

WORLD CANCER DAY

Cancer treatment in Bangladesh: Still a long way to go

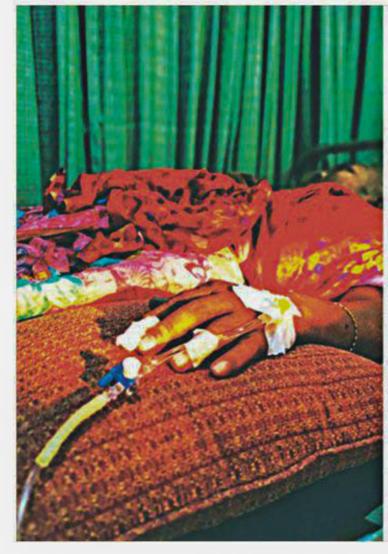


ACCORDING to the World Health Organization, cancer is the second leading cause of death globally and a staggering 9.6 million people died of cancer just in 2018. To raise awareness of this fatal disease, and encourage its

prevention, diagnosis and treatment, the world today is observing "World Cancer Day" with a range of activities. Different types of organisations and hospitals are also observing this day in Bangladesh with conferences, seminars and a range of awareness-raising campaigns. However, these activities probably carry little meaning for the thousands of Bangladeshi cancer patients and their family members who have suffered financially, physically, and mentally while continuing the treatment in Bangladesh.

The overwhelming treatment cost, wrong diagnosis, faulty treatment plan and shortage of trained doctors and treatment facilities have severely reduced Bangladesh's capacity to ensure proper treatment for its growing cancer patients. According to the 2018 report by the International Agency for Research on Cancer, every year an estimated 1.5 lakh people develop cancer in Bangladesh. However, there is only one functioning palliative care under government management at Bangabandhu Sheikh Mujib Medical University (BSMMU). There are only four specialised cancer hospitals in the country. Outside Dhaka, there is only one functional radiotherapy facility, at Chittagong Medical College Hospital, in operation for around three months now.

Actually, we don't even know the exact number of people suffering from cancer in the country as we don't have any population-based data on the prevalence of cancer. How many patients contract cancer each year? How many patients die of cancer every year? What are the most frequent cancers among Bangladeshis? How many people cannot access treatment? The NICRH, Bangladesh's apex cancer institute, or any of the country's



medical institutes have no answers to these questions.

Due to absence of data, the International Agency for Research on Cancer published its report on Bangladesh's cancer scenario based on cancer registry data available in the neighbouring countries. Bangladesh also does not have a national protocol for treating cancer patients.

Currently, Bangladeshi patients are treated according to the cancer protocol for US citizens called Evidence-Based Cancer Guidelines, developed by the US's National Comprehensive Cancer Network (NCCN) for their own citizens, whereas countries like India and Singapore have developed their own national protocol for cancer treatment as cancer patients require highly individualised treatment. Unfortunately, the NICRH, which has not even published a single research journal in its 36 years of existence, is way behind in developing a national protocol for cancer treatment.

Without knowing the most common



cancer(s) among Bangladeshis, without having any national protocol, without knowing the age-standardised incidence rate, without having any population-based cancer registry, how the NICRH and other hospitals prepare for treating cancer patients remains a mystery.

In fact, due to the absence of a national protocol and any comprehensive treatment approach, most of the cancer patients in Bangladesh are treated by an individual specialist who rarely consults with other specialists regarding the treatment plan and physical condition of the patients. However, for treating cancer patients, forming a "tumour board"—which is a medical board consisting of a surgical, medical and radiation oncologist, an onco-pathologist and several other specialists depending on the patient's medical condition—is a standard convention practiced all over the world. However, this concept is virtually unknown in Bangladeshi hospitals that have been treating thousands of cancer patients every year.

The severe shortage of efficient manpower

in specialised cancer treatment also contributes to this deteriorating situation. The number of trained gynae-oncologists in Bangladesh is no more than 10, whereas it has been estimated that around 6,582 women die of cervical cancer here each year. Even in many medical institutions, oncology units and departments are often run by doctors who do not have any oncology background. For instance, there are departments on paediatric haematology and oncology in eight medical colleges of Bangladesh but most of these are run by paediatricians, many of whom do not have academic degrees in oncology. The reason? The number of paediatric oncologists in Bangladesh is only about 18-20 and most of them are based in Dhaka.

There is no onco-pathologist in our country specialised in cancer diagnosis. Bangladeshi hospitals and diagnostic centres still have to depend solely on microscope and regular pathologists to detect a cancerous tumour. The immune-histochemistry test, which can diagnose cancer more precisely, is also not

available in Bangladesh. On the other hand, when the world is advancing towards more localised and efficient treatment methods such as immunotherapy, hormone therapy and proton therapy for cancer patients, for those in Bangladesh, painstaking and highly expensive chemotherapy and radiation therapy are the only options. Such conventional diagnostic procedures and treatment plans developed by an individual specialist make Bangladeshi cancer patients highly vulnerable to wrong diagnosis and faulty treatment plan.

