Cancer care in New Zealand: thoughts from afar

Murray F Brennan

I am the most fortunate of people. I received a remarkable education at the University of Otago in the early 1960s. It was meant to be a medical education; however, I learnt very little about medicine but a great deal about life. I was no academic star as I stumbled through somewhere in the midst of the pack. During that time, however, I was able to grow from an immature youth to some semblance of an adult. I was fortunate to be involved in high-level rugby, be active in student politics, complete a degree in math, and had an opportunity to travel internationally while completing medical school. Once graduated, I realised how little I knew, and how I would have to give up most, if not all, of these extracurricular activities to learn some medicine. This began in Dunedin, and it was matured when I moved to Boston to the Peter Bent Brigham Hospital, where I completed a surgical residency. Following that, I spent 6 years at the National Cancer Institute, developing my own clinical and basic research interest in cancer.

I moved to the Memorial Sloan-Kettering Cancer Centre (MSK) in 1981, where I have stayed ever since. MSK is a unique place and premiere cancer hospital, present for over 150 years. Working in this focussed environment has been a privilege and a constant challenge. Having similarly focussed colleagues around me has provided constant stimulus. While I have been invited to look elsewhere I cannot imagine an environment more conducive to challenge, innovation and progress in cancer care.

People used to ask why I did not return to New Zealand. It was not that I did not wish to return or that I did not have enormous affection for the country, particularly for central Otago where I have two sons. Both were raised in New York but have embraced New Zealand culture, as if native-born. I did not return because there was nothing to return to that would allow me to fill my professional aspirations. What do I mean by that and why do I bother even writing this brief tome? When I began more than four decades ago, the only potentially curative therapy for solid tumours was a surgical operation, often a major operation with significant morbidity. Remember John Hunter, who in the eighteenth century said, "*Surgery is like an armed savage trying to render by force what a civilized man would render by stratagem*".[1] Chemotherapy for haematological and paediatric malignancies began in the 1950s. Radiation therapy, while discovered early in the century, was relatively ineffective and viewed predominantly as palliation, which in itself was accompanied by significant side effects. For me there was a great opportunity for understanding the cancer patient and the response in man to the presence of a cancer.

We now know that where you get your initial cancer diagnosis, investigation and initiation of a treatment plan determines your outcome. We can clearly show that survival outcome and minimisation of complications of cancer treatment are improved when delivered in a cancer centre. What is most exciting is that new innovations, delivered precisely and to minimise morbidity, can provide superior outcome. Cancer care in the 2020s is a team sport. There is no one player that dominates the delivery of care. Leadership yes, research yes, sensitivity and insight yes, but it is all done within the team.

New Zealand is a relatively small country in terms of population, but diverse in culture. In my opinion, New Zealand deserves two focussed cancer centres, one in each main island. New Zealand has unique challenges in cancer care; some relate to the diversity of the population, and, as in the United States, the limitation of access for certain sections of the populace. However, with the advent of video consultation and remote evaluation it is no longer necessary that every patient with cancer be referred to a centre of excellence. It is, again in my opinion, essential that there be centres of excellence to provide consultation and access for the more complicated cancers, and those requiring more sophisticated or innovative evaluation and treatment. An innovative centre providing a clinical and research environment will attract clinicians and information scientists back into New Zealand.

Why bother with this preamble? I have been

involved in providing some advice and support for the proposed cancer centre in Christchurch. This is not to pre-empt other parts of the nation, but is in a community with strong clinical, financial and intellectual strengths with a supportive private sector that would allow a model that could be applied elsewhere. I believe citizens of New Zealand, given the strong historical record of excellent clinical care, deserve and need a focussed national cancer centre network with hubs in Auckland and Christchurch. Such dedicated cancer centres would contain a strong research component in all areas of cancer and would provide an environment that would attract and retain clinicians, scientists and healthcare professionals who want to live in one of the most attractive countries in the world, but need the intellectual, physical and societal ambiance that allows them to grow and contribute to the better care of the cancer patient.

COMPETING INTERESTS
Nil.

CORRESPONDING AUTHOR INFORMATION
Professor Sir Murray F Brennan, MD, GNZM, FACS: Senior VP International Programs; Chairman Emeritus Surgery; Benno C Schmidt Chair in Clinical Oncology; Director Bobst International Center; Memorial Sloan Kettering Cancer Center. E: brennanm@mskcc.org

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