

International Cancer Care: What Is the Role of Oncology Nursing?

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Comprehensive cancer care continues to improve in the United States, but many developing countries carry a high cancer burden. With limited resources, nurses in such countries often are unable to improve cancer detection and treatment or relieve patient suffering. The Oncology Nursing Society has developed collaborative relationships with many international organizations to educate nurses around the world. Global partnerships have the potential to improve cancer care internationally and encourage more oncology nurses to use their expertise and become "citizens of the world."

To commemorate the centennial anniversary of Florence Nightingale's death, 2010 has been declared the International Year of the Nurse. Remembering Nightingale, the founder of modern nursing, inspired a grassroots movement, a local and global initiative promoted by nurses and concerned citizens committed to health. The Nightingale Initiative for Global Health (NIGH), 2009 aims to increase global awareness of health and empower nurses to work toward a healthy world by 2020 (www.nightingaledeclaration.net). Within the eight main goals of the NIGH are two specific goals with relevance to oncology nurses and the Oncology Nursing Society (ONS).

- Combat communicable and noncommunicable diseases worldwide.
- Build partnerships for development.

With the growing interest in global health, nurses are working more with international partners to promote health and reduce disparities in health care locally, nationally, and internationally. Additionally, recent catastrophic events, such as the January 2010 earthquake in Haiti, have increased interest and participation in service trips to developing countries to provide needed services and education. Responsiveness to natural disasters also has increased awareness of global conditions and healthcare disparities, highlighting a timely opportunity to broaden healthcare initiatives for other global health issues, including cancer care.

Cancer Burden Is Higher in Developing Countries

Although interventions to prevent, detect, treat, and control cancer are evolving rapidly in the United States, comprehensive cancer care lags far behind in developing countries. In such settings, the priorities for resource allocation often include important programs such as the control of communicable diseases (e.g., malaria, tuberculosis) and the promotion of sanitation and clean water. As infectious diseases are controlled better, degenerative and age-related conditions (e.g., cancer, heart disease) are becoming the most common causes of death in developing countries.

In settings with limited resources, healthcare systems often are underdeveloped and lack the funding, infrastructure, and governmental support to promote early detection and treatment of cancer. Unfortunately, the burden of cancer in developing countries often is higher than in more developed countries. For example, the incidence of invasive cervical cancer in developing countries is four times higher than in North America and Western Europe (WHO/ICO Informa-

tion Centre on HPV and Cervical Cancer, 2007). Additionally, cervical cancer in less developed countries accounts for 85% of the global burden of the disease (GLOBOCAN, 2008). Even more devastating, invasive cervical cancer is the most common cause of premature death in women in such countries (Yang, Bray, Parkin, Sellors, & Zhang, 2004).

Human papillomavirus (HPV) is present in 90%–95% of cervical cancer cases (Bosch et al., 1995). Yet the vaccination for HPV to prevent the development of cervical dysplasia and invasive cancer (Merck and GlaxoSmithKline) is very expensive, costing about \$360 wholesale for the recommended three doses (Medscape, 2007). The current pricing structure makes it unaffordable for women in developing countries who carry a disproportionate burden of the disease.

Breast cancer provides another example of the changing health priorities in developing countries. The incidence of breast cancer is rising in the developing world (Coughlin & Ekwueme, 2009; Igene, 2008), and most women present with advanced disease, when treatment is less likely to be curative (Jones, 1999). Also, fewer resources such as chemotherapy

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