

## Editorial

# Our Commitments and Efforts to Cancer Patients in Developing Countries

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## Editorial

No nation is an island unto itself, and cancer knows no borders—geopolitical, racial, ethnic, or socioeconomic (Donna Shalula, 2016). With this fact in mind, a Spanish organization was established that would reach beyond its national borders to extend therapy and support to cancer victims in Sub-Saharan Africa. This initiative, the Paliativos Sin Fronteras (PSF), has provided surgical treatment along with palliative care in some of the poorest countries in Africa. Cancer care in these countries is akin to education, engagement and local cultural habits and practices. Unfortunately, many of the cancer cases in these territories see a physician for the first time when the cancer has already reached stage III or IV, when the prognosis is bad. Atlas de Patología Médico Quirúrgica en África (2022) offers a much-needed account of the state of emergency of surgical care in pediatric and adult cancer care in Sub-Saharan Africa (SSA). It illuminates the work of dedicated surgeons. All these communities grapple with the very basic needs of care; as these countries suffer from a severe shortage of personnel, limited imaging facilities, and the availability of specialized drugs.

What is abundantly clear is that our efforts to improve the current state of affairs relies on continuous commitments of governments, private sector and volunteer organizations across and within national boundaries. I applaud Dr. Wilson Astudillo Alarcón, President of PSF, for his tangible accomplishment and commitment to saving lives in marginal, poor societies with the effort to make them healthier and relieved of suffering. Special appreciations go to the dedicated staff of surgeons, anesthesiologists and missionaries who devoted their time, knowledge and experience voluntarily to this sacred mission: Drs. Leoncio Bento Brava, Ana Maria Gutierrez Martinez, Maria Teresa Martinez Iturriaga, Fernando Rivilla Perra, and Antonio Villalonga Morales.

This extraordinary compendium tells of the remarkable cases of treatment from grass root efforts by volunteer healthcare professionals in resource constrained countries like Cameroon, Democratic Republic of Congo, Liberia, Ghana, Benin, Sierra Leon,

Togo and Uganda; led by foreign surgeons along with local charities. The atlas focuses on cancer patients, but it describes also cases with other non-communicable diseases such as HIV as well as congenital malformations. It gives voice to the incredible vision, tenacity and resilience of the team of professionals who work in unprivileged communities in Sub-Saharan countries. This project of fostering cross border efforts is aimed at implementing cancer and palliative care programs in regions which differ in their traditions, beliefs and faith. Public health experts and international cancer care advocates have much to learn from going over this atlas was published in 3 languages : Spanish, English and French.

So, why is there such a severe shortage of cancer care in Low-Middle-Income Countries (LMICs)? According to Princess Dina Mired (2021), the issue is certainly not only due to a lack of resources as many would imagine. Poor countries are capable of creating and implementing effective cost-effective cancer care strategies (including palliative care). Yes, there are genuine challenges in the shortage of qualified personnel, limited radiation capacity, but at its core money is not always the main obstacle. Politics and bureaucracy allegedly are. Still, this atlas provides the ground evidence concerning the barriers, challenges, and successes as efforts progress.

Personally, I have had the opportunity to promote palliative care to cancer patients through my work with the Middle East Cancer Consortium, and would admit that while I was educationally accomplished, I still need time in fulfilling my objective to further promote the gold standard of cancer care in developing countries. I have had the pleasure of knowing Dr. Wilson Astudillo Alarcón, and I recognize and admire his achievements in supporting suffering people in unprivileged societies. Yet, patients, clinicians, policy and religious leaders, and the public at large all need to learn to ask about and discern the differences between what helps and what does not help, so that cancer care can help to its fullest potential (David Kerr, 2022).

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