

# Hippocrates Would Be Turning in His Grave

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In a recent survey, 70 per cent of Canadian medical oncologists admitted they were not giving ideal treatment to patients with advanced colorectal cancer due to lack of public funding or private insurance<sup>1</sup>.

Sadly however, they are not standing up as a group and advocating publicly for access to the best treatment. This, in contrast to their gynecologic oncology colleagues ([www.g-o-c.org](http://www.g-o-c.org)), their radiation oncology colleagues, or their American counterparts.<sup>2</sup>

It is in their best self interest to advocate publicly for greater access. By doing so they will produce improved treatment results and their perceived value as professionals will be enhanced.

Instead of advocating, their association surveyed them to see what value they place on human life vs. costs of new drugs. Hippocrates would be turning over in his grave if he saw the survey questions.

The physician's first duty is to the patient. In the privacy of the examining room, a patient being advised of treatment options has every right to think that the doctor is giving the best treatment advice. The patient must be confident, in a time of such distress and suffering, that the sacred trust between patient and doctor is being honoured.

The law reinforces this 5,000 year old dictum. Physicians are obliged to describe to their patients ALL therapies from which they may benefit. By not doing so, oncologists expose themselves to lawsuits (failure to obtain fully informed consent prior to instituting treatment<sup>3</sup>). The Royal College of Physicians and Surgeons of Canada training guidelines<sup>4</sup> explicitly indicate they should have "knowledge of the law as it applies to ethical decision making in medicine particularly law on consent". It seems that may not be happening.

But there is a second duty to the public. The document continues: "As health advocates, physicians [should] responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations."

Canadian medical oncologists, individually, are among the most compassionate of physicians, spending an inordinate amount of valuable time advocating for their individual patients. However, as a group, they have failed to advocate openly for equitable access to care for all their patients. Colleagues, speak out!

1. Chan KK, Berry SR, Straus S, et al: Canadian medical oncologists' practice and perception on accessing new drugs for patients with metastatic colorectal cancer: A national survey. *J Clin Oncol*, May 20, 2008; Vol 26 (suppl; abstract 6600)
2. J.S. Berek: Editorial: The Challenge in Providing Equal Access to Care: *ASCO News and Forum*, July, 2008.
3. Osbourne, K: Duty of a Physician to Disclose Cancer Treatment Alternatives. *Cancer Advocacy Coalition of Canada Report Card 2005*, vol.8; p 40-42.
4. Royal College of Physicians and Surgeons of Canada, Accreditation Committee, Position Paper on Biomedical Ethics. May, 2008

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