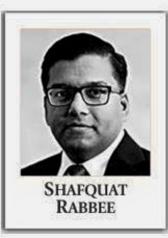
Again, Bangladesh government does not offer any welfare or charity programme for cancer patients and their families. There is no price control programme from the government to ensure affordability of cancer drugs and medical tests. As a result, many patients and their family members have to sell all their belongings to continue the treatment, which require them to spend for highly expensive medical tests, surgeries, costly medicines and their long stay in Dhaka, which is more expensive than most of the South Asian cities such as Bangalore, Chennai and New Delhi.

There is no doubt that a large number of Bangladeshi cancer patients who cannot afford to go abroad are getting dropped out from the treatment, or cannot access the treatment at all due to such overwhelming cost and unreliable treatment procedure.

Bangladesh government has been planning to set up cancer centres in eight medical colleges to reach out to these patients. However, without resolving the basic issues such as formulating a population-based cancer register, controlling the cost of cancer treatment, producing trained manpower, conducting fundamental research and implementing comprehensive treatment approach, how far will an infrastructural expansion like installing eight new cancer centres benefit cancer patients remains a question.

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Venezuelans caught in cruel geopolitics



PUNDITS are busy arguing over which next step suits which geopolitical rival the best in Venezuela, which player has scored the most so far, and who is likely to prevail in this mindless game of geopolitics till the end. Stuck between this

analytical calculus are millions of innocent Venezuelans, with their supplies for minimal sustenance running short, amid an ever-dwindling hope for a better life.

Venezuela is a case study for what happens when the internal politics of a nation is usurped by an opposition-less ruling elite, leaving behind geopolitics as the only real politics capable of bringing any meaningful change. Political change in a system like this gets handicapped by the realpolitik practiced by the external powers, where the plight of the population inside matters very little.

Venezuela—which, only twenty years ago, was one of the richest nations of South America, with a vibrant democracy and more oil reserves than Saudi Arabia—is now a failed state both politically and economically, with an autocrat at the top.

Venezuelan economy, under late Hugo Chavez's populist reign, starting from his election victory in 1998, boomed all the way till the mid-2000s, when Chavez was popular enough to win his re-election through fair means. As late as 2006, Venezuela's GDP grew at 10 percent, it imported billion dollars of consumer goods, banks were flush with deposits, and its stock market was one of the best in the world.

Amid such prosperity, Hugo Chavez, the populist, under the tutelage of Cuban revolutionary Fidel Castro, started to brandish a confident, new mantra of "state-sponsored capitalism". The economic boom, which seemed spectacular from the outside, made both Chavez and his guru Castro's lifelong political thesis rhyme and jive irresistibly with the happy Venezuelans, leaving only the cynic attentive enough to realise that the populist

bonanza would fall with the price of oil, which till today remains the only major exportable item out of Venezuela.

After Chavez's death, his populist policies continued under his hand-picked successor Nicolas Maduro. However, by the time Maduro reached to the top, the eventual crash in oil prices occurred, making populist statecraft difficult in Venezuela. Having failed to diversify their economy away from oil, successive governments of Chavez and Maduro resorted to unlimited printing of currency as their only way out, resulting in hyperinflation, which by 2018 reached million percentage annually, i.e., cost of goods doubling every week.

Amid such economic malaise, the risk of popular uprisings and military coups increased for both Chavez and Maduro, which in turn made their successive regimes look outward for survival. Venezuela increasingly relied on its much poorer but ideologically aligned neighbour, Cuba, for geopolitical and securities cooperation, especially on matters related to political suppression. In no time, with Cuban hands came China, Russia, and Iran into the mix in Venezuelan affairs.

Noticing the interplay of a triage featuring China-Russia and Cuba in its backyard, the United States, with its ever-watchful eyes near its shores, resorted to economic sanctions and political subversions targeting the increasingly unpopular and authoritarian regimes of Chavez and Maduro. The American-led economic isolation handicapped Venezuela's economic muscles. With continued self-inflicted wounds and misguided geopolitical adventurism, Chavez and Maduro kept digging bigger economic, social, and political holes, which in the end resulted in the largest refugee crisis in the western hemisphere, with the number of Venezuelan refugees expected to surpass 5 million by the end of 2019, according to UN estimates. This figure needs to be compared against war-ravaged Syria's 6 million refugees.

Venezuela now has two heads-of-states—one re-elected through a rigged election in mid-2018, and the other through self-declaration. Major western powers and all of Venezuela's neighbours have rallied behind Juan Guaido, the US-backed 35-year-old

National Assembly leader who declared himself president. Cuba, Russia, and China, on the other hand, are standing firmly behind President Nicolas Maduro, who still has the backing of the country's military. Maduro has so far also defied western calls for re-election or resignation.

