THE DARK SIDE OF THE COMMERCIAL DETERMINANTS OF CANCER POLICY: THE NEED TO UNDERSTAND IT AND TO FIND ALTERNATIVES TO TACKLE THIS CHALLENGE

By: Jose M Martin-Moreno, Tit Albreht, Monika Kosinska and Marilys Corbex

Summary: Cancer is a major health, social and public policy challenge. As such it touches upon most relevant functions and domains in a modern society. If we want to successfully tackle it, it is crucial to understand the interplay of political, environmental, social, and commercial determinants. The latter are those private-sector activities that affect the health of populations and, in this issue, we specifically focus on their potential dark side, where commercial interests take precedence over nobler health goals. We seek answers to understand their dimensions and how to govern them along cancer’s continuum, from prevention and screening, through integrated treatment and palliative care, to provide a potentially useful descriptive and analytical basis for governments and the international community.

Keywords: Cancer, Prevention, Control, Care, Commercial Determinants

Cancer as a global health priority

Cancer is a leading cause of global illness. Some 4.8 million new cases were diagnosed in 2020 in the World Health Organization (WHO) European Region, and it remains an important scientific, health care and practice challenge as well as a challenge for public policy. As many as 2.7 million people in the European Union (EU) were diagnosed with cancer in 2020 and this burden of disease is going to further increase due to population growth and ageing. This enormous and largely preventable human and social cost is further impacted by the COVID-19 pandemic, not least because of reported interruptions or delays in primary and secondary prevention programmes (screening), delays in diagnosis, and the organisational impact on the care provided by comprehensive secondary and tertiary oncology services. In addition to these facts and trends, there are adverse developments with an increasing share of
underweight and obese population in the region, made worse by the reduction in physical activity and restrictions imposed by COVID-19 lockdowns. \textsuperscript{8}

Cancer control as defined by WHO and also often referred to as “cancer prevention and care” consists in a continuum from prevention, early detection (i.e. screening and early/rapid diagnosis of symptomatic patients), diagnosis and treatment, to palliative/supportive care and survivorship. Evidence-based policies and guidance have been articulated by WHO along each dimension of this continuum that enable countries to better control cancer and better support cancer patients in a cost-effective way. \textsuperscript{9} The vision and intention are clear. As a society, cancer policies must ensure a context and process that underpins sound cancer prevention strategies, \textsuperscript{8} and that supports patients and their families in achieving the best possible diagnosis and treatment and the best possible life in the face of cancer. \textsuperscript{10} But this vision is impossible to achieve if we do not address the underpinning social, economic and commercial considerations along the cancer continuum. Cancer’s complexity and scale means that political, social, environmental, and commercial determinants (see Box 1) play influential roles and must be addressed in order to develop implement effective policy solutions. \textsuperscript{10,11}

**Box 1: A definition of the commercial determinants of health**

As the field of enquiry in social determinants of health has moved further ‘upstream’ in recent years, we have seen a greater awareness and understanding of the importance of commercial determinants of health as a subset of the social determinants. A definition on “the commercial determinants of health” was presented to the United Nations (UN) General Assembly 2017: “The commercial determinants of health are those conditions, actions and omissions that affect health. Commercial determinants arise in the context of the provision of goods or services for payment and include commercial activities, as well as the environment in which commerce takes place. Commercial determinants can have beneficial and/or detrimental impacts on health.” \textsuperscript{12} Or as proposed more recently by Maani et al., “Commercial determinants of health are, broadly speaking, those activities of the private sector that affect the health of populations.” \textsuperscript{13} See also Maani et al. (2021)\textsuperscript{14} and Mialon (2020). \textsuperscript{15}

