

NOU 1997: 20 Care and Knowledge.

The Norwegian Cancer Plan is a report of 420 pages of Norwegian cancer care looking towards 2010. The report puts forward 20 proposals based on the following premises:

- The cancer care shall have a value base.
- Measures are to ensure that the individual cancer patient's physical, mental, social and spiritual / existential needs are met. Palliative treatment should have the same priority as a curative treatment.
- The objectives, i.e. the results of the measure or measures shall be well defined and the concrete.
- The proposed actions (resources) shall be evidence-based.
- The actions shall reach as many cancer patients as possible.
- Actions shall be prioritized according to severity of disease, efficacy and cost effectiveness.
- The quality of the services shall be good.
- Norwegian cancer care shall provide equal treatment to similar cases. One must strive for quality in the cancer care, as similar cases shall have the same results of treatment.
- Organization and sharing competence (e.g. through competence networks) provide good cancer care, there is a lot of care in good organization.
- The actions will involve the placement of responsibility, respectively on the academic, administrative and general (national) level of government.

Action 1. Reducing tobacco use

Smoking is the single most important factor that causes cancer. Reduced use of tobacco and smoking cessation will be the preventive actions in the relatively near future that may have a preventive effect. By the year 2005, the number of regular smokers shall be reduced by at least 1/3, from 30% to 20%. The actions will specifically be targeted at school children, adolescents and young women.

Action 2. The efficiency of primary prevention

Primary prevention must be long term and may for cancer first show effect many (> 10) years after introduction. By 2000, the state's involvement in and responsibility for the long-term primary prevention is to be reviewed.

Action 3. Establishment of new unit for evaluation of medical practices and methods ("Medical technology assessment")

By 1999 a new unit for evaluation of medical practice (medical technology evaluation) shall be established in Norway with a specific subgroup associated with cancer. The unit must have a strong academic foundation and must be organized and managed independently of the administrative, political, and commercial (industrial) governance. The organization of the unit must specially emphasize dissemination strategies, focusing on to the management and health-care service.

Action 4. Hereditary cancer

The basis for and organization of services for families who have a high cancer risk is a new and major challenge. New genetic tests are being developed rapidly and offered for public use. Academic communities and the societies' needs and expectations regarding the use of genetic tests seem not only to break with the legislator's intentions, but also raise questions about the use and usefulness, ethics, values etc in regards to genetic testing.

Action 5. Mass Studies (screening)

By the year 1999 the state's involvement in and financing of secondary prevention (screening) are specified with respect to breast cancer, colorectal cancer and cervical cancer. Screening for prostate cancer using the PSA (prostate specific antigen) is not recommended. The authorities must, in cooperation with specialists prepare a joint action plan for prostate cancer that is not based on screening. Screening for other cancers is not recommended.

Measures 6 Field of pathology

All of the cancer diagnosis are based on examination of the diseased tissue. Specialists in the pathology are responsible for this work. The field is rapidly developing, new diagnostic methods is crucial for the choice of treatment. Good, modern cancer treatment without adequate diagnosis is impossible. The field is in crisis. By 1999 the field of pathology must be strengthened in several areas.

Measures 7 Investment in diagnostic and therapeutic equipment

The situation of diagnostic and therapeutic equipment in Norwegian hospitals with respect to maintenance and renewal is very difficult. This reduces the opportunities for safe diagnosis, reducing availability and increasing waiting times, and leads to quality deterioration. By the year 1999 there must be made decisions to allocate money that government "earmarked" funds for new investments.

Measures 8 Establishment of a system for quality monitoring

By 2002 established a system that enables quality monitoring and knowledge production based on the registration of key data relating to the treatment of cancer patients in Norway. This requires that patient care must be followed. Ministry of Health should be responsible for initiating this work.

Measures 9 Clarification of waiting list regulations

Waiting list regulations and "waiting time guarantee" is inappropriate management and prioritization tools and gives little relevance to cancer patients. Patients' needs and disease severity suggests that the regulations must be changed.

Measures 10 Regional Cancer Association

By 1999, the Regional Health Committees must draw up action plans for cancer treatment in the region especially to emphasize the interaction between the levels of health care and interdisciplinary in cancer care.

