

More money for cancer, but no more battles



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It seemed like a good idea at the time. In 1971, US President Richard Nixon declared war on cancer, then the second-leading cause of death in the USA. Nixon asked Congress for US\$100 million for "an intensive campaign to find a cure" and later that year signed into law the National Cancer Act.

More than three decades and an estimated \$40 billion later, who won the war? As it turns out, the conflict is not over. Cancer remains the second-leading cause of death in the USA, and is expected to surpass heart disease as the number-one cause of death worldwide by 2010.

To be sure, there have been plenty of advances in prevention and treatment. Nearly half of all patients can now expect to live for at least 5 years after a cancer diagnosis. A study published online on Sept 9 in the *Journal of the National Cancer Institute* documented improved survival rates since 1990 among children with certain types of leukaemia and non-Hodgkin lymphoma. On the other hand, another *JNCI* paper published the

same day reported that most US hospitals are falling short on a standard of colon cancer care. Only 38% of US hospitals complied with a 1997 guideline to sample at least 12 lymph nodes to check for metastases.

It is not surprising that both of the US Presidential candidates have plans to join the ongoing battle against cancer if elected. Both Barack Obama and John McCain, the latter a cancer survivor himself, say they will increase funding for cancer research, streamline cancer organisations, and promote increased participation in clinical trials. Obama has pledged to double federal funding for medical research generally to \$10 billion. He acknowledged that the amount is a lot of money, but pointed out that it amounts to the cost of only one month of the war in Iraq.

More money for research is unquestionably the right thing to do. But the next President would do well to commit resources to a comprehensive cancer strategy that extends from research to prevention and treatment for all. ■ *The Lancet*

For the *JNCI* study on improved survival rates see *Journal of the National Cancer Institute* 2008; published online Sept 9. DOI:10.1093/jnci/djn276

For the *JNCI* paper on standards of colon cancer care see *Journal of the National Cancer Institute* 2008; published online Sept 9. DOI:10.1093/jnci/djn293

Mental-health services: a disturbing situation



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In England and Wales, under Section 136 of the Mental Health Act 1983, police are empowered to take people who they believe to be mentally disturbed from a public place to a place of safety, so that their mental health can be assessed. For most that place of safety should be an assessment facility in a mental-health unit. Police custody suites should only be used in exceptional cases, when the person is too disturbed to be managed elsewhere.

However, a recent report by the Independent Police Complaints Commission showed that in England and Wales, between 2005 and 2006, 11500 people were detained in police custody and 5900 people were assessed in hospital facilities under Section 136. Why are so many being held in police custody? Because dedicated assessment facilities either do not exist or they are not adequately staffed.

In 2006, the Government gave £130 million for the development of Section 136 facilities. But no money was released to staff these units. Such facilities only need staff intermittently from inpatient wards, but wards themselves are critically understaffed. This situation

has arisen because many entering the profession have chosen to work in community mental-health teams, which offer better working hours and status. Indeed, community staffing and services have improved. A survey of around 14 000 service users by the Healthcare Commission published last week showed that 78% of respondents rated their community care as "excellent", "very good", or "good". However, there are still gaps. 62% of service users did not receive any counselling (32% of those would have liked to) and 45% did not have access to an out-of-hours crisis telephone number.

The Government has claimed that the UK's mental-health services are among the best in Europe. But when people in crisis cannot access vital services in the community, when National Health Service spending on mental disorders is not proportionate to the disability which they cause, and when thousands of people with mental-health problems are being held in police cells, there seems little to be proud of. How should the Government respond now? Ensuring there is adequate funding to staff Section 136 facilities would be a good start. ■ *The Lancet*

For the Independent Police Complaints Commission report see <http://www.ipcc.gov.uk/>

For the Healthcare Commission report see http://www.healthcarecommission.org.uk/_db/_documents/Full_2008_results_with_historical_comparisons.pdf

For more on National Health Service spending on mental health see <http://www.rcpsych.ac.uk/campaigns/fairdeal/whatisfairdeal/funding.aspx#needforfairD>