In general, however, as the UN / WHO definition outlines, private sector activities are neither intrinsically helpful nor harmful to health and in many cases, they fulfil an essential function in society and often provide essential goods and services adapted to public needs. The focus of this issue is the dark side of commercial determinants of cancer, which has not yet been thoroughly explored. This dark side is where commercial forces exert power and influence to privilege commercial for-profit interest over human, social and environmental associated costs. In the context of cancer, this means the undermining of the goal of preventing cancer, and of providing better care and support for people suffering from cancer, and where necessary ensuring patients’ dignity and the ability to live as well as possible at the end of life. \textsuperscript{16} It is necessary to stress that the main objective of cancer care should focus on the outcomes, in particular patient-relevant outcomes, and on the quality of life rather than solely on clinical process, even if these appear to meet the required and agreed performance criteria. While these are often met at the expense of patients, they frequently fall short of a clearly expressed patient preference.

Given the complex relationships of stakeholder interests and influence, it is
critical to take a power and governance lens in order to understand the commercial determinants of cancer. This involves understanding the drivers, the challenges of private sector involvement and agenda-setting, and the associated human, social and economic costs of failing to consider the commercial determinants of cancer.

**Understanding the impact of commercial actors on cancer control**

Firstly, we need to understand the impact of commercial actors across the cancer continuum. This includes, as highlighted by Galea and Castro in this issue, tobacco, alcohol, and the underpinning corporate tactics to undermine public health objectives and actions to prevent non-communicable diseases, including cancer.

One significant corporate strategy highlighted by the authors is marketing. As Hogarth shows us in his article, this includes the recent direct marketing to consumers of screening tests and explain that this sensitises public policymakers to a form of cultural capture. Kaasa et al. in their article argue that marketing of pharmaceuticals distracts from patient-centred social models, especially at the end of life.

Regarding pharmaceuticals, Booth et al. highlight how the private sector now determines nearly the entire cancer biopharmaceutical ecosystem across Europe. Similarly for non-pharmaceutical technologies, Sullivan et al. warn of the commercial drive both in terms of new technologies as well as the challenges to health systems and outcomes through outsourcing to the private sector.

Finally, Kaasa et al. demonstrate that although the integration of patient-centred care and tumour-centred care is needed during the end of life, commercial barriers play a key role in hindering this integration, giving clear preference to the latter.

**Effective governance of commercial determinants of cancer across the continuum**

Fundamentally, the challenge that we face is how to govern the commercial determinants of cancer across its control continuum. Plutynski presents a set of policy options ranging from regulatory tools to improvement in medical education, but with a focus on transparency amongst all stakeholders. These are also echoed by Borisch and Yared, who further explore what can be done by public administrations, national governments, international agencies and civil society in trying to mitigate the harms associated with conflicts of interest.

Booth et al. highlight that in medicines, there is a clear need for high standards, both at European Medicines Agency level and through stronger health technology assessment mechanisms coupled with more sophisticated pricing and reimbursement systems at national level. However, they argue it is the cultural change required in clinical/medical oncology that is central. They call for a new contract with private sector interests for cancer medicines, which includes the major federal and philanthropic research funders.

**Evidence base for better policy development and action**

Good governance should be evidence informed, and in addressing the commercial determinants of cancer it is critical that we take an evidence-based approach. Hogarth demonstrates this through his critique of the commercial pressures on policymakers to adopt new screening initiatives.

Plutynski approaches this through the influence of commercial determinants on behavioural and cultural practice in the context of cancer policy. Kaasa et al. raise the issues of insufficient quality of research and regulatory standards, and the critical absence of correlation between economic incentives and what is truly sought in terms of overall patient quality of life.

**Innovation as a panacea**

It is striking that most of articles in this issue raise the concern that blind faith in innovation is deceiving. We know that innovation has great appeal to policymakers, clinicians, the public and donors, all the more since it is assumed to boost economies. It is taken for granted that innovations are good for saving lives with priority given to short-term outcomes and processes. However, Hogarth, Booth et al., Sullivan et al., and Kaasa et al., all warn against embarking on new preventive, diagnostic or therapeutic innovations without a rigorous assessment of their safety and actual benefit for the population and an adequate evidence base to demonstrate their effectiveness and cost-effectiveness.

