

Childhood Cancer Care in Developing Countries; Challenge

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Editorial

Dealing with children who have cancer in developing countries is a great human experience not only for the patient and the family but also for persons who are caring them.

The diagnosis of a child as a cancer case is really a great shock to all family members and it is a moment of a dramatic change in their life. First reaction is usually a combination of sadness and denial. They will start a new style of life with a plenty of investigations, appointments and different treatments decisions and plans. Different negative emotional reactions are the classic feelings of the parents every time they meet the treating physician.

As caring doctors our role is not only treatment, but to help parents to overcome these initial shock stage and these negative emotions to support them to focus on what they should do to help and support their child through this hard time.

One of the hardest parts of caring for such kids is knowing what to say and how much information to give, as children might be frightened and uncertain of many things, they might be frightened of being died, and here we must assure them. Comforting them is very essential in treatment, although for us it's always heartbreaking.

To diagnose a child as a patient with cancer is a real tragedy. We have to remember that this will affect both the patient and his family psychologically and physically. The socioeconomic burden is another facet of this tragedy [1].

Financially, the family will suffer a lot. There will be unplanned hospitalization with absence of parents from their work with its negative impact on their employment. I am sure; the family friends and colleagues will provide some supports, and this support is of very good psychological value, but of short-term real financial effect. As treating team, we have to look for long term sustainable financial support and to help to minimize the socioeconomic stress on the family [2].

While the incidence of cancer among pediatric age group in developed countries is around the figure 1 in 600 children, there is no reliable data on cancer incidence in developing countries. This reflect inadequate recording of cases and lack of well-designed registry in developing countries.

Cancer is one of a major killer in developed countries, and it is emerging as an important cause of death in developing countries as well. This is parallel with the significant efforts provided to treat and prevent infections and malnutrition, which are the most important causes of morbidity and mortality in these countries [3].

The WHO states that there are four important components to control cancer: cancer prevention, early detection, diagnosis, as well as

treatment and palliation. Developing countries face major challenges in each of these four areas [4].

The ultimate goal for caring children with cancer is to provide high quality care to a large number of patients. To achieve our goals in developing countries, we have to establish accredited cancer centers with well-trained personnel and providing standard cancer medication according to updated guidelines [3].

I hopefully wish in the near future to have in all the developing countries more specialized children's cancer centers, with a qualified team including; doctors, nurses, clinical pharmacist, psychologists, nutritionists, social workers and educators who can support the patient as well as the whole family members. I know this will need more funds and efforts.

On the other hand, there is always a role for the international societies and organizations to provide a great support for the national cancer program in developing countries. The twinning between advanced cancer centers in developed countries and corresponding centers in developing countries can help to transfer knowledge and experiences in a short time [5, 6].

We have to gather sincere and concerted efforts on both the local & international levels.

At same time we have to provide the appropriate time and service, along with the most advanced scientific techniques.

By these gathering, we can be on the sound track that enables us to offer optimum treatment for the child as well as reducing psychological and financial burden on their families.

Is it a dream? I hope not.

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