Measures 11 The organization of cancer treatment

In 2000, the counties, in parallel and in line with the regional planning process, ensure that

- The establishment of units for medical oncology cancer treatment in each county
- Operative treatment of cancer must be integrated into other surgical operations
- Need to make plans for long-term follow-up of treated cancer patients.
- Responsibility for competence and quality assurance must be explicitly addressed and incorporated into the plans.
- Region Hospitals must have main and coordination responsibility for the design of regional (and national) guidelines as part of the work in the regional cancer specialists.
- Each region should have a regional hospital.
- Staffing norms and work plans are reviewed with respect to highlighting the need for communication (with patients and the hospital)
- Palliative cancer treatment must be strengthened

Measures 12 Palliative cancer treatment

Palliative cancer treatment must be strengthened by

- Relieving (palliative) treatment of cancer, especially towards the end of life care, should be in the patients community in collaboration with the GP and the community health services coordinator.
- Relieving (palliative) cancer treatment in the hospitals must be integrated into the mainstream treatment system. Establishment of special arrangements (special care) is not recommended.

- Each region should establish a unit for pain relief (palliative) cancer treatment
- The unit in each county for medical cancer treatment must function as a knowledge base for palliative treatment of cancer in the county.
- The conditions must be adapted so that patients and their families' needs are addressed, especially with respect. to time.
- Palliative radiotherapy should be strengthened.

Measures 13 Care in the terminal stage

By 2001, all municipalities must submit plans to ensure that the end of life phase will be offered home-based treatment and care.

Measures 14 Social security and social issues

The Committee has noted that an increasing number of patients are struggling to get mobilized the necessary assistance schemes that they need to master their new life situation. The causes are often complex, lack of communication and lack of knowledge about welfare, rights and regulations are important factors. Social Service has become a balancing item in the major hospitals, and about half of the nation's hospitals do not have any hospital social worker employed. Social security and other public offices must be more focus on the cancer patient's specific needs, time spent in the proceedings are often unreasonably long.

Measures 15 Experimental treatment

Norwegian cancer care should be based on agreed regional or national guidelines, cf. measures 11. These guidelines provide standard treatment based on defined criteria with respect to effectiveness. Approval of new drugs does not mean that drugs should necessarily be taken into use as standard. New treatment options that do not meet the documentation requirements is called the "experimental treatment", such treatment should be organized as clinical trials.

Measures 16 The approval of drugs

The committee states that the approval of drugs to national and European regulations, rules and directives are designed means that drugs for cancer will be permitted without good evidence of effect. Committee endorses therefore "prescription" - the committee's report and the main recommendations that the use of new drugs must be linked to the priority principles and must be based on a health-based advisory and monitoring apparatus can provide advice on how drugs should be used in the clinical everyday.

Measures 17 Production of knowledge

In 2000, on Social and Health Ministry initiative, prepared a strategic plan for the patient cancer research in Norway. Planning document must be based on the various measures or treatments that are a primary responsibility for health services (hospital owner) himself, not something reserved for universities, research councils, (pharmaceutical) industry or other organizations. There should be greater emphasis on clinical research and studies of health-related quality of life.

Measures 18 Health care and education

Committee supports the proposals for increased and faster training of medical specialists as described in Report No. 24 (1996-97). The use of health care must also be considered (fr. NOU 1997.2). Emphasis and priorities between different specialties must take into account the real development of disease in the population.

Measures 19 Economic Impact

The Society's direct costs of cancer care in 1995 was 5.0 billion (cost of prevention is not included). The increase in the number of cancer patients until the year 2010 will require the community increases the resources of this group.

Measures 20 Action Plan "Norway against cancer"

It produced a 5-year action plan against cancer with the title "Norway against cancer" (in line with the EU initiative "Europe against cancer"). It established a project secretariat (project) in Health and Social Affairs, with responsibility for the action plan, advice and to coordinate actions.

Special measures. Healthcare Data

Work on this paper has shown that important information about various aspects of the Norwegian health care system is inadequate. The information is spread across various government and other agencies, often not directly available without a significant assembly and analysis, information contained may not be very precise and is sometimes very inadequate (eg. overview of health care professionals), and that sometimes it requires financial compensation for the disclosure of data. Overview of and management of the Norwegian health care system, including important planning cannot be done with such fragmentary, incomplete and little information available. This selection will therefore propose that the Ministry of Health in 2000, defines the data, data elements and reports that will be available on the Norwegian health care system and that it annually published a report on "Health-Norway", which compiles this information with the division of disease group level.