

Discussion

The Politics of Cancer Dave Forman

John Mathews' article 'The Politics of Cancer' (*Marxism Today* May 1981) performs a valuable function in highlighting some of the political implications of overcoming the problem of cancer. Like any other major social problem, cancer is a subject that cannot be left to experts to discuss. Although the scientific and medical professions have to make many and varied decisions about the research into and treatment of the disease, cancer is a problem for the whole community. The sheer size of the problem in terms of the number of people affected by cancer, the measures that are necessary to facilitate its prevention, and the allocation of sufficient financial resources to adequately investigate it, together produce an enormous number of political ramifications for society to deal with. However, in order for the general public to consider the problem realistically, and if necessary to take political

action, it has to be well informed. Society has to be aware of the degree to which different types of cancer occur and the relative importance of the different causative factors. It has to know what the results of proposed preventative strategies are likely to be and the likely effectiveness of alternative political options.

In my view, Mathews' article is inadequate in these respects. By concentrating solely on cancer hazards in the workplace, Mathews places cancer in a completely false perspective which, in turn, leads to a rather narrow set of political conclusions. What I hope to explain below is that cancer has a multiplicity of causes and consequently a wide range of preventative strategies could be available to combat the disease. Each of these raises a different set of problems which have to be considered when dealing with the politics of cancer.

The main argument

Mathews' main argument is that 'it [cancer] is a product . . . of industrial pollution in its

widest sense. Control the pollution and the material basis of cancer will wither away'. This argument, which has a certain popularity at the moment, is based on three contentions: a) that cancer rates are increasing to an alarming level; b) that cancer incidence is linked with industrial activity; c) that 'the key to stopping cancer lies in the regulation of a handful of chemical and pharmaceutical cancer agents'.

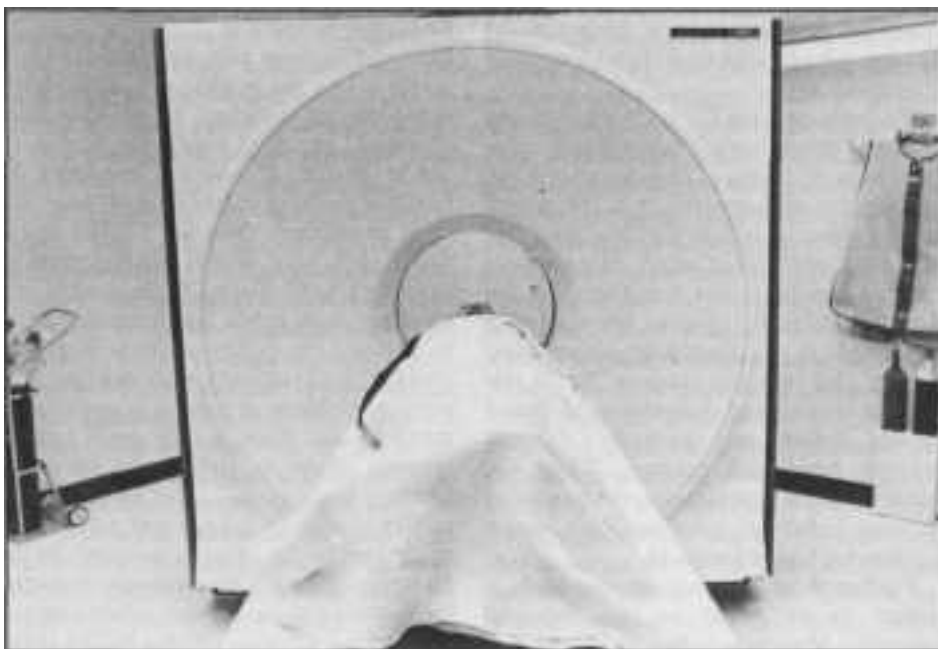
This in many ways appears to be a very satisfying analysis. It presents a straightforward cause and effect relationship, it clearly indicates political objectives and it presents a relatively simple set of remedies to eradicate cancer. It is also unfortunately wrong. Not only is it wrong but it is dangerous. The danger arises through a completely false optimism engendered about the prospects for combating the disease. Mathews rightly exposes 'miracle cures' for cancer as unrealistic for the near future. However by suggesting that regulating a handful of industrial chemicals will cause cancer to wither away, he is himself propagating a miracle preventative strategy.

