



Making rights a reality

→ Kathy Redmond ■ EDITOR

That all cancer patients should have the right to quality care is something we can all agree on. But there have been few attempts to define exactly what this means. After a lengthy consultation exercise, two influential oncology organisations, the American Society of Clinical Oncology and the European Society for Medical Oncology, have now issued a consensus statement on what constitutes quality care in cancer (p48). This document spells out the rights that should be guaranteed to every cancer patient, such as the right to be treated with dignity, the right to a second opinion, the right to receive care from a multidisciplinary team, and rights to palliative care and rehabilitation services. The statement offers an authoritative marker against which every cancer service can be judged, and it raises questions about why rights that are considered fundamental are still being flouted by so many health systems, hospitals and doctors, and what we can do to turn this around.

The right to a second opinion is a case in point. Access to a second opinion is important because doctors can make mistakes. A second doctor could see something that the first has missed, or know something the first did not. Second opinions are particularly important in rare cancers, borderline cases, and cancers of unknown origin. They can help

ensure that the cancer is diagnosed and staged correctly and the patient receives optimal treatment and follow-up.

However, a poll of patients at the 2005 masterclass of the European Cancer Patient Coalition showed that few European cancer patients have easy access to a second opinion paid for by their public health-care system – 50% indicated that in theory there is access, but in practice bureaucracy hinders the process. In some countries, patients find it almost impossible to get hold of their pathology reports and imaging studies, which they need if they are to get a second opinion. Many health-care systems are set up in a way that makes it very hard to see a second doctor on a reimbursed basis.

Personal issues also play a role. Where second opinions are not actively encouraged, it can be very difficult to ask for one. Some patients worry about offending their doctor; others are concerned about having to build up a relationship with a new team of carers if they change health-care institution.

Why are cancer patients still being denied rights that most of us believe to be fundamental? What can be done to narrow the gap between our aspirations and reality? *CancerWorld* will be seeking answers to these questions through an e-survey sent to all our readers in September. We welcome all contributions. If you would like to take part in this survey, please write to me at editor@esoncology.org.