala could not start a cancer screening programme modelling State of Tamil Nadu on a large scale, though the Early Cancer Detection Centres (ECDC) are present in the state. The cancer management is superficial where there is no balanced care towards prevention and screening measures. It is only in Tamil Nadu, where there is a cancer screening programme on a large-scale. It is ‘being implemented for the detection of cervical and breast cancer through cost-effective methods’ (Lancet Oncol 2014 (15): 228). The available facilities for screening cancer in Kerala are in trouble. For example,
though the Early Cancer Detection Centre at Ernakulam has since its inception in 1984 has screened more than 80,000 people. Further expansion of such centres is hampered by absence of cytotechnologists to man the laboratories (Nair, M. K.).

The sole hope for poor cancer patients in the state is the RCC. The draft health policy acknowledged the fact that ‘treatment in Government sector is limited to Regional Cancer Centres at Thiruvananthapuram and Malabar Cancer Centre at Thalassery, Kannur’ (Draft Health Policy 2013: 10). The other government hospital facilities in cancer care include radiotherapy in 5 Government Medical Colleges and GH Ernakulam. The remaining 7 districts have to resort to the said resources for low cost cancer treatment. The policy proposed to ‘establish early Cancer detection and follow of Chemotherapy centres in all the districts attached to district head quarters hospitals’. On 4th November 2013, The Hindu reported, the ailing treatment facilities for cancer patients in the government hospitals in the state. The news report continues, ‘because of the huge treatment costs, many patients rely on government hospitals. Private hospitals with full-fledged facilities have come up in cities such as Thiruvananthapuram, Kochi and Kozhikode. The linear accelerator therapy in a private hospital could cost about Rs. 1.6 lakh, while the RCC charges Rs. 75,000. In the government sector, such state-of-the-art treatment is free to poor patients.’

**Focus on Cancer Treatment than prevention and care**

To have an idea about cost of cancer treatment and hospital management is important to tackle the policy anomalies so far. A *Business Today* article estimated a 100-bed cancer speciality hospital would need an investment of up to Rs 100 crore, excluding the cost of land in most cases. Also the price of some cancer treatment drugs, is unimaginably expensive for the poor. For example, some breast cancer patients, need *Herceptin* or *Herclon*, made by global major Roche, which cost around Rs 75,000 for a course. A patient could need up to 17 courses to complete the treatment. According to the same article, ‘a drug called *Avastin* - used to treat colon, kidney, lung and gall bladder cancer - can add around Rs 8 lakh to a patient’s bill at around Rs 1 lakh a cycle’ (*Business Today*). To have more clarity, one research article on the cost of treatment for cancer in public hospitals in India conducted in 2013 found out that ‘Cancer treatment is quite expensive in all hospitals and for almost 41% of the patients treatment cost was unaffordable. Treatment includes surgery, radiotherapy, chemotherapy, palliative care, follow up care etc. About 31% of the cancer patients have spent more than Rs. 50,000 for investigations and treatment during the last one year’ (Nair, K. S., Raj, S., Tiwari, V. K., Piang, L. K., 2013: 5051). The study specially mentioned the case of RCC in Thiruvananthapuram where ‘treatment expenditure was unaffordable to more than 70% of patients. However, in Bikaner in the state of Rajasthan more than half of the cancer patients agreed that it was affordable to them because charges were low as per the policy of subsidised treatment of Government of Rajasthan’. This suggests that something have gone wrong with government policy on cancer in Kerala, especially with its prestigious institution in cancer care. The study pointed out at the weak awareness among the respondents about various insurance programmes by the government. Given all the schemes
and programmes mentioned before, this study calls for an immediate attention to Kerala’s health priority towards cancer.

Hence, the affordability of cancer care and treatment should be another aim of the cancer policy. The delivery of treatment in cancer has hit a new low without adequate academic support too. For example, *The Hindu*’s report on cancer treatment continued ‘Doctors with a postgraduate degree in radiation oncology are very few. Till recently, only the Thiruvananthapuram medical college had a course in the discipline, with three seats. The Diploma in Medical Radiation Technology course had two seats.’ Diploma in Radio-Diagnosis has 83 national level seats, while Kerala has 9 of it according to the Medical Council of India website. 23 seats are available for diploma in radio therapy, where Amrita School of Medicine in Cochin has the one seat in Kerala. While there are 55 DM Radiology seats overall India, Kerala has four of it (3 at RCC, 1 at Amrita). Only, 4 seats are available for DM Paediatric Oncology, where 2 are at RCC. Also, there is only one seat for M. Ch in Gynaecological Oncology all over the country. With an estimated 600,000–700,000 deaths due to cancer in 2012 (Lancet Oncol 2014 (15): e205–12) India and Kerala cannot rely on this weak academic infrastructure regarding cancer care.

