

## **Cancer Management at the Regional Cancer Centre in Orissa: Women's Experience of Breast and Cervix Cancer Care**

### **ABSTRACT**

The word 'cancer' has become a metaphor for grief and pain and puts enormous strain on public health worldwide. Cancer care means the availability of services along the full span of cancer care continuum which includes risk assessment, primary prevention (education and counseling for awareness), secondary prevention (screening and detection), diagnosis, treatment, recurrence-surveillance and end-of-life care. The present study intends to explore access and barriers to cancer care in an underserved area of India. Orissa being one of the underdeveloped states in India characterized by various constraints, namely poverty, lack of awareness and inadequate medical and social care system is considered the ideal locale for understanding how poor structural and social characteristics influence the spectrum of cancer care. The main study unit is a Regional Cancer Centre in Orissa. The study has an exploratory research design and uses qualitative research methods. Interview with fifty women patients undergoing treatment for breast and cervix cancer and group discussions with Oncologists at the Centre were held to collect data for the study. The latter provided the medical perspective for interpreting women's experiences. The findings highlight the challenges involved in delivering quality cancer care in an underserved area with poor socio-economic indicators. The study shows that structural and socio-cultural barriers disrupt the continuity of cancer care delivery. The Centre has not been able to tailor its programs: both primary and secondary prevention, diagnosis and treatment to suit the distinctive requirements of the population. Moreover, the quality of treatment is compromised due to under-financing of the Centre. Ethical principles for screening and treatment are not safeguarded by the doctors. The Centre has poor co-ordination with the existing health system and with women-related programs to reach better health outcomes. The study proposes a hierarchical integration of cancer care delivery at the local and district level, training of the health care workers at different levels, strengthening of existing structures, upgrading service delivery and improvement in cancer care financing. In other words, it suggests a sensitive implementation of the revised National Cancer Control Program.

**Key Words:** Cancer Care Continuum, Access and Barriers, Primary and Secondary Prevention, Diagnosis, Treatment, End-of Life-Care.