

Editorial

Control of Cancer in Kuwait 'Do We Need More'?

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In spite of the advances in medical science and the progress in health care, cancer remains a dreadful disease with high mortality claiming the life of 70% of the affected population. Observation in clinical practice in Kuwait hospitals indicates a rise in the number of new cases of breast and colon cancer among the population. Nevertheless the latest public release of cancer incidence by the Kuwait Cancer Control Center, based on data obtained from cancer registry does not reflect such observation and further assure the public of the stable incidence of cancer in the country for the past ten years. However this discrepancy between observation and actual registration does not preclude the need for more scientific and epidemiological study in Kuwait that allows accurate interpretation of the available data. Lack of such studies is responsible for the present absence of a factual base for the development of rational public health policies for the control of cancer in this country. Kuwait unlike other developing countries is in good control of the public basic health needs, does not suffer from major infectious or nutritional health hazards and provides an exemplary conduct in the field of primary health care. This solid establishment in health services along with the documented rise in the average age of the Kuwaiti citizens with its consequence of increase in the incidence of cancer demands from the medical community an attention towards the fight of this disease. We need to seriously consider screening for cancer, establish easily accessible cancer clinics and increase the public awareness regarding cancerous diseases. Screening (secondary prevention) for cancer may be described as the mass application of a simple test to detect preclinical cancer in asymptomatic individuals in the general population, in order to provide earlier and more effective treatment. Such organized programmes are thus distinct from the clinical or opportunistic screening done by clinicians in general or hospital practice. The

experience of other countries has shown that screening for breast cancer by mammogram and colon cancer by sigmoidoscopy succeeded in the reduction of mortality from these diseases. In addition psa and paps tests are available for prostate and cervical cancer respectively and both proved to be simple, inexpensive as well as effective in the early diagnosis of cancer affecting these two organs. In the past attempts by individual doctors or non-governmental associations to establish such services did not succeed due to the lack of support from the health administration. My personal experience with patients and their families has stimulated me to make another call to authorities to seriously consider this request. One of the patients who found herself in this situation of lack of consultancy and information services has herself published a booklet to assist other women to deal with the impact of this disease on their lives and on family and social relationship. So where are we of this public remind?

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