

Volunteering in medical oncology

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Abstract

Volunteering is a humanitarian act that remains to be a choice freely made to every individual. Volunteering has numerous benefits to the individual and society. However, volunteering in the oncology community is uncommon due to multiple reasons. The rising disparities of cancer care and rising treatment costs is of concern. This article highlights the benefits of volunteering which needs to be promoted. Volunteering potentially raises the awareness of healthcare professionals, including oncologists to endeavour towards delivering accessible, affordable and equal global oncologic care in future.

Introduction

Volunteering among medical oncologists is poorly reported in the medical literature. The Compact Code of Good Practice on Volunteering defines volunteering as "...an activity that involves spending time, unpaid, doing something that aims to benefit the environment or individuals or groups other than (or in addition to) close relatives". This humanitarian act is potentially inherent in every human being. Although the opportunity to volunteer is made available to each one of us, volunteering in itself can be hugely dependent on one's motive, availability and capability. Volunteering also remains to be a choice that needs to be freely made by every individual [1]. Volunteering among health care professionals and patients is well recognized and documented in the medical literature. However, literature on medical oncologist volunteering in areas of need is scarcely reported.

According to the World Health Organization, seventy percent of cancer related deaths occur in developing and under developed countries, with rising cancer incidences expected in the next two decades. The limited resources and poor access of patients to basic oncology services such as accurate and timely histological diagnoses, radiological staging and treatment is common. "Only 35% of low-income countries reported having pathology services generally available in the public sector. Cancer treatment services on the other hand are only available in 30% of low income countries compared to 90% of high income countries" [2]. The scenario described by Miklos Simon, Bhutan Program director where "two oncologists along with six oncology nurses handling the country's oncologic care" is highly commended, yet not uncommon even in this 21st century, in many developing nations [3]. The Honduras volunteering experience described by Chuang *et al.* [4] further echoes the plea of many developing countries requiring quality oncology services required to be put in place. With rising disparities in cancer care, volunteering in oncology may potentially bridge the gap and improve cancer services in less developed nations.

Volunteering and Its Benefits

Numerous benefits of volunteering have been documented. This includes but not limited to improving one's skill set, collaboration, curriculum vitae, gaining experience in global health, adaptability, and reviving one's passion and confidence in medicine [5,6]. Studies have reported that the reasons of volunteering given by most volunteers

include a sense of responsibility, awareness and concern for the welfare of others [7,8]. Improved mental and physical well-being has also been reported [9]. A report by the All-Party Parliamentary Group on Global Health describes how United Kingdom (UK) health volunteers have made vast improvements in health overseas whilst at the same time benefiting UK; and far more potentially could be achieved through better organization, support and travel abroad [10]. An American national survey on 3,351 adults (Table 1) conducted by Harris interactive in 2013 via a mixed mode design, among people who volunteered in the last 12 months further illustrates the "self-reported" benefits of volunteering [11].

However, volunteering in oncology especially in a foreign country is not without its challenges. Academic pressures of an oncologist, language barriers in a foreign country, requirements for indemnity cover, medical registration, collaboration with local services, travel costs incurred to the volunteer, logistics, health and safety risks are only among the few of the many barriers to volunteer. In oncology, Health volunteer overseas are to be commended for their work for e.g. in Bhutan, Nepal and Vietnam. However, opportunities to

Table 1. Benefits derived from volunteering according to percentage (%) of respondents

Percentage (%) of respondents	Benefits Derived from Volunteering
96%	Enriches their sense of purpose in life
95%	Helps them make their community a better place
94%	Improves their mood
81%	Strengthens relationships among colleagues
80%	Feel they have control over their health
78%	Lowers their stress levels
76%	Made them feel healthier
71%	Provided them with job-related contacts and networking opportunities.
49%	Helped with their career; (of whom 87% agreed that it developed their people skills and teamwork skills)
25%	Has helped them manage a chronic illness

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volunteer are only available to final year oncology fellows onwards, who are often required to be board certified and also paired to a board-certified oncologist [12]. Proportion of oncologist who are involved in volunteering is unknown. However, a survey conducted on randomly selected academic orthopaedic surgeons; where 16% had completed the survey and 52% had volunteered abroad previously, the most common barriers described were scheduling, and family and social commitments (65% and 66%, respectively), followed by lack of specialty-specific opportunities (40%) [13].

