

Tens of thousands of cancer sufferers denied treatment in UK during pandemic

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The COVID-19 pandemic has exacerbated the dire situation facing tens of thousands of UK cancer patients. At the end of December 2020—the worst month for medical backlogs since records began in 2007—almost 4.52 million patients in England were waiting to start hospital treatment. 224,205 people had been waiting more than a year.

Tens of thousands of cancer sufferers are among those waiting. Hundreds of them will die needlessly because of the Conservative government's criminal response to the pandemic.

An article by the Cancer Research UK charity highlights the increasing numbers of patients waiting for cancer referrals, diagnoses and treatments. The article notes that, since the onset of the pandemic, waiting times for screening, tests and treatment have been steadily increasing. Roughly 40,000 fewer people started treatment for cancer in 2020 compared with previous years. According to Jon Shelton, senior cancer intelligence manager at the charity, the drop in numbers of cancer patients is primarily driven by a lack of diagnoses.

Many cancer diagnosing tests cannot be carried out due to the sustained pressure on hospitals created by the pandemic. Around 600,000 fewer endoscopies were performed in England between March and November.

Patients with operable cancers that can be removed by carrying out surgeries have also had to wait for months, often becoming unsuitable candidates for such procedures as their condition worsens.

In reference to a study from October 2020, the *British Medical Journal* (BMJ) noted that across the seven major cancer types each four-week delay between diagnosis and surgery was linked to a 6-8 percent increase in mortality rates. Four-week delays for radiotherapy and chemotherapy could see mortality

rates increase by as much as 23 and 28 percent respectively.

An oncologist who works in a north west England National Health Service (NHS) hospital trust told the WSWS, “We see a large drop of patients coming for treatments. This is because hospitals are overwhelmed with COVID-19 cases. Cancer patients are struggling to get appointments for clinics. Even if they managed to have an appointment, most of the occasions, we currently have telephone consultations.”

He added, “It is very difficult for us to understand the severity of a patient condition without carrying out physical examinations. For instance, when we manage Lymphoma, patients have a lump or tumour somewhere in their bodies. We simply cannot understand the size of it without palpating [examine by touching] it. Patients with myeloma get bone pain and tenderness. How can we understand it without touching and seeing them? To check whether patients have got lymph node enlargement, splenomegaly and hepatomegaly we have to examine their bodies.

“Under the coronavirus situation there is an enormous crisis in diagnosing cancer and determining their severity. This delays cancer treatment. The outcomes of treatment and prognoses suffer as a result.”

“When we start treatment, the cancer patients can have very sinister bacterial, viral and fungal infections. These infections can be fatal for this group of patients who are immunocompromised. But because of the Covid situation, they cannot get admitted to our units quickly. If they need Intensive Care treatment they won’t have it because ICUs are overwhelmed. The kind of patients we used save before, die now, because of this situation,” he explained.

Describing the perilous situation in wards, the oncologist said, “We are forced to discharge patients

before their treatments are completed. Bed managers are pressurising us to send the cancer patients home earlier than we used to do before. They say that the bed capacity is dire in the hospital.”

At the start of the pandemic, the WSWS warned: “Thousands of deaths are expected due to delays in referrals and treatment for cancer and other life-threatening illnesses in the UK, as the National Health Service is overwhelmed with COVID-19 cases.” We explained this would be the result of the “herd immunity” policy being nakedly pursued by the Johnson government.

The impact of the pandemic and the herd immunity agenda fell on a health service already being driven into the ground. Figures from the Nuffield Trust show that delays to diagnoses and treatments have been increasing year-on-year for the past six years—the 18-week target was missed for 48 percent of patients in June 2020. These delays stem from over a decade of savage austerity cuts, which have created a massive shortage of National Health Service (NHS) staff, beds and equipment.

According to NHS England data, bed capacity has been slashed by almost two thirds over last 34 years in England. In 1987, the average available daily number of beds for all specialties stood at 297,364. Bed capacity was down to 118,451 in 2020.

Staff shortages are also a hugely significant factor. The WSWS noted in 2019: “One of the main factors in treatment delay is staff shortages, especially of clinical oncologists—those who treat cancer patients with chemotherapy, radiotherapy and immunotherapy.” Considering figures then available, we highlighted that “A census carried out by the Royal College of Radiologists in 62 major cancer centres in the UK found that more than 7.5 percent of consultant posts, which amount to 70 full-time posts, were vacant.”

The number of vacant nursing posts is over 40,000, accounting for 40 percent of NHS vacancies, which total a staggeringly high 100,000.

The human suffering caused by the destruction of the NHS is exemplified by patients like Adrian Rogers, whose cancer became inoperable due to delays in his surgery. Rogers was quoted by the BBC as saying, “People will have now died as a result of delays to treatment.” The article revealed Roger’s wife has been forced to start a GoFundMe page to pay for life-saving

treatment for her husband as the care he requires is not available on the NHS.

The pandemic has vastly accelerated the premature deaths of workers from treatable cancers. Enormous leaps in technology and medical science have helped scientists better understand cancer, paving the way for earlier and more accurate diagnosis, as well as improving methods of treatment. The subordination of healthcare to the accumulation of private profit, however, keep these advances out of reach for the majority of the population.

Besides Tory and Labour governments, responsibility for the catastrophe in the NHS is shared with the trade unions. They have presided over the increasing rationing of treatments, the profiteering of medical services via privatisation, the loss of staff and decrease of beds.

The unions backed the 1997 Blair/Brown Labour government whose use of Private Finance Initiatives resulted in privatisations and a growing NHS debt burden and laid the foundations for the Tory 2012 Health and Social Care Act. They did nothing to oppose the 2012 Act, which accelerated the process of privatisation. They have not raised a peep over new privatisation plans contained in Hancock’s white paper, “Integration and Innovation: working together to improve health and social care for all”.

Throughout the pandemic, the unions have collaborated with the government to enforce its repeated premature reopenings, resulting in devastating waves of the disease which have crippled the NHS.

For further information visit NHS FightBack



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