

# CANCER: Not just a rich man's disease

NILIMA JAHAN

*"When my husband stopped talking to me, all the responsibility of my treatment fell on my elderly father, who is a farmer. He had to sell off our land, three cows and trees to fund my treatment"*



PHOTOS: KAZI TAHSIN AGAZ APURBO

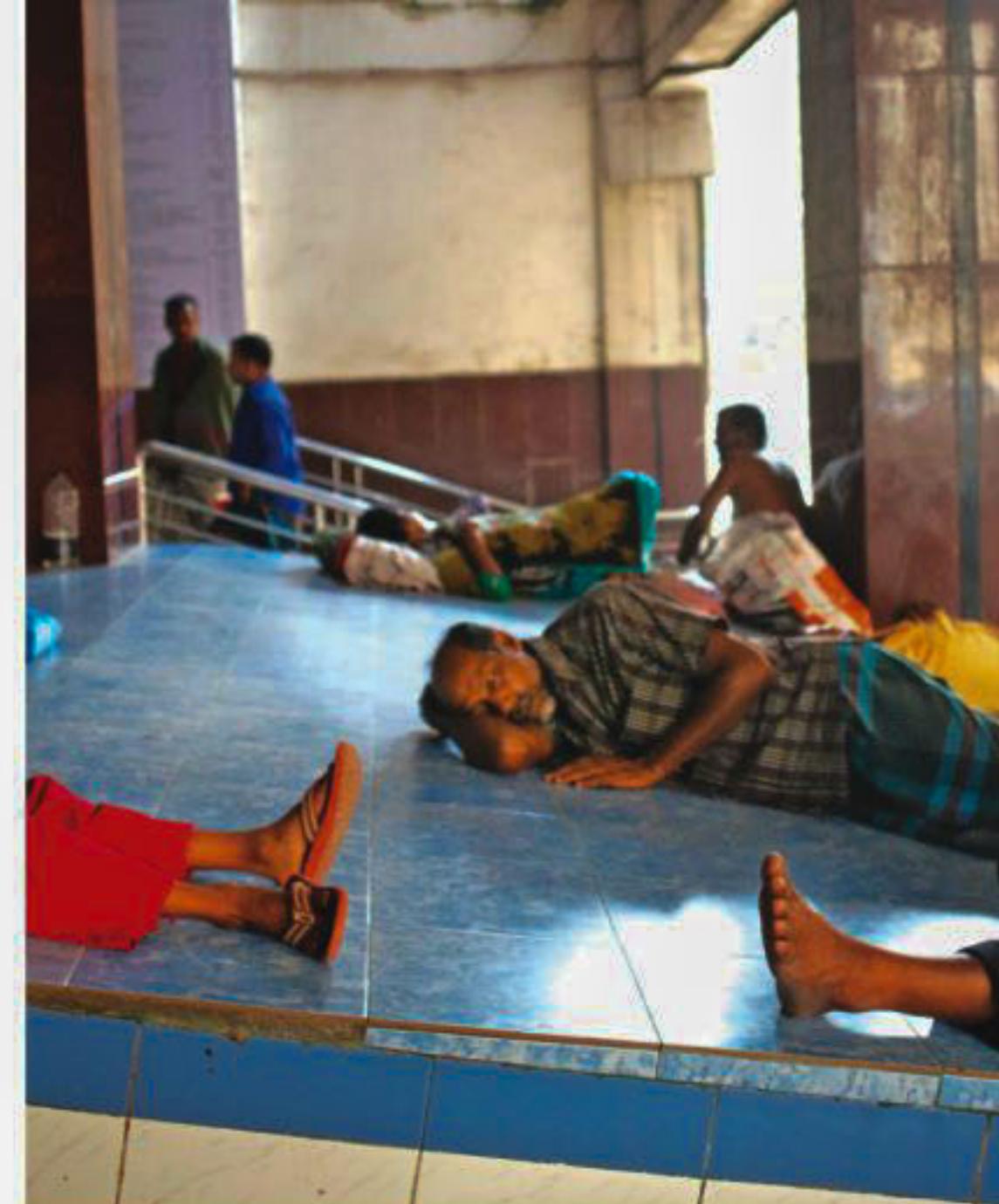
Once her husband heard the news, he stopped sending her money. Pretty soon, he stopped all forms of communication with her.