With an accelerated economic free-fall amid an intensified western-led diplomatic assault, the Maduro regime's grip on power is tenuous at best. It will be the external forces and their level of commitment, or the lack thereof, that will ultimately decide when President Maduro



Tens of thousands of Venezuelans have crossed into Cucuta, Colombia across the Simon Bolivar International Bridge. Some work in Colombia illegally, while others come daily to buy food and return to Venezuela.

is forced to depart, or whether he departs at all.

Among Maduro's allies, the country that needs him to survive the most is Cuba. In return for Cuba's elaborate military and intelligence-related assistance, Venezuela provides Cuba about USD 1.2 billion dollars of crucial oil subsidies as the island nation fights its own international economic isolation and stagnation.

According to some estimates, Cuba now receives about a third of its total oil consumption at a deeply subsidised cost from

Venezuela. That is largest that Venezuela can only ill-afford, but Cuba dearly needs.

China and Russia hold the remaining lifeline for the Maduro regime. When American-led sanctions prohibited international institutions from lending to Venezuela, these two countries provided large sums of debt, mostly due to geopolitical considerations. Most of these Chinese and Russian debts went to Venezuela's oil industry which eventually soured with declining oil prices.

Although statistics on China-Venezuela debt situation remains opaque, according to the

Cuba, Russia or China are neither willing and nor able to decisively bring victory to Maduro or prosperity back to Venezuela going against the will of the United States. Venezuela is simply too close to the American shores, surrounded by too many American allies. Any meaningful Chinese or Russian security guarantee will require their naval presence near Venezuelan waters, which in turn will be easily fire-walled by America via the Panama Canal.

Venezuela, on the other hand, is only marginally significant for America—even with all its oil reserves. That is because the world has already entered a post-oil era, where the United States is the largest producer of hydrocarbon and a net-exporter of petroleum, owing to America's shale-oil boom.

Venezuela, for America, is more of a humanitarian catastrophe, contributing to an influx of refugees in America's southern borders, creating a toxic political backlash inside America. This makes Venezuela a geopolitical irritant, not an impending geopolitical hazard requiring America to go for a quick and decisive blow.

Therefore, Venezuela, absent any major American miscalculation, is less likely to be a replay of Syria or Iraq or Libya; it may not even be a reincarnation of the many American military interventions in the Latin America of the 1960s.

The triage of Cuba, China and Russia, with all their incentives, will try to stay involved in Venezuelan affairs just enough to preserve a stalemate and try to score as many propaganda points, if not ultimately to save President Maduro's tenuous reign, but at least to ensure a seat at the table when Maduro is eventually overthrown.

America and the West, for their part, are likely to hold their decisive blows, go for more pinching economic sanctions instead, till Maduro can no longer stay afloat.

Venezuela, from the perspective of big power rivalry, is expected to remain an exciting game of chess, whereas for the innocent Venezuelans, the country will remain a protracted unbearable tragedy for a long time, with or without Maduro.

Shafquat Rabbeh is a geopolitical columnist. You can follow him on Twitter @srabbee.

A WORD A DAY

XANTHIC
ADJECTIVE

Yellowish

CROSSWORD BY THOMAS JOSEPH

ACROSS

- 1 One or more
- 5 Fires
- 9 Under-world bosses
- 10 Bush's successor
- 12 Turn away
- 13 Permitted
- 14 Transport to OZ
- 16 Curator's topic
- 17 Epoch's kin
- 18 Raptor's home
- 20 Gambler's secret
- 22 Flag creator
- 23 Digression
- 25 Surgery me - mento
- 28 Get snug
- 32 Haitian island

DOWN

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- 2 Met shows
- 3 Eve's opposite
- 4 Manor settings
- 5 Tone
- 6 Penny prez
- 7 1998 Winter

34 Bowler, e.g.

35 Circle section

36 Sub weapon

38 Piece of land

40 Alarm sound

41 "Sexy" Beatles girl

12 Bakery workers

43 Tragicking

44 X-ray units

Olympics site

8 Know-how

9 Phoebe of film

11 Choir group

15 Singer Placido

19 Metal sources

21 Bakery buy

24 Letter opener

25 Sports figures

26 Mustang holder

27 Gaming spot

29 Nickname for Eric

30 Stevedores, at times

31 Short jackets

33 Say

37 Print unit

39 Snoop group: Abbr.

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YESTERDAY'S ANSWER

C	A	R	B	H	A	N	S
I	N	U	I	T	E	V	A
T	E	N	O	R	W	O	R
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S	O	C	K	O	C	A	C
K	E	E	L	W	E	E	D

BEETLE BAILEY by Mort Walker

BABY BLUES by Kirkman & Scott