He is, of course, right to be concerned about the effects of such toxic chemicals not only on those who have to work with them, but also on the general public through pollution of the atmosphere. By enforcing adequate regulatory controls, exposure to such hazards could definitely be minimised and associated cancer rates reduced. However, it is totally unrealistic to suggest that this would be the single key to stopping cancer. There are many other factors which play a role in the causation of cancer, some of which have yet to be determined. Further, even when identified the elimination of such factors from the environment might not simply be a matter of legislation. As is now well known and will be amplified below, the cigarette is a major cause of cancer in our society. But changing people's smoking habits is not something which is easily accomplished. It could well be that several causes of cancer will be identified in the future which, like smoking, will require a change in lifestyle if they are to be avoided.

Lung cancer — the central problem

The main defect of Mathews' position can be seen by looking at the three main points outlined above. Firstly — is cancer on the increase? In terms of total deaths, the answer is decisively yes. Table 1 shows the death rate from cancer in England and Wales over the 40 year period from 1931 to 1971 and the figures show an overall increase of about 20%. However these figures are somewhat misleading as cancers of some parts of the body

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are increasing while those of other areas are remaining constant or even decreasing. If one looks at the pattern for individual cancers the situation is varied. Figure 1 shows the changes in mortality due to the 4 types of cancer that are the biggest killers. Together these four account for 3 out of every 5 cancer deaths. Over the period considered, stomach cancer has declined markedly, colon and breast cancer have remained roughly constant and there has been an enormous upsurge in cancer of the lung. In fact the increase in lung cancer accounts totally for the overall rise in cancer mortality over the last 50 years. If one breaks down Table 1 into lung cancers and non-lung cancers (Table 2) it can be seen that deaths from the latter have actually been decreasing. Exactly the same situation has been found in the USA and most other industrialised countries over the course of this century — a gigantic epidemic of lung cancer accounting totally for the net increase in deaths due to cancer.

Lung cancer has many complex and subtle causes. But the biggest factor is, without any shadow of doubt, smoking. Of the 35,000 people who die in Britain each year through lung cancer, 90% will be smokers. Since the introduction of the cigarette on a mass scale, lung cancer has changed from being a relatively insignificant cause of death to a major killer. Of course a proportion of lung cancer deaths will be due to factors other than smoking. However even these factors, of which asbestos is a good example, have a much more pronounced effect amongst smokers than non-smokers. In short, although one can talk, as Mathews does, about cancer being the epidemic of the twentieth century, it is evident that without smoking there would be no increase in cancer mortality.

Cancer and industrialisation

To turn now to the claim that cancer incidence is linked to industrial activity. As has just been pointed out, if one eliminates the effects of smoking, there is just no evidence that the vast increase in industrialisation in the twentieth century has led to an increase in cancer mortality. Certainly there have been several scandalous cases of cancer causing substances being used in industry with scant regard for their toxicity. Dozens of people have died as a result of exposure to such chemicals, deaths which could have been avoided. Such unnecessary loss of life is a tragedy of major proportions and there is absolutely no doubt that suggestions for screening chemicals for carcinogenicity, improving safety provisions, and reducing secrecy over industrial procedures must be fully supported and implemented. But the

Table 1

Cancer death rate in England and Wales for men and women between 45 and 64 years of age. Annual death rate per million population (age standardised) over each 5 year period.

1931-5	5,182
1941-5	5,241
1951-5	6,102
1961-5	6,222
1971-5	6,175

Note: It is generally thought that the 45-64 age group gives the best guide to prevailing trends in cancer mortality. Cancer in young people tends to be totally different in causation and nature from that in later life. Cancer in the over 65s has been inadequately diagnosed in the past and thus comparison of figures from different years is very inaccurate.

Table 2

Cancer death rates as in Table 1, divided into lung cancer and all other cancers.

	<i>Lung Cancer</i>	<i>All Other Cancers</i>
1931-5	349	4,833
1941-5	797	4,444
1951-5	1,665	4,437
1961-5	2,041	4,171
1971-5	2,048	4,127

numbers who have developed cancer as a result of this sort of exposure are small. To put things in a rather gruesome perspective, John Mathews uses the example of vinyl chloride monomer (VCM) as an industrial carcinogen which caused several cancer deaths in the past, and over which a 'cover-up operation' was mounted. But the total number of people *ever* likely to have died as a result of such exposure is less than the number who die *each week* through smoking related cancers.

