CASE REPORT

The clinical experience of the challenges of oncology in South East Asia

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SUMMARY

An unforgettable summer elective in the heart of Pakistan, discovering the specialities of internal medicine at the state-of-the-art cancer centre—Shaukat Khanum Memorial Cancer Hospital and Research Centre (SKMCHRC). Cancer incidence and mortality are rising across the world, forcing medical research to find new and better treatments, all the time. The SKMCHRC is the only charity-funded cancer centre providing free treatment for anyone diagnosed with cancer in Pakistan. It is definitely the beginning of a new future for cancer patients in Pakistan, giving them a chance for a better quality of life, even those in poverty. Just like this, there are many appreciations and memories from my uplifting clinical experience at SKMCHRC.

INTRODUCTION

We live in a world where cancer is termed as the big 'C' word. This is because for most of the population especially in the developing world, the word 'death' crosses the mind with the word 'cancer'. The incidence and prevalence of cancer is rising, and overall, it is the leading cause of death in the world; having caused 7.6 million deaths in 2008.¹ WHO has predicted the rise of cancer mortality in 2030 to rise up to 13.1 million/year worldwide.² For decades, the main health concern for developing countries is treating infectious diseases that arise from poor sanitation, poor-uptake of vaccinations and other factors that increase the risk of infection. Recently, a new problem awaits them, as research has finally reported that many infectious diseases can lead to the development of one in six of all cancers worldwide.³ The International Agency for Research on Cancer⁴ report that from the above number of deaths from cancer in 2008, 1.5 million deaths were because of infections, including those infections that are preventable, such as, hepatitis B and C viruses, human papillomaviruses and *Helicobacter pylori*.³

The SKMCHRC (figure 1) is the only charity-funded hospital with dedicated services for most oncology specialities in Pakistan. I learnt it provides free cancer treatment, management and follow-up for all diagnosed cancer patients. Surprisingly, I found out it opened a decade ago by a former cricket captain Imran Khan, in the memory for his mother who died of cancer. I think this is a wonderful inspiration to have aspired to help treat other cancer patients in the country. This made me realise how it provides everyone the equal chance to be treated in Pakistan, even the ones in poverty, which normally is a difficult and expensive task to

subsidise in a developing country. We are fortunate to have the NHS providing latest oncology services and cancer screening programmes for free all over the UK. However, in Pakistan, there are no screening programmes in place, and patients come from all over the country to SKMCHRC for cancer treatment. This definitely does increase the demand burden on the hospital that has to provide expensive treatments and limited resources for free. The hospital overcomes this problem with the help of government and charity funding and providing paid-services, for example, outpatient consultations and diagnostic procedures, for patients seeking diagnosis for other medical conditions. However, luckily, if a patient becomes diagnosed with cancer during such paid-services, they would then be treated for free.

DISCUSSION

I organised my 4 weeks elective to gain the perspective of clinical medicine in the developing world of South East Asia. It involved choosing one such country where medical students rarely go to, as I wanted the chance to be the first one to discover and reflect back to everyone. In this case, Pakistan was chosen and the SKMCHRC was recommended to experience internal medicine with oncology together.

The SKMCHRC has a well-structured elective programme for all students, which provided me the chance to see many different clinical sessions for any specialty. For my case, from the seven specialities of internal medicine, I got to experience gastroenterology, pulmonology, critical care and endocrinology. I felt very welcomed, as I got to meet and interact with other elective students plus the doctors and registrars, from whom I learnt a lot about the difference regarding the medical training in Pakistan. Coincidentally, all the consultants that I shadowed underwent their specialty training either in the UK including gastroenterologists Dr Aasim Yusuf and Dr Qayyum Khan, or in the USA including pulmonologists Dr Ali Wahla, Dr Irtaza Khan and Dr Faheem Butt.

