

Oncology in Lebanon: From Shortage of Drugs to Shortage of Lives

Rebecca Badawi¹, Lina El Murr² and Georges El Hachem^{2*}

¹Department of Internal Medicine, Saint George Hospital University Medical Center, Beirut, Lebanon

²Department of Hematology and Medical Oncology, Saint George Hospital University Medical Center, Beirut, Lebanon

Received: August 16, 2021

Published: August 27, 2021

© All rights are reserved by **El Hachem, et al.**

***Corresponding Author:** Georges El Hachem, Department of Hematology and Medical Oncology, Saint George Hospital University Medical Center, Beirut, Lebanon.

Lebanon, a country nicknamed by “Switzerland of the East” in the 1950’s due to its financial power and stability at the time, is witnessing its worst economic crisis in decades. This oasis of prosperity and diversification has collapsed into poverty and chaos with increasing social, financial and security challenges daily.

Amidst this financial instability is an already overwhelmed health-care system facing unprecedent challenges from the ongoing COVID-19 pandemic since March 2020 further exacerbated by the August 2020 Beirut explosion. Lebanon's hospitals were long considered the best in Middle East treating hundreds of patients traveling from all over the area seeking high quality medical care. However, with the ongoing financial crisis, this healthcare system has crumbled along with its physicians and nurses who are departing in masses, fleeing a country which was once a leading light in the region.

Across the country, private and public hospitals struggle to keep their institutions afloat under these circumstances. With shortages in medical supplies and electricity cuts some hospitals are closing their doors temporarily others turning away noncritical cases to conserve their resources. Another strategy adapted is limiting the number of beds available by closing wards and services. These hospital saving policies are detrimentally reflected not on the admission load to treat acutely ill patients but on chronically ill patients -dialysis, oncology, and other chronic illnesses- who require weekly or monthly admissions to receive their treatments which in turn have become scarce.

The Lebanese pound has lost ninety percent of its value since 2019 hastening the decline of Lebanon's health sector. The Lebanese Pharmaceutical Importers Association in early July 2021 warned against the country running out of hundreds of drugs because the devaluation of the Lebanese Lira against the U.S dollars has made it challenging for importers [1]. Since eighty percent of the country's drugs are imported, Lebanon's health sector is in critical shortage of all kinds of medication from simple pain killers to life saving diabetes, cardiovascular, dialysis and anti-neoplastic drugs (cytotoxic chemotherapy, targeted therapy, immunotherapy) [2].

Lebanon has played a vital role in the MENA area in the oncology sector by running internationally renowned stem-cell transplant centers and advancing chemotherapy treatments [1]. With chemotherapy scarcities, this community is headed into catastrophic consequences if no sustainable solution is found. Medical practices are being modified daily to manage and provide care for as many patients as possible with the limited resources now available.

Patients with cancer are now fighting multiple battles. One of these battles is having their treatments on time. Treatments are being delayed and sometimes postponed for an indeterminate period of time. The luxury of immunotherapy and targeted biological therapies no longer exists, and if found, it is too expensive to be administered to the patient. Oncologists are obliged to work with what they have, back to the basics, back to the roots. However, the toll of the rapid deterioration of Lebanon' economy, is now affecting these basics. Many essential drugs are missing and many chemo-

therapy protocols are unavailable. We are losing lives when the aim of the treatment is curative in early setting, and in the same perspective losing disease control and negatively affecting survival in the advanced palliative setting. Hospitals in Lebanon have declared in August 2021, a significant shortage in their chemotherapy supply. A delay in chemotherapy initiation of a few weeks has a major impact on the survival chances and increases the risk of mortality. Furthermore, the interruption of an already started regimen, makes it harder to achieve control of the disease burden and incites tumor growth leaving patients with worse outcomes [3].

Paucity is not only affecting systemic treatments and chemotherapy; anti-emetics, analgesics and granulocyte colony-stimulating factor (G-CSF) are added to the missing list. The patients who were fortunate enough to receive their treatment have little access to anti-emetics and G-CSF. This has a direct implication on the patients' well-being where we have increased incidence of admissions for neutropenic fever, dehydration, and fatigue post-chemotherapy. These types of admissions not only are a hindrance to the patients, but also a burden to the already collapsing medical system.

Another key issue is the scarcity of places and hospital beds. Beirut explosion in August 2020, has left Lebanon and its medical field broken. Three major hospitals were directly affected by the explosion and the economic collapse and the devaluation of the Lebanese Lira, has made it very hard and even impossible for these hospitals to reopen with full capacities. Even hospitals that weren't affected by the explosion were obliged to shut down several of their wards due to the lack of staffing, material and resources. Some hospitals have even shut down completely in August 2021, due to the eternal power cuts and fuel sparsity. This has left many cancer patients with no home for their chemotherapy administration. Many newly diagnosed cancer cases have no hospitals willing or with the capacity to admit them and embark with them in the long journey of chemotherapy. Moreover, numerous patients are compelled to move from one institution to another, because the hospitals that were initially welcoming them for their treatment were forced to shut down.

Adding to their misery, another one. With numerous doctors escaping the country and its current crumble, many patients are forced to transfer their files from one oncologist to the other. Oncology, more than any other specialty, is a series of long journeys and the oncologist, becomes the patients' family, seeing them frequent-

ly, and accompanying them in their long battle. Hence, transferring from one oncologist to another is a great hassle to the patient and the doctor. It is a state of complete chaos and emotional stress for both parties before getting well acquainted with each other.

All these obstacles facing the patients, and more specifically cancer patients, make their journey fighting cancer more difficult and even more stressful. The patients, instead of focusing on their health and well-being, are trying to fight battles they shouldn't even face. They are overwhelmed with problems and burdens they shouldn't bear. Instead of fighting cancer, they are trying to fight a corrupt system that has made their journey impossible. Losing their hospital places or having to move from one hospital to the other is like losing home for cancer patients. Transferring from one doctor to the other is like saying goodbye to a family member and meeting a new one. And most importantly, having their chemotherapy delayed or cancelled is denying them the most powerful weapon to fight the big beast known as cancer.

Bibliography

1. Das M. "Lebanon faces critical shortage of drugs". *Lancet Oncology* 22.8 (2021): 1063.
2. Salehya Ahsan. "Lebanese health care racked by medicine shortages". *The Lancet* 398.10300 (2021): 568.
3. Timothy P Hanna., et al. "Mortality due to cancer treatment delay: systematic review and meta-analysis". *BMJ* 371 (2020): m4087.

Volume 5 Issue 9 September 2021

© All rights are reserved by Georges El Hachem,
et al.