**Capacity issue**

The government has to understand that basic research and academic training will deliver better brains to treat the ailing cancer cases in the state. Generally, the present public health system in Kerala does not look good in terms of physician and nurse density too. The physician and nurse density of the state is still below and cannot be compared to developed countries *(The Kerala Planning Commission’s draft report for the Vision 2030, p. 151)*. Also, the state recently showed an unusual trend in physician density. Kerala has the ‘lowest doctor density in the country with some of its cities having just 0.2 doctors for every 1,000 people, says a study conducted by the healthcare research firm IMS consulting’ which came in *The Economic Times*. While the study saw doctor ratio per 1,000 population at 1.1 in 120 cities surveyed by IMS (which covered nearly three lakh doctors), globally the same is two doctors per thousand people. Kerala’s different cities had the following doctor density: Kochi 1.04, Kozhikode 1.26, Thrissur 0.48, Malappuram 0.08, Thiruvananthapuram 1.58, Kannur 0.17, Kollam 0.57, Kottayam 0.63, and Alappuzha 0.65.

The realistic knowledge about the structural and institutional issues of the present health system has to be located to conceive a better policy dedicated to cancer and it needs to be done by reconsidering the developmental indices of the state development so far. Slowly, the government has started responding to this situation. The Chief Minister announced that a new cancer institute would be dedicated in the campus of the Kochi Medical College Hospital *(27th January 2014, NDTV)* However, given the context, the problem of Cancer is needs a revamp at policy level.

At the same time, one has to look at the age-factor in Kerala’s population. The state is moving towards an aging population. The 60th round National Sample Survey on the *Morbidity, Health Care and the Condition of the Aged* in 2006 gives an indication of the relationship between ailing health condition of Kerala society with its high proportion of the
old age people. The survey says, ‘it may be noted that Kerala besides having the lowest infant mortality rate, was also far ahead of other states in achievements in the field of health care, as reflected by other indicators like birth rate, proportion of institutional births, life expectancy, etc. But since the state had a high proportion of aged people (60 years and above) with, as one might expect, high levels of morbidity, the overall morbidity levels of this state tend to be higher than those of other states. The proportion of the aged in Kerala (11.2 per cent) is found by the current survey to be much higher than that of the country as a whole (6.9 per cent)’ (National Sample Survey, 2006: 19). The high morbidity nature of the population with ageing nature is crucial in the spending on cancer care. The peculiar case of Kerala becomes important given The Lancet caution. For the health journal, ‘Population ageing is often assumed to be the main factor driving increases in cancer incidence, death rates, and healthcare costs’ (Lancet Oncol 2014 (15): e205). The article continues, ‘In India, despite the weakness of data in terms of population coverage, no evidence exists for a decrease in age-standardised cancer mortality rates, and most deaths occur in individuals younger than 70 years. These differences are only partly due to India having a relatively younger population compared with high-income countries’. At this consideration, Kerala has an ageing population exceeding national picture.

At the same time, in India statistics showed the high rate of cancer related to the use of Tobacco. 42.0% of all male cancer deaths at these ages were from tobacco-related cancers (Lancet 2012 (379): 1811). Although, a Division Bench of the Kerala High Court on July 12, 1999 banned smoking in public places across the state, a recent study conducted by National Drug Dependence Treatment Centre and the All India Institute of Medical Sciences shows Seventy-four per cent children in Kerala use tobacco (27th February, 2014, The Hindu). Smoking tobacco is not the only reason. ‘Unlike many other parts of the world, smokeless tobacco is very common in India. Tobacco or tobacco-containing products are chewed or sucked as a quid, applied to gums, or inhaled. The practice of keeping the quid in the mouth between the cheek and gum causes most cancers of the buccal mucosa, which is the most common mouth cancer in India’ according to the Lancet (Lancet Oncol 2014 (15): 227) Also, the research paper projected the tobacco-related mortality in India to rise to 1.5 million people by 2020, ‘which represents 13.3% of total mortality and an increase of 320% within 22 years’ (Lancet Oncol 2014 (15): 228). It is against this appalling crisis, Kerala’s young population is inching towards dying every day with the consumption of tobacco-related products. While the draft health policy of the state aims to establish tobacco free homes, schools and workplaces, an imminent comprehensive cancer care policy is required with the changing epidemiological demography of the state.

References


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