**Civil society, professional associations and patient voice**

As in many areas of public health, the governance of the commercial determinants of cancer requires multi-sectoral and multi-stakeholder considerations. Borisch and Yared remind us of the challenges of multi-sectoral partnerships, and Hogarth as well as Borisch and Yared highlight the role of companies who use patient and cancer control organisations to boost sales. As an illustration, Booth et al. provide us with an example of patient advocacy for new cancer medicines. Hogarth highlights that physicians, scientific societies, health care and patient organisations, insurance bodies and policymakers may all be exposed to commercial drivers. These articles call for better informed patient groups and professionals to ensure that patients’ needs remain the ultimate goal.

Kaasa et al. further emphasise the need to strengthen the voice of patients, particularly in palliative care, and highlight that the commercial determinants reinforce the stigma around palliative care promoting a tumour-centred focus of cancer care. They call for a healthier collaboration between the pharmaceutical industry and health professionals.

Plutynski reminds us that policies across the cancer continuum need to engage all relevant stakeholders if we are to improve overall population health and wellbeing.

**Aim and structure of this special issue**

The aim of this special issue is to make readers better aware of the importance of commercial determinants in cancer policymaking, how they shape cancer prevention and care, and what are the
possible avenues to deal with them efficiently. It explores the commercial determinants across the cancer continuum, from prevention (see article by Galea and Castro), through screening (article by Hogarth), diagnosis and treatment (article by Sullivan et al.), cancer medicines (article by Booth et al.) and end-of-life care (article by Kaasa et al.). It also explores elements of the philosophical and ethical dimensions (in the article by Plutynski) and proposes options to governments and the international community to better address commercial determinants (article by Borisch and Yared).

The challenge presented is not small and perhaps best highlighted by Booth et al. in their article on cancer medicines. They remind us of the rapid growth in pharmaceutical revenues generated by the sales of cancer medicines despite a lack of return in terms of survival or cure during the same period. Furthermore, Kaasa et al. note that while it is easy to sell the message “we will cure cancer”, the reality is that we need to critically rethink how to approach cancer across the continuum to ensure that patient-centredness and end-point outcomes (and not commercial interests) are central in our practices, our strategies and our policy decisions.

**Conclusion**

In summary, there are matters of ethics and justice across the board, as illustrated in the articles of this special issue. These issues have to do with respect for autonomy, equity, and beneficence. Autonomy, with strong support and transparent communication. Equity in relation to risk identification and prevention resources, early detection and screening tools, diagnostic and therapeutic alternatives, and proper palliative care whenever it is needed. To ensure beneficence, governments must resist commercial influence on regulatory standards and health policies that may or not promote overall wellbeing. Genuine interest on the part of governments should materialise in terms of increased public support and funding for research, the development of truly necessary innovative medicines, the evaluation of all health technologies for informed choice and quality assurance for the good of citizens in general and patients in particular.

This special issue marks a first review of the commercial determinants of cancer across its continuum. Many areas remain to be explored: the commercial dimensions of both environmental and social determinants of cancer; the key role played by civil society and patient groups in dealing the commercial determinants of cancer; the need for proper corporate accountability through investor or board mechanisms; and the implications for local government and community actors just to name some issues that warrant further inquiry. What is clear is that more attention to the commercial determinants is needed by the cancer prevention and care community, researchers, clinicians and public health professionals, civil society and patient groups alike.

Furthering our understanding in this area and other complex drivers of cancer policies will be a key step to better control cancer in the WHO European Region and its ‘United Action Against Cancer’ as well as meeting the ambitions and successfully implementing ‘Europe’s Beating Cancer Plan’. The commercial determinants of cancer remind us that whole-of-government but also whole-of-society approaches are critical to address the challenge we face as a society, and that fundamentally, health remains a political choice.

**References**