For the first time, I had to wear the traditional white coat around the hospital, which was totally strange but exciting, as it has finished in the UK for years. My typical timetable for the week would always include attending ward rounds, outpatient consultations, multidisciplinary team meetings, grand rounds, intensive care unit and observing diagnostic and therapeutic endoscopy procedures. Luckily, they had a system that all patients' clerking was in English and computer-based. This was really

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Figure 1 Shaukat Khanum Memorial Cancer Hospital and Research Centre (SKMCHRC).

helpful for my learning, and I wish such computer-based system can be installed in UK hospital wards too. Another issue, I realised was that language barrier is a problem everywhere. In Pakistan, more than five different languages are spoken, with the main one being Urdu, which I luckily understood.

Everyday, I received good clinical examination teaching and was shown many rare clinical signs during outpatient consultations, such as Courvoisier's sign, severe obstructive jaundice features, autoimmune signs, Dupuytren's contracture, succussion splash, massive ascites owing to hepatitis and many more. During endoscopy sessions for gastroenterology and pulmonology, I got to see many pathologies and malignancies, and a range of procedures (including the unique ones such as EUS-FNA), which I would just read about in a textbook. There were also emergency endoscopic procedures that I observed for patients presenting with gastrointestinal bleeding. The consultants, registrars and the endoscopy team were very supportive and taught me a lot about the different endoscopic procedures and how to recognise different body locations observed in them. There was always something new to see and learn every day. I also received the chance to write up a patient's case report that has now been published, which was a wonderful way to end my elective.

From this elective, I have learnt that as a medical student in training, we should keep up-to-date with oncology, especially in terms of recognising the diagnosis of different cancers in their early stages. This will help us increase our patients' chances of a better survival time, as there are better treatment options available for the early stage. I have appreciated this from seeing advanced stage cancers at SKMCHRC that could have had better prognosis if recognised and treated earlier, rather than receiving palliative care. This indicates how some people are unaware of the consequences of neglecting and delaying themselves in seeing a doctor when symptoms and signs arise, especially when employment is their first priority to provide income for their family. Therefore, only when health interferes with people's daily routine, it forces them to take action and seek help.

Therefore, treating cancer is always going to be a challenge anywhere in the world. However, it is especially challenging in developing countries, where there are limited resources, high-health burden owing to infectious diseases and having no such thing as the NHS to provide free treatment for their population. This is an example of a factor that contributes to cancer deaths, as poor people neglect their health as they cannot afford to see a doctor. Therefore, we should encourage and help organisations in developing countries, such as SKMCHRC, medically and financially. This will help provide free treatment for people who cannot afford treatment for conditions, including the ones that are the leading causes of death worldwide. This is the way forward to contribute to medicine in providing better quality of care worldwide.

Learning points

- ▶ It is important to gain the perspective of clinical medicine in the developing world, to experience the challenges of high demand and limited resources for heavy health burdens, such as infectious diseases.
- ▶ With such challenges and the rise in cancer incidence, it is important for the medical students to start developing an up-to-date oncology background to start recognising, diagnosing and treating cancer in its early stages.
- ▶ Another advantage for this kind of elective is to see many different clinical signs, pathologies and procedures to consolidate learning from medical and oncology textbooks, which are not commonly seen in the UK.

Competing interests None.

Patient consent Obtained.

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REFERENCES

- 1 Ferlay J, Shin HR, Bray F, *et al*. Cancer Incidence and Mortality Worldwide. <http://globocan.iarc.fr> (accessed 4 Jan 2013).
- 2 World Health Organisation. Cancer. <http://www.who.int/mediacentre/factsheets/fs297/en/> (accessed 4 Jan 2013).
- 3 De Martel C, Ferlay J, Franceschi S, *et al*. Global burden of cancers attributable to infections in 2008: a review and synthetic analysis. *Lancet Oncol* 2012;2045:70137–7.
- 4 International Agency for Research on Cancer (IARC). Infections cause one in six of all cancers worldwide. <http://www.iarc.fr/en/media-centre/iarcnews/pdf/TLO-INF-May2012-Eng.pdf> (accessed 4 Jan 2013).

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