



## Back to the Future

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**E**dward L. Moorhead, M.D., past president of the Association of Community Cancer Centers and former medical director of the Grand Rapids Clinical Oncology Program, reveled in telling the following story. He enjoyed the story so much, it became the opening of his speech to the American Cancer Society's Science Writers Conference in Daytona Beach, Fla., in 1982.

During his freshman year in medical school (1958), Dr. Moorhead's class attended a clinic at which a 60-year-old woman with well-advanced cancer of the ovary was presented. The patient's tumor had failed to respond to surgery, radiation, and chemotherapy. The patient was in a terrible state; she was emaciated, short of breath, and had abdominal ascites. After leaving the patient, the professor asked the students what they would suggest to the patient. When called upon, Dr. Moorhead replied that he would suggest that the woman go to Lourdes. She obviously needed a miracle.

The faculty response was negative. In fact, it may be that Dr. Moorhead's career was saved only by the fact that he was enrolled in a Catholic medical school.

Dr. Moorhead would go on to explain that 25 years later patients would not have to travel to Lourdes in search of their miracle. Thanks in part to the remarkable advances in cancer research, cancer patients in community hospitals all across the country are receiving a level of excellence in cancer care that would have been considered miraculous in 1958 or even in 1978.

An overview of our heritage is impressive and instructive. The roots can be traced back to the early 1970s when competition among community hospitals involved a costly race to see who could build the latest high-tech facilities. At the same time, oncologists moving into community practices began looking for ways to collaborate with the universities they had just left. The development of cooperative group outreach programs and other NCI initiatives such as COP, CHOP, and CCOP in the 1970s and 1980s demonstrated that community physicians could work harmoniously with the centers to improve patient care.

In 1974 the Association of Community Cancer Centers was established and created a forum for community cancer care providers to exchange ideas and work together to improve care in community cancer programs. The creation of the Oncology Nursing Society contributed significantly to the level of excellence in nursing practice, which is now the standard in community cancer programs across the country.

Today we are at a crossroads in America's health

care system. A patient's access to state-of-the-art cancer care is being threatened by a managed care environment that has developed incentives for health care providers to provide less specialized care. John W. Yarbro, M.D., futurist and ACCC past-president, predicted this scenario in a paper he authored in 1982 titled "Back to Square One."

"I foresee that 1991 will present to the community oncologist a situation as frustrating and as unexpected as 1981 has presented to the university oncologist with his many protocols and few patients. Simply stated, in an attention-getting format: Your patients are going to disappear."

Yarbro went on to say that "competition for patients among physicians would reduce referrals and compromise research efforts. The decline in research would in turn cause the treatment regimens to standardize, and non-oncologists would do their own chemotherapy." Participation in clinical trials, he suggested, was not merely in the interest of the cancer patient, but directly related to the survival of the private practicing oncologists.

Clearly, our Association's challenge is to address the threats to cancer care. We must:

- define the standard of care through the development of practice guidelines for the management of cancer
- aggressively promote and advocate for patient access to the cadre of highly trained interdisciplinary cancer care providers in the community
- promote participation in national comprehensive cancer center, cooperative group, and other clinical research
- provide a forum for building linkages with primary care and other specialties new to community cancer programs
- assist community cancer programs as they redefine their role in a managed care environment.

It will take significant effort and the collaboration of the entire interdisciplinary team to move forward and redefine our role in this chaotic, cost-conscious environment.

Dostoyevski once wrote, "A new philosophy, a way of life, is not given for nothing. It has to be paid dearly for and only acquired with much patience and great effort."

Our future heritage awaits.

Diane Van Ostenberg