



## 2017 ZAGREB DECLARATION ON PERSON CENTERED CANCER CARE



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Cancer is a term used generically to include a large number of diseases that can affect any part of the body. One common feature among all cancers is the rapid development of abnormal body cells that grow beyond their usual boundaries, and can invade and spread to other parts of the body. This cell metastasis is the major cause of death from cancer. Cancer contributes 8.8 million deaths each year worldwide and approximately 14 million new cancer cases are detected. One in six of deaths is due to cancer.

The number of new cases of cancer is expected to rise by about 70% over the next 2 decades according to the World Health Organization. Low and middle-income countries carry the main burden of cancer with approximately 70% of all deaths worldwide. Only 1 in 5 low- and middle-income countries have the necessary data to drive cancer policy. Service availability and quality are variable and many people with cancer around the world have difficulties in accessing the services they need. Late-stage presentation and lack of access to diagnostic and treatment services are common. In 2015, only 35% of low-income countries reported having pathology services that are generally available in the public sector. More than 90% of high-income countries reported that treatment services are available compared to less than 30% of low-income countries. The economic impact of cancer is significant and is increasing. The total annual economic treatment and social costs due to cancer in 2010 was estimated at approximately US\$ 1.16 trillion.

Around one third of deaths from cancer are due to the five leading behavioural and dietary risks according to the WHO. These are a high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use, and alcohol use. Tobacco use is the most important risk factor for cancer and is responsible for approximately 22% of cancer deaths. Cancer causing infections, such as hepatitis and human papilloma virus (HPV), are responsible for up to 25% of cancer cases in low- and middle-income countries.

The important role of behavioural factors and lifestyle in relation to cancer make particularly compelling the implementation of a person-centered approach both for the care of the individual and for the public's health. It highlights the responsibilities of all human beings for their own health complementing the efforts of health professionals, health stakeholders and society at large. And brings into sharp focus the suffering and emotional impact of cancer on affected individuals, their families and care givers.

The principles of person centered medicine have been the foundation of the best medical practice over the last two millennia. These principles have matured and been advanced through the Geneva Conferences and International Congresses of Person Centered Medicine. These are organized annually over the past 10 years by the International College of Person centered Medicine in association with international organisations including the World Health Organization, World Medical Association, the International Council of Nurses, and the International Alliance of Patients Organizations.

Our vision should be a world free of cancer and in order to accelerate the achievement of such a vision the International College of Person Centered medicine recommends that:

1. A person centered approach informed by the biomedical, psychosocial, cultural and spiritual dimensions is needed to fully understand the impact of cancer with its comorbid conditions, as well as the positive aspects of health on each individual.

2. The individual care for each person experiencing cancer and comorbidities should be guided by an ethical clinical framework, which must include respect for each person's dignity and autonomy, the restoration and promotion of their health, quality of life and the fulfillment of their life project.
3. Effective communication involving engagement at all levels among health and health related professionals, the establishment of empathy and attention to subjectivity and inter subjectivity with each person as a patient and his/her family to optimize person centered cancer care.
4. Patients and their families should be fully engaged along with clinicians in establishing a common ground for care. This would lead to a collaborative partnership and care as a joint understanding of the situation as well as shared decision making for care planning.
5. Health professionals' education as well as health research as fundamental support activities should be person-centered.
6. Governments need to strengthen data collections on risk factors, early detection (screening), early diagnosis, promote treatment and outcomes to enable the building up of sufficient evidence to inform policies and improve the interventions, make effective use of technology and thereby improve service quality.
7. Governments should encourage, commission and fund academic institutions to conduct further research on the causes of cancers and discovering innovative approaches for prevention, early detection, diagnosis, treatment and palliative care.
8. Ensuring that the design, organization and monitoring of health services for cancer and comorbid conditions are person- and community-centered with adequate expertise and support facilities comprising the continuum of diagnostic services, physical, emotional and rehabilitation care as well as palliative care.
9. Strengthen person- and people-centered Primary Care as the first step to achieve universal health coverage (UHC) and health equity to the entire population to protect cancer patients and their families from additional financial burdens. Proactive (upstream) primary health care (PHC) services have a major role in early detection (screening) and diagnosis of cancer cases at early stage to ensure immediate intervention and improve survival rates and quality of life. Primary Health Care (PHC) provides unique, continuous and person centered services to individuals at risk of and patients with cancer and their families who require one to one support at every step of prevention, disease process and therapeutic interventions.
10. Palliative and hospice care should be closely integrated with the cancer care network; they need to be person centered and address the needs of patients and their families humanely and with sensitivity.
11. A 'hub and spoke' model for cancer services will be most appropriate. Cancer centers should be population based with at least minimum number of expert and support facilities (diagnostic, oncology, radiotherapy, psychotherapy, physiotherapy, palliative care, alternative medicine, etc.). Cases identified in all hospitals and centers outside the 'cancer center' should refer suspected cases within two weeks of the initial provisional diagnosis.
12. Governments should set up a central public health agency which will ensure the coordination of a wide range of health promotion and primary and secondary prevention services which must include cancer and associated risk factors. Such prevention programs from smoking to weight and dietary control should be designed around the people and through them.