Now, every 10 to 15 days, Masuda needs to come to NICRH for her tests, checkups and chemo. She stays in the open compound of the hospital, since she has no relatives in the city. Masuda and her mother, who are new to this city, don't have the finances or know where to rent rooms or a cheap hotel in Dhaka.

"When my husband stopped talking to me, all the responsibility of my treatment fell on my elderly father, who is a farmer. He had to sell off our only cultivable land (2.5 shatak), three cows and trees to fund my treatment," says

24-year-old Masuda Akter was lying on a flimsy tarpaulin sheet on the premises of the National Institute of Cancer Research and Hospital (NICRH) at Mohakhali. She had been waiting for her test reports—which usually takes a week to prepare—at the hospital premises for the past six days. Her hair, eyebrows and eyelashes have all fallen out as a result of ongoing chemotherapy.

It wasn't too long ago when she lived a content life in her village with her son—her husband worked as a migrant labourer in the United Arab Emirates. First, a tumour developed in Masuda's uterus, which was initially removed surgically at a local hospital in Mymensingh. A few days later, it started swelling again. The doctors then informed her that she had developed uterine cancer and referred her to the NICRH for further treatment.



Masuda. "In the last six months, I had to receive six chemotherapies, numerous tests and checkups and spent nearly six lakh taka, but I really don't know whether I can recover," says a frustrated Masuda. "I've destroyed my family."

Patients like Masuda represent the vast majority of cancer patients who can barely afford their diagnosis and treatment. According to the latest data of the International Agency for Research on Cancer (IARC), there are 14 lakh cancer patients in Bangladesh—and the number is on the rise. While the NICRH earlier received 5,000 to 7,000 patients annually, they treat around 25,000 new patients every year now.

A large number of patients like Masuda have to sell off their properties and spend their life's savings just to bear the cost of treatment. Though the treatment varies depending on the type and stage of cancer, Dr Habibullah Talukder Ruskin, associate professor at NICRH, explains that if a patient is diagnosed at the advanced level, it might take as long as eight to 12 months to recover fully. Those who can get a seat or bed at a government hospital can avail such treatment for Tk 50,000 to 60,000. It costs up to four lakh taka at a mid-ranged private hospital, and eight to 10 lakhs at a high-end one.

Although, in theory, patients can have free beds and don't need to pay doctor's fees, they end up having to pay a significant amount of money as tips and bribes. Additionally, most of the well-equipped cancer treatment facilities are based in Dhaka; even the

divisional medical colleges refer their patients to Dhaka due to resource constraints. This means that patients need to face the added burden of coming to the capital and staying in the city with one or two of their family members. Many choose to travel to and from their home districts during the period of their treatment as staying in the capital for such a long stretch of time, leaving their family or work, is not feasible. As a result, they have to pay a big chunk of money for transportation out of their budget for chemotherapy, radiotherapy, medical checkups or tests. A good number of them even drop out due to lack of money or other necessary support.