Mathews cites the US study which shows increased cancer levels in urban as opposed to rural areas of America. This cannot however be taken as evidence that it is the greater concentration of industry within cities that causes the extra risk of cancer. In some cases this is a possibility and it is likely that the American shipbuilding areas, where asbestos was used in a completely uncontrolled manner, fall into this category. But it also must be remembered that smoking levels and dietary habits are markedly different between town and country. When one corrects for this type of factor, the correlation between industrial areas and high cancer incidence is less well marked.

Further there are often alarming levels of cancer to be found in non industrial countries. Mozambique has the highest liver

cancer rate in the world, while parts of Iran and China has astronomical levels of cancer of the throat. Both of these cancers are likely to be produced by dietary factors, in the first case as a result of mould growing on stored food and in the second probably as a result of preservation methods. These examples, and there are many others, give the lie to the widely held belief that cancer is not a problem for the Third World. Where such countries are still plagued by infectious diseases, people do not live long enough to go on to develop cancer (which, by and large, is a disease of old age). But, the fact that cancer can be associated with processes like food preservation, which may have been carried out in the same way for centuries, should alert one to the danger of viewing cancer as solely a product of 20th century Western society.

This type of narrowness of vision underlies Mathews' third point that 'the key to stopping cancer' lies in regulation of chemicals. I must emphasise that every measure which Mathews recommends in this respect is badly needed. However such regulations have to be put in perspective. Estimates from a number of sources, including the International Agency for Research on Cancer, have calculated that the present number of cancer related deaths could be brought down by something like 5-8% by adequate controls of industrial chemicals. This would prevent the premature deaths of about 10,000 people annually in England and Wales and would be a tremendous achievement. But it would *not* alter the position of cancer as the country's third biggest killer after heart and respiratory disease. In order to make further inroads on the cancer mortality figures, other aspects of life have to be considered.

Reduction in smoking

First and foremost amongst measures which would reduce the incidence of cancer, is the reduction in smoking. If smoking were eliminated so would nearly one third of all cancer deaths. If one also considers the fatalities smoking causes through heart and chest complaints, there are 100,000 people dying each year in this country through smoking related disease. At the present time no other single public health measure could so improve the quality of life in Britain as could a drastic cutting down in smoking. The political problems pertaining to smoking are manifold and there is only space here to mention them in outline. In my view, smoking raises questions that are a combination of traditional politics and politics that might best be described as 'personal'. In the former category are the campaigns to restrict the massive tobacco industry advertising and promotional activities. With a budget of £80

million per annum (compared with one million spent by anti-smoking and health education organisations) there is no doubt that, despite health warnings, adverts create a social climate in which smoking is seen as acceptable and rational. From the government point of view, although the DHSS appears keen to back anti-smoking measures, there seems to be a Treasury reluctance to undergo the financial losses which a reduction in smoking might entail. Not only would tax revenue be cut back, but many more people would live to reach pensionable age, so that social service expenditure would also escalate dramatically.

Conventional and personal politics

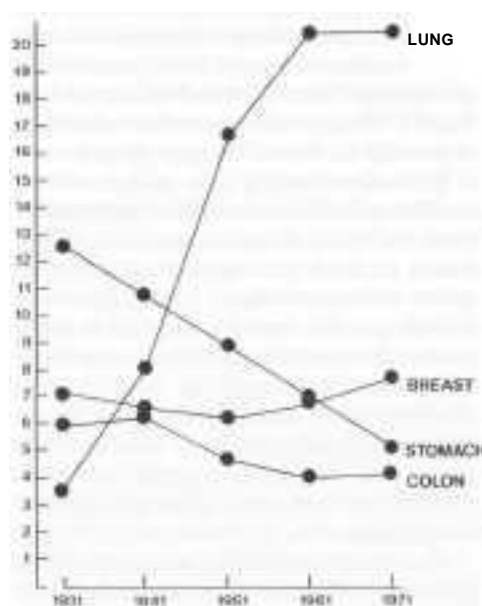
Although advertising plays a key role in the decision to start smoking (and once started — to keep on), so too does the influence of family, friends, and the general culture. In this respect, it is interesting to note that whereas the anti-smoking campaign has had a marked effect in intellectual and professional groups, amongst working class communities the level of smoking has remained constant. Additional pressures undoubtedly exist for a particular social group to start smoking — the unemployed, immigrants, and especially noticeable in recent years, women.¹ It is probably true to say that the most common response to stress in our society is to take out a cigarette. Most smokers seem to find it a relaxing and satisfying activity, perhaps even worth the consequences in later life. Thus tackling the problem of smoking requires, besides the elimination of advertising, the less tangible objective of persuading people to reorder their own personal priorities. It means essentially, people committing themselves to a healthier existence. There are obviously no discrete sets of rules available to bring this about but I am sure that the experience of the women's movement in developing self-help and mutual support groups would be of considerable relevance here.

