

Britain: Calls for Herceptin breast cancer drug and healthcare rationing

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On November 25, the British Medical Journal (BMJ) published a report entitled “Rationing: How much will Herceptin really cost?”

It was widely covered in the UK press. The *Guardian* declared, “Thousands of patients could be denied life-saving medicines if hospitals are to pay for the few to be given the breast cancer drug Herceptin, doctors warn.”

The *Times* proclaimed, “Doctors say Herceptin is a waste of money.”

Nearly 9 percent of women will develop breast cancer during their lifetime, making it one of the most common types of cancer in women. More than 1 million new cases of breast cancer are diagnosed worldwide each year—predominantly in the industrialised world. About 400,000 people die each year from the disease, although death rates are declining probably as a result of earlier detection and improved treatment.

Herceptin is the most well-known of a new generation of drugs, called monoclonal antibodies, which scientists believe will revolutionise the treatment of cancer. They are more effective than traditional treatments because they target individual cancers without damaging healthy cells, which conventional drugs tend to do. Herceptin targets a particularly aggressive form of breast cancer, which is responsible for about 20 percent of cases of the disease. An experiment with Herceptin in the UK has shown that only 9.4 percent of women found their cancer returned after using the drug compared to 17.2 percent who did not use it.

The US Food and Drug Administration approved the use of Herceptin in 1998 for women with advanced breast cancer, where the disease has spread to other parts of the body. The department that authorises drug

use in the UK, the National Institute for Health and Clinical Excellence (NICE), followed suit in 2002. Following a number of high-profile legal battles by patients with early stage breast cancer who had been refused Herceptin by their health authorities, NICE was forced to extend the drug’s use to such patients in July 2006. On November 17, 2006 the FDA also approved the use of Herceptin for early breast cancer in the US.

Welcoming NICE’s decision, Joanne Rule, chief executive of the charity Cancerbackup, said, “From now on treatment should depend on clinical need and not on where you live, how much money you have, or how ‘exceptional’ you are.”

The authors of the BMJ report are three doctors in the Department of Oncology at the Norfolk and Norwich University hospital and Richard D. Smith, a reader in health economics at the University of East Anglia.

The doctors complain that NICE has capitulated to “high profile patients, media bias, industry support and political gaming” by approving the use of Herceptin in the treatment of early breast cancer. In addition, it has failed to provide “additional funding or any suggestion of which services to cut,” leaving medical staff with “difficult decisions to make.”

The cost for one year’s treatment with Herceptin in the UK is around £19,500 (\$38,000) and the total bill could be £100 million per year, or about a quarter of the annual cancer drug bill for the whole country.

The doctors argue that the £1.7 million cost of treating 75 patients with Herceptin at the Norfolk and Norwich University hospital will prevent 355 patients with other cancers being treated with cheaper alternatives. One of the doctors, Ann Barrett, said, “We will be the ones to tell them they are not getting a treatment that has been proved to be effective, which costs relatively little, because it is not the ‘treatment of

the moment.” Another of the doctors, Tom Roques, said, “In an ideal world, there would be ring-fenced government money to back up NICE decisions. But we at least need a public debate about how we keep up with new treatments and expensive treatments in a rationed NHS.”

The BMJ report says NICE should be given responsibility “to decide what should be cut to fund newly recommended technologies or the ability to allocate extra funds for implementation (or both).”

The media has largely ignored any suggestion of extra funds and fully endorses the claim that rationing is the only alternative in a market-driven NHS.

Such calls for the rationing of treatment can only result in a sordid squabbling for resources amongst different sectors of the health service, rather than addressing the more fundamental question: Namely, whether humanity can afford a political and economic system that sacrifices the fruits of science and technology and their revolutionary implications for medical treatments at the altar of profit, all in the name of “cost effectiveness” and “value for money”?

In the same week that the doctors from Norfolk and Norwich University hospital published their report, Prime Minister Tony Blair announced that British military forces would be given “whatever they want” to prosecute the war in Iraq and Afghanistan. The Centre for Economics and Business Research also revealed that Christmas bonuses in the City of London are expected to total a record £8.8 billion, an increase of 18.3 percent on 2005.

Such truly wasteful extravagance received barely a mention in the same media that was demanding restrictions in health treatment. It should also be pointed out that the Roche group, manufacturers of Herceptin, saw total sales increase to £8.5 billion for the first six months of 2006 and operating profit rise 27 percent to £1.9 billion. But none of the media, nor the BMJ authors, suggested that Roche be made to cut its prices, much less questioned whether it was in society’s interest for the drug industry to be run along profit-making lines.

Should the BMJ authors have really wanted to address the issue of waste in healthcare, they could have looked much closer to home.

In May this year the House of Commons public accounts committee criticised those involved in the

construction of the Norfolk and Norwich University hospital itself, one of the first hospitals built under the Private Finance Initiative (PFI). This was first introduced in 1992 by the Conservative government as a means of privatising essential services by stealth and since expanded under Labour. Under PFI, private sector corporations design, build, own and operate public services in return for an annual fee for the duration of the contract, typically 25 to 35 years.

The Commons committee revealed that a refinancing deal had “lined the pockets of the investors” with a windfall payment of £115 million and an increase in the rate of return from 16 percent to 60 percent. At the same time management at the Norfolk and Norwich University hospital announced that they were heading for a deficit of nearly £15 million and 450 jobs were at risk. Even the Conservative chairman of the committee, MP Edward Leigh, was forced to complain about the “unacceptable face of capitalism” revealed at the hospital.

The only rational solution to the crisis in health care is a socialist program of providing universal, comprehensive medical coverage paid for by the government and turning the giant pharmaceutical firms into public utilities.



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