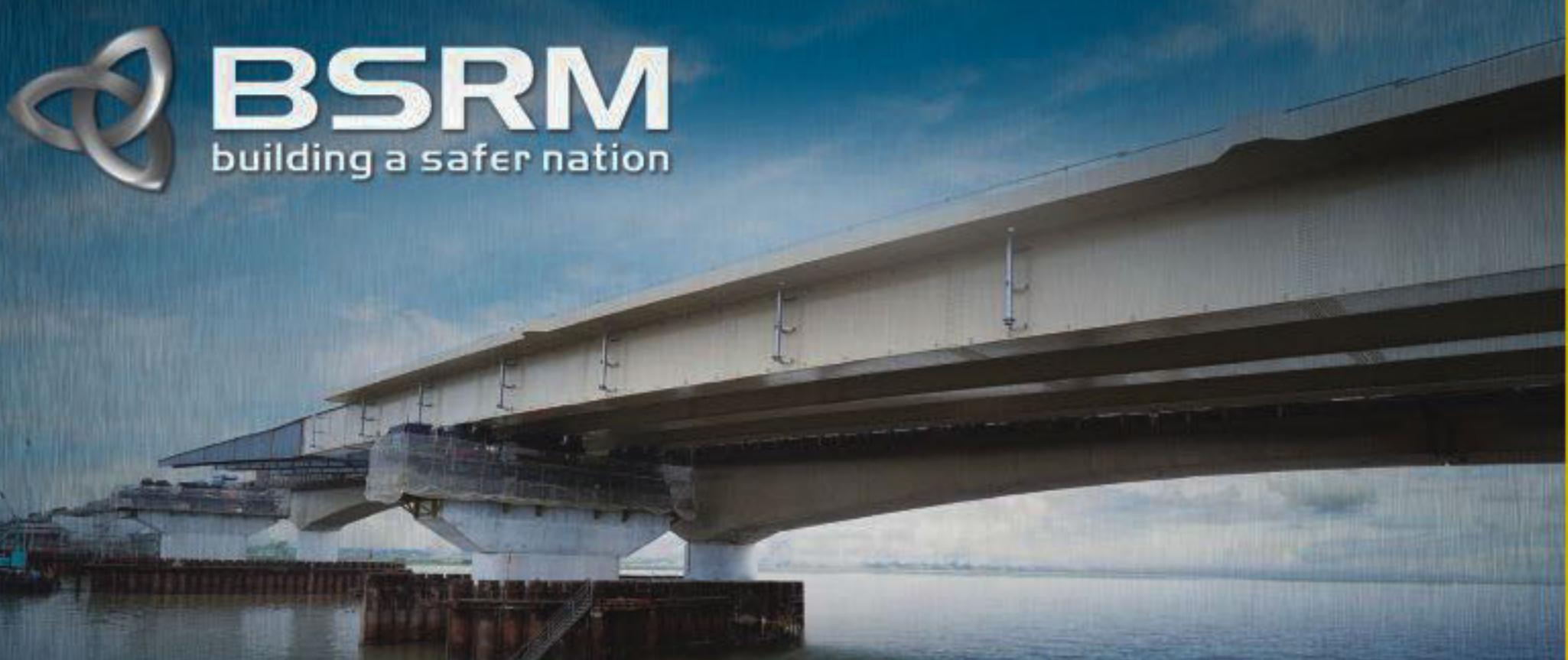
Another crucial problem for patients is that our hospitals don't have enough resources to treat the increasing number of people affected by cancer. For example, in our country, NICRH is the only specialised institution that solely deals with cancer patients. There are just three other government hospitals for cancer patients. Although, in recent years, some private hospitals have been offering treatment through their oncology units, none of them specialise in cancer treatment. They are also too expensive for most patients from poor backgrounds.

If we have a look outside Dhaka, there are only nine government medical colleges where there are independent departments for oncology and haematology patients. Sadly, most of them lack a linear accelerator (radiotherapy machine) or other resources to ensure quality treatment. This means that many patients have no choice but to head to Dhaka for treatment.

With such a huge number of patients to support every day, it is a long wait for treatment. For instance, 52-year-old Modina Begum, who came to NICRH from Habiganj, says her doctor prescribed her radiotherapy for a tumour on her neck last June, but she got a serial number only in October. "But, for the last 10 days, my pain has become intolerable. So, I have come to request the doctor and technicians to move up my date. I have come here alone, and there's no one here to even help me get some water. My life has turned into hell," she says.

Professor Dr Ruskin admits that a patient needs to wait four to five months to get a date for radiotherapy, but the waiting time can be minimised if there's an emergency.

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