There are many volunteering non-profit organizations and charities that organize medical camps in low and middle-income countries to serve the needy [14]. However, many of these organizations or cooperatives facilitate a general medical platform rather than resource intensive oncologic platform which often involves high costs due to requirements for investigation, treatment, and long-term specialized follow-up [15-17]. Understanding one's role as a volunteer and joining an organization or group whose mission is consistent with one's values and objectives is also equally important when deciding to serve [18]. Despite its noble action, volunteering is also not without risk. Vandalism for example, has previously caused closure of a mobile clinic at a refugee camp [19]. Hence, oncologists should also ensure that they consider the liability implications prior to commencing voluntary work [20].

The key question now lies as to what can we as clinicians and scientists offer in return at a practical level to society? Efforts to train volunteers, forming volunteer corps and educational fellowships are stepping stones to reduce global cancer disparities [21-23]. Volunteering is not just for retirees. Mentors should motivate and support young trainee oncologist to start early, gain experience and serve less developed countries with appropriate supervision in addition to supporting their leave approval for noble work. Oncology trainees performing voluntary work should also have their service recognized by their training programmes [24]. Tertiary oncology specialist centres potentially could lend their expertise to assist and collaborate with cancer specialists or physicians with special interest in managing cancers in less developed nations. Utilizing telemedicine helps to also provide accessible, multi-disciplinary support and recommendations to developing nations [25].

On a personal note, being involved in medical camps in rural Fiji over the last decade has certainly helped me step out of my "comfort zone" and "broaden my vision". I have begun to appreciate the various challenges faced by developing nations to tackle global cancer care. Although our ability to diagnose cancers are limited in voluntary medical camps, from my experience it is not uncommon that patients often seek alternative treatments e.g. traditional healers prior to getting reviewed by doctors. The reasons for this are multifactorial and often due to poor education, lack of trust in the health system and limited resources. Diagnostic facilities and oncologic care in Fiji remain limited, with few available chemotherapy protocols, and very few fully qualified oncologists. To date, there are no radiotherapy facilities available in Fiji. Palliation and end of life-care is poorly managed.

Volunteering has reminded me to constantly evaluate the cost effectiveness of oncologic treatment. This awareness remains crucial. The way we design future treatment, route of administration and design of clinical trials needs to be tailored accordingly with global oncologic care and developing nations in mind. The ASCO annual meeting 2018 revealed multiple advances in cancer treatment. This would not have been possible without enrolment of patients into clinical trials. Prior studies have shown that between 3-33% of oncology patients enrol into phase I trials for altruistic reasons [26]. However, vast majority of cancer

Table 2. Key principles for effective involvement in international development

Key principles	Definition
Ownership	Led and driven by the needs of developing countries
Alignment	In line with the host country's national, district and institution level health plans
Harmonization	Coordinated and "working as one"
Evidence-based	Results are properly monitored, and projects evaluated
Sustainable	Supported by a long-term commitment from all parties
Mutually accountable	Responsibility for the project is shared by all partners

patients globally are neither able to access cancer trials nor access these cutting-edge treatments; yet alone dream of affording such treatment. If we as oncologist are contented with prescribing immunotherapy and targeted therapy to only a select group of patients, then the future of global cancer is grim and disparities will continue to widen.

Conclusion

In this light, the call for volunteering in medical oncology has come. Although volunteering may not be for every oncologist, sincere yearning to deliver quality, accessible and affordable oncologic care needs to be emphasized (Table 2) [14]. Regardless of caste, religion or creed, we as oncologist need to strive towards equality in global cancer care. Small initiatives like volunteerism may potentially provide rays of hope and spark awareness amongst us to give back to the society that we depend on.

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