

Global Cancer Disparities and the Need for New Initiatives

Virginia T. LeBaron, PhD, ACNP-BC, AOCN®, ACHPN, FAANP

LeBaron is an assistant professor and Roberts Scholar in the School of Nursing at the University of Virginia in Charlottesville.

No financial relationships to disclose.

LeBaron can be reached at vlebaron@virginia.edu, with copy to editor at ONFEditor@ons.org.

Key words: cancer care; global cancer disparities; low- and middle-income countries; nursing

ONF, 43(1), 118–120.

doi: 10.1188/16.ONF.118-120

The field of oncology is evolving at breakneck speed. Keeping up with the latest research findings, clinical best practices, and new chemotherapy agents is challenging, even with the help of the Internet. These oncologic advances, however, are far from uniformly available, and disturbing global disparities persist. In much of the world, a diagnosis of cancer remains a death sentence, and too many patients struggle to obtain access to screening, treatment, and basic symptom management (Knaul et al., 2012). The harsh reality is that patients' chances of dying from cancer depends largely on where they live. For example, about 90% of cervical cancer deaths—a highly preventable cancer—occur in developing regions of the world (International Agency for Research on Cancer & World Health Organization, 2012). About 27% of cervical cancer deaths occur in India alone (Jemal et al., 2011).

Millions of patients with cancer in low- and middle-income countries (LMICs) are unable to access basic pain relief, such as morphine. This unnecessary suffering is a public health crisis that is increasingly viewed as a violation of human rights and a call to action for social justice (Brennan, Carr, & Cousins, 2007; Cherny, Cleary, Scholten, Radbruch, & Torode, 2013; Human Rights Watch, 2011).

Another harsh reality is that nurses who are expected to provide cancer care in the majority

of the world rarely receive the necessary training or have access to the resources available to their Western counterparts. Nurses who practice in many settings within LMICs cope with a staggering volume of desperately ill patients, minimal staffing, lack of supplies and personal protective equipment, cultural stigma and misunderstandings about their work as nurses, and power and gender inequities that further complicate their roles (LeBaron, Beck, Black, & Palat, 2014; Livingston et al., 2013).

Global View of Cancer

A traditional global health paradigm views noncommunicable diseases (NCDs), such as cancer and heart disease, as the burden of the Western world, and infectious diseases, such as malaria and tuberculosis, as the focus of clinical initiatives and research in LMICs. This outdated paradigm no longer fits, given the world's rapidly aging population (United Nations Department of Economic and Social Affairs, 2002) and people around the world adopting a developed-country lifestyle, characterized by unhealthy diets, tobacco use, and lack of exercise. In the coming decades, LMICs will not only continue to battle infectious diseases that have yet to be eradicated, but also will face a looming NCD epidemic of their own (Beaglehole et al., 2011; Remais, Zeng, Li, Tian, & Engelgau,