Diet

The combination of 'conventional' and 'personal' political action is, I feel, likely to be essential for most cancer prevention strategies. After smoking, most researchers in the field think that dietary elements are the most important factors in the development of cancer. Unfortunately, it is not yet established what are the critical components in relation to cancer, in the Western diet. But the evidence that is gradually emerging shows that besides ensuring manufacturers adopt adequate standards in processing food, we will perhaps have to adjust our own diets and reduce our intake of certain foods. At the

Annual death rate per 10,000 population for common cancers

(Men and women between 45 and 64 years of age)



moment, there is no good proof that any food additives or factory preservation methods currently used in this country actually contribute to human cancer (and I include saccharin in this category). However, there have been flavouring, colouring, and preserving agents used in the past which have been shown to be highly carcinogenic. This is therefore a crucial area where food producers need to adequately describe all their additives and adopt absolute stringency in the testing procedures for them. This aside, there is now accumulating evidence that a wide range of foods themselves (ie, not artificial additions to them) have slight but significant effects on cancer. Although it is not possible to identify specific foods which should be absolutely avoided, it does seem that a healthy diet, ie, avoiding over-consumption and excess meat and fat, and ensuring an adequate consumption of fruit and vegetables, is genuinely likely to be protective against cancer.

After smoking, diet, and occupational exposure there is a wide range of other more minor factors which are known to influence cancer and which conceivably could be controlled. Some of these have a well understood relationship to cancer causation and for these it is relatively easy to build up a list of things to avoid. Thus too much exposure to ultraviolet light, or X-rays, or (obviously) nuclear irradiation would be definitely unhealthy. There are also several drugs which can definitely induce cancer although they are essential for the treatment of other diseases. Hopefully these can be made less toxic or replaced in the near future. Other factors related to cancer have a much more

obscure set of connections. For instance, it is known that mothers who have children early in life are less likely to develop breast cancer than those who give birth at a later age. Women who have several children are at less risk than those who have one or none. Such factors are probably related to hormonal influences, but it is unclear how they operate and, as yet, impossible to formulate a preventative strategy as a result. There is also evidence that certain forms of cancer are virally transmitted and control of the virus could eliminate the cancer.

A general strategy

In summary, cancer can be largely prevented. But cancer has a wide variety of causes and methods of prevention will be similarly diverse. It is not true to say that all the obstacles in the way of eliminating cancer are strictly economic. For some cancers, further medical and scientific advances will have to be made before one can specify what needs to be done for prevention. For other cancers there are undoubtedly problems that fall into the category of 'conventional' politics. These problems vary from ensuring that adequate government finance is available for fundamental research to challenging the power of those companies who make immense profits out of cancer causing substances. But to prevent cancer it will not be enough to wage campaigns against institutions and organisations. People will also have to make individual decisions about their own lifestyle. One can only go so far in blaming external forces, at a certain point you have to take responsibility for your own body. If one values health then it will be necessary to give up well formed habits that are often highly pleasurable. Chief among these is smoking, but in the future it may also be vital to modify one's diet, reduce exposure to sunlight, and maybe resist forms of non-essential medication. Without wishing to sound moralistic, it is important to realise that 'our bodies belong to ourselves'. Wherever industry or industrial products interfere with our bodies through pollution, dangerous work procedures, or persuading us to start smoking, then they have to be resisted by all political means. But politics also means at times changing ourselves, and as far as the politics of cancer is concerned this may be a matter of life or death.

¹ For further details see B Jacobsen, *The Ladykillers* Pluto Press 1981.

Further Reading: J Cairns *Cancer, Science, and Society* W H Freeman 1978.