



Uncounted Contributions and Volunteerism

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UNCOUNTED CONTRIBUTIONS AND VOLUNTEERISM



As I reflect on the 16th Annual Meeting of the ACCC, I can't help but wonder about the uncounted costs of cancer care in this country. Let me explain what I mean. The opening of the meeting started with a presentation to the board by Maryann Roper, M.D., then Deputy Director of the National Cancer Institute. She spoke at length about the NCI budget, as well as Congressional hearings relative to the 1991 budget, its Gramm-Rudmanization, and relative decrements in that budget. Dr. Roper's conclusion was that progress in cancer therapy and, thus, survival of the cancer patient, would be definitively slowed due to the budgetary constraints being imposed.

Thursday morning there was a presentation by John Hoff, an attorney with Swidler and Berlin and counsel to the ACCC. Mr. Hoff spoke about shrinking dollars and relevant legislation which, if imposed, will further truncate the ability of physicians and hospitals to provide high-quality oncologic medicine.

Later that afternoon, speakers at a chemoprevention symposium addressed intriguing interventions available for study in chemoprevention in a variety of malignancies. However, little was said about reimbursement for preventative interventions or the likelihood of reimbursement denials for the clinical care associated with such trials.

On Friday, we took the bull by the horns and addressed the nitty-gritty issues of legislation, cost, and reimbursement, and the impact on quality care for the cancer patient. A distinguished panel of

speakers, representing government, the AMA, and the insurance industry, spoke about their respective concerns, and alluded to the impact on the oncologic health of the American populus.

Later that day, the House of Delegates voted to amend the bylaws to accommodate a new membership category, ACCC Chapters, in the interest of the cancer patient in the community. The formation of ACCC Chapters acknowledges the need for organization of cancer care providers at the local level, because of the threats to appropriate, current cancer care that are being legislated at the local level.

On Saturday, we heard Steven Rosenberg, M.D., and others, describe exciting advances in biotechnology, both therapeutic and diagnostic. I don't recall much overt discussion relative to reimbursement for these interventions; however, I do vividly remember the speakers discussing the need for sophisticated immunologic assays required to implement these new modalities and alluding to the need for them to be restricted to centers that can provide these analyses.

In the midst of all of this stimulation, I talked to a wide variety of ACCC members. Overwhelmingly, they admitted the same concerns over the financial constraints under which they function in their "home purviews," be they hospitals, physician offices, HMOs, free-standing cancer centers, home health care services or CCOPs. It occurred to me that in the management of cancer in the United States, little acknowledgement is given to the quantity of volunteer time and monetary contributions provided to the overall goal of the conquest of malignant disease. From the ACCC perspective, board members have, for more than 16 years, given their time and expertise for a level of travel reimbursement that fails to cover the direct expenses. CCOPs, budgeted at 12 million dollars per year, contribute a like amount to the recruitment and treatment of patients on NCI clinical trials. Hundreds of medical, surgical, and radiation oncologists provide millions of dollars of unreim-

bursed care to cancer patients each year. Thousands of institutions in this country provide cancer screening, detection, treatment, clinical research support, and terminal care, amounting to millions, if not billions, of dollars per year to the battle against cancer, because that is their mission. This analysis ignores the hundreds of thousands of volunteer hours that are amassed by nurses, social workers, physical therapists, respiratory therapists, occupational therapists, tumor registrars, lay people, hospital programs, home health agencies, and social service agencies that are uncompensated and dedicated only to battle malignant disease. These hours are accrued, but not touted. These volunteers truly believe, and rightly so, in the need to eradicate malignant disease, or at least minimize its devastation.

It's interesting that no one counts these contributions on the health care finance balance sheet. I suggest that the more time we, as health care providers, are forced to spend in addressing issues that compromise funding and, thus, the quality of cancer patient care, as well as other issues that compromise our ability to progress in the eradication of the disease, the less dollars we can expect to be available to support the uncounted initiatives that contribute to the conquest of malignant disease. As an association, we must continue to represent the cancer patient in these times of turmoil, to believe that the battle is worth fighting, and to continue to give of ourselves. . . even if no one is counting.

A handwritten signature in blue ink, appearing to read "Jennifer L. Guy".

**Jennifer L. Guy, B.S., R.N.
President**