

Lisa Priest took your questions

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"A national vision for combatting the scourge of cancer and its victims of geography who receive unequal care will move a step closer [today] when the Prime Minister announces the government is getting out of the business," Lisa Priest writes on the front page of today's Globe.

"The Canadian Strategy for Cancer Control aims to do what nothing else in this country ever has: reduce the burden of cancer by preventing disease, detecting it early and ensuring those stricken by it receive the best possible care, regardless of where they live," Ms. Priest adds.

"Prime Minister Stephen Harper and federal Health Minister Tony Clement will announce in a Montreal hospital that the strategy will become a non-profit, arm's-length agency, The Globe and Mail has learned.

"By doing that, the federal government will effectively erase the suspicions of cancer doctors, administrators, advocates and patients alike who are worried that big government would mire the strategy in bureaucracy and doom it to failure."



Lisa Priest

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Today's announcement comes on the same day that Ms. Priest's five-part series "Cancer: Our national shame" concludes in The Globe. The series examines the policy failures that have led to gaps in our health care system, a system that often fails those who need it when they need it most.

The "national shame" series, along with other stories, photographs, audio, discussions, interactive graphics and much more can be found in **our special report on cancer**.

Ms. Priest was online earlier to take your questions about our health care system and its role in fighting cancer. You will find the questions and answers at the bottom of this document.

Ms. Priest has been a journalist for almost two decades. She has spent 15 years writing about the health care system and, in particular, focuses on patient access to it.

The Globe and Mail won this year's Michener Award for public-service journalism for Ms. Priest's coverage of cancer care. Those stories changed the way cancer patients are treated, pushing politicians to increase access to the drug Herceptin and to impose tougher standards on screening machines.

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Rasha Mourtada, globeandmail.com: Welcome, Lisa, and thank you for being with us today to take questions from globeandmail.com readers. In your five-part series, Cancer: Our National Shame, you take a look at how government policy and our health-care system affect those with cancer in our country. Today, as you wrote for The Globe, the government is announcing its plans to make the Canadian Strategy for Cancer Control a non-profit, arm's length agency. What's your reaction to that news and how do you see it affecting Canadians?

Lisa Priest: I think the news that the federal government has announced the Canadian Strategy for Cancer Control is going to be arm's length from government is a very positive move. There was concern that it would be part of big government - something that worried cancer researchers, doctors, patients, administrators and advocates alike. Certainly, there has to be a national vision on how to tackle this disease, how to screen for certain cancers, provide prompt diagnosis, treatment and ultimately access the inequities cancer patients face in Canada today.

Emma Hawthorne, Canada: I wish to congratulate you on your wonderful series. What do you think it would take for PET scanner use to be maximized with round-the-clock usage?

Lisa Priest: Thank you, Emma, for your very kind words. PET scanners will be used quite extensively in Quebec starting early next year; they already allow cancer patients the broadest access to them. Many other provinces use them as well, including British Columbia, Alberta, Manitoba and now New Brunswick. Ontario has been slower than much of the world to embrace this technology. It is really up to the Ontario government to allow them to be used more broadly. I understand they are waiting until the clinical trials wrap up on them before expanding their use. And that could take some time.

Janet Rowe, Duncan: My friend moved to Greece six years ago, after being born and having resided in B.C. for over 40 years. She had breast cancer before she left. She returned one month ago, and was diagnosed with bone cancer. She has no medical, and was told that she has to pay cash upfront for everything. Her cancer is quite serious, and she needs to start treatment right away. BC Medical has said that they will cover her as of January 1, 2007, but that is not helping any in the coverage of her treatments now. The double standard is what annoys me - if she had flown in to Alberta, she would have been covered right away, and yet in B.C., where she was born and raised, and where she contributed to medical and taxes for over 40 years, she has to wait for treatment. All Canadians should be treated the same, regardless of what province they reside. I suspect that if she had medical coverage, there would have been a lot more tests/scan/X-rays than what was ordered. Is she getting the best medical care possible? I doubt it.

Lisa Priest: I'm sorry to hear about the problems your friend is having. It sounds as if your friend requires three-month residency before her public medical coverage kicks in, which is what many provinces do, not just British Columbia. Of course, this does not help her problem, which is being faced with large bills for medical care and costly diagnostic tests she will require.

