

Jobs for cancer survivors

I REFER to the report "Kula urges employers to hire ex-convicts" (*The Star*, April 29), which is indeed refreshing news. And kudos to Youth and Sports Minister Syed Saddiq Syed Abdul Rahman for pioneering this effort to provide former convicts the opportunity to turn their life around.

I would now like to humbly request Human Resources Minister M. Kulasegaran to also kindly consider encouraging employers to hire cancer survivors.

Levels of prevention in public health can be broadly classified into primary, secondary, and tertiary prevention. We have health education programmes, health awareness campaigns, and vaccination as primary prevention.

We also have health screening, early detection of disease and prompt initiation of treatment as part of secondary prevention. And last but not least, tertiary prevention outlines the importance of rehabilitation and improvement of patients' quality of life and is aimed at reducing the impact of the disease.

The Health Ministry's National Strategic Plan For Cancer Control Programme 2016-2020 underlines the importance of rehabilitation as part of tertiary care in cancer management.

Cancer, as we all know, causes tremendous pain and agony to those who have been afflicted with this dreadful disease. Besides having to endure physical and mental health issues, cancer patients also undergo financial and employment uncertainty.

The World Health Organization (WHO) estimates that the global

cancer burden has risen to 18.1 million new cases and 9.6 million deaths in 2018. One in five men and one in six women worldwide develop cancer during their lifetime, and one in eight men and one in 11 women die from the disease.

Worldwide, the total number of people who are alive within five years of a cancer diagnosis, also called the five-year prevalence, is estimated to be 43.8 million. Cancer survival, on the other hand, means the percentage of people alive after a particular length of time. The survival statistics for cancer are usually projected as one-year, five-year or 10-year survival rate.

While these statistics have indicated an increase in the number of cancer cases, various public health preventive initiatives coupled with the availability of better treatment modalities over the past decades have significantly improved the survival rate across almost all types of cancers among our patients.

For instance, the five-year survival rate for prostate cancer in the United States of America has seen significant progress at 99% in 2013, up from 69% in the 1970s. Other cancers which have shown improvement in the five-year survival rate in the same time period include breast cancer, which has advanced from 75% to 90%, and colon cancer, which has increased from 50% to 64%.

On our home front, the Malaysian Study on Cancer Survival (MySCan) published in 2018 by the Health Ministry is the first population-based cancer survival study done in the country using the National Cancer Registry

data. From this report, we now know that the five types of cancer with the highest five-year relative survival rate are thyroid (82.3%), prostate (73.0%), corpus uteri (70.6%), female breast (66.8%) and colon (56.8%) cancers while the lowest survival was seen in malignancy involving the lung, trachea and bronchus (11.0%).

Within each type of malignancy, the survival rates may differ by factors such as age, gender, ethnicity and stage of disease. For example, a person diagnosed with Stage I thyroid cancer has a five-year relative survival rate of 96% as opposed to 40.9% for a Stage IV thyroid cancer (MySCan, 2018).

In my personal experience as a medical officer at the Oncology Department of Hospital Kuala Lumpur (HKL), I know that the diagnosis of cancer has led to prolonged absence from work, diminished prospects for getting jobs, difficulties in retaining existing employment and retrenchment.

By and large, as the diagnosis of cancer somewhat inflicts a certain degree of social stigma, some employers may not be convinced that a vast number of cancer survivors, especially those with early stage disease, can actually perform and function as regular employees, as each different type of cancer has its own prognosis and overall survival, depending on various socio-demographic and clinical factors.

This means that generally, and unfortunately, a survivor diagnosed with Stage I thyroid cancer could be perceived to have an equally poor prognosis as someone diagnosed with Stage IV liver can-

cer. In reality, however, the former scores a five-year survival rate of over 95% as opposed to the latter with approximately 10% (MySCan, 2018).

This scenario may sound trivial, but sadly it could cost a job opportunity to a cancer survivor who may be looking for employment to feed his family.

As such, a comprehensive assessment of the actual burden of unemployment among cancer patients in Malaysia is urgently needed. A collaborative approach between the Human Resources Ministry, representatives from various employers and groups of cancer NGOs could start the ball rolling to address concerns arising from both cancer survivors and employers.

A re-employment pathway specifically for cancer survivors could be devised and executed. Prospective employers should also be informed about the various factors that contribute towards the prognosis of cancer patients.

Tertiary prevention of public health to improve the quality of life and enable financial freedom should ideally be emphasised as a key health outcome upon a diagnosis of cancer. As we celebrate the 100th anniversary of the International Labour Organization (ILO) this year, it is my sincere hope that cancer survivors in Malaysia would soon be able to enjoy better quality of life through vocational rehabilitation as part of tertiary prevention of cancer.

DR SRI GANESH MUTHIAH
Public Health Physician, UPM
Founder, Cancerfly Networks