Roop Misir, Toronto: Do you think that "environmental" (i.e. not bacterial) diseases like cancer will be the new age scourges that will redefine the population of the "developed" world?

Lisa Priest: Hello Roop, With our aging population, there is no question that we will see more cases of cancer, which is why, more than ever, we need to get on top of this disease. We need to ensure that people are appropriately screened, promptly diagnosed and treated.

Seana O'Neill, Haliburton: In 2003 I created a program called Cottage Dreams, a program that offers recent cancer survivors and their families a week at a donated, private cottage, as a way to offer support as they collectively move from cancer patient to cancer survivor. Inexperienced and naive at the time, I thought we would place a several families a year and that would be wonderful. We are in our fourth year and to date we have offered a cottage visit to over 210 cancer survivors but if we had the financial resources we could place hundreds of families annually. At this time there is little if any government funding for the journey that begins when the doctor says you are cured, now go and resume life. This is where Cottage Dreams enters to allow time together to reconnect and start rebuilding in a positive atmosphere with those who have been there since the diagnosis. What a shame it is that Canada does not yet have a Lance Armstrong, who is an incredible advocate for survivorship. We at Cottage Dreams will continue to fight for every dollar we raise because we know that kids jumping off a dock, reading by the lake and playing monopoly at the dining room table are memorable at the best of times but they are especially important after the worst of times.

Lisa Priest: Hello Seana, I have heard of Cottage Dreams and know of one breast cancer patient who benefited tremendously from it. Often when the cancer treatment ends, we forget all the other things patients require, particularly respite care and ways to cope as they embark on their new journey of "cancer survivor."

David Cyr, Oakville: Hello Lisa, How specifically do you think this initiative will enhance cancer care in Canada? How will the average person experience the benefits?

Lisa Priest: That's a very good question, David, because for many people a strategy for cancer control may sound like another, arm's length government agency. But one problem we have in cancer care in Canada today is that cancer experts, advocates and administrators have incredible knowledge that they can't put into place. For example, screening for colorectal cancer screening can reduce the death rate by 15 to 33 per cent but no province has embarked on such program. This strategy would help address that. As well, we have more than a dozen bodies across the count that duplicate the work of scientifically evaluating drugs. A strategy could address this by encouraging one national body to do the work and disseminate it to the provinces to help erase this unequal access to crucial cancer drugs. Those are just two examples but there are many more.

Robert Fisher, Canada: In Canada health care is administered (or it's supposed to be anyway) at the provincial level. Imposing another form of national oversight or national regulation is not the answer. The entire concept of national standards and national regulation has to be scrapped.

The provinces need to be given more control and authority for the delivery of health services. Broad spectrum guidelines can be set up at a national level but beyond those broad guidelines, the provinces need to be free to do what they need to do in their respective areas.

Lisa Priest: Hello Robert, As long as the provinces are getting billions in funding for health care, they have to fulfill requirements. If the provinces are going to take \$41-billion in a health accord, including \$5.5-billion to reduce wait times, they have to give something back to the patients, which includes meeting benchmarks for timely care as set out in the five priority areas, of which one is radiation treatment for cancer patients. Probably, the biggest role of the federal government in health care is one of leadership. The issue many have with the provinces is that there is not enough transparency on where those health dollars go.

Rasha Mourtada, globeandmail.com: Thanks, Lisa, for coming online today to answer globeandmail.com reader questions. Are there any last thoughts you'd like to leave us with -- relating to your series or to today's news?

Lisa Priest: Thanks so much for including me in this discussion, Rasha. I think today, for those in the cancer community, be they doctors who provide the care, patients who receive it, or advocacy groups pushing for screening programs, it is a very good day. The federal government's announcement today of the creation of the Canadian Partnership Against Cancer, which will operate at arm's length, is giving people hope that the prevention, early detection and best treatment for all cancer patients, regardless of where they may live, may not be so far off, after all.

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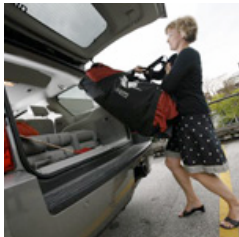
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