

Grieving husband pushes bill for unproven remedies

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Lord Maurice Saatchi poses for photos at his office in central London, Monday, Feb. 4, 2013. Saatchi's wife, best-selling Irish novelist Josephine Hart, died from ovarian cancer in 2011, and he describes his wife's cancer treatment as "medieval", and is proposing a parliamentary bill to legalize the ability of doctors to use experimental therapies even if there is no proof they work. Saatchi acknowledges his bill, aimed at encouraging new therapies and speeding up access to new drugs, is driven by grief for his wife, and that the bill may not make it into law, but he has wide support from numerous members of parliament and he remains hopeful about giving new opportunities to doctors and their patients.(AP Photo/Lefteris Pitarakis)



(AP)—After the best-selling Irish novelist Josephine Hart died from ovarian cancer in 2011, her husband was so devastated he often went to her grave to have breakfast.

And even now, Lord Maurice Saatchi describes his wife's <u>cancer</u> <u>treatment</u> as "medieval." A member of Parliament, he's proposing a bill that would allow doctors to use experimental therapies even if there is no proof they work.

Hart and Saatchi were an oft-photographed celebrity couple in Britain more than a decade ago. She produced plays in London's West End and hosted poetry readings featuring actors including Ralph Fiennes and Roger Moore. Her 1991 novel "Damage" was turned into a film starring Jeremy Irons and Juliette Binoche.

Saatchi, an advertising executive who sits in the House of Lords, acknowledges his bill was driven by grief at his wife's death.

After a diagnosis in 2009 that her cancer was too advanced for surgery, Hart got chemotherapy and radiation, which Saatchi calls "degrading and ineffective."

Though <u>ovarian cancer</u> is one of the hardest to catch and treat early, Saatchi says Britain's current law is a serious barrier to new treatments. Theoretically doctors can be prosecuted if they try something that deviates from standard practice.

His bill is aimed at encouraging new therapies by allowing doctors to try them, including those lacking evidence of effectiveness. The decision would have to be made by several <u>medical experts</u> in different fields and doctors would need to tell their supervisors in advance as well as inform the patient of any opposing medical opinions.



While bills initiated by individual politicians rarely make it into law, Saatchi's proposal has raised a broader issue about British health care: <u>Survival rates</u> for most cancers are worse than in other European countries including France, Germany and the United States. A report released this month said Britain ranked 16th out of 19 Western countries for ovarian cancer death rates.

Access to drugs is so poor the government started a >200 million (US\$302 million) emergency fund in 2010 to try getting patients quicker treatment; the U.K. spends about half what France spends on cancer drugs.

According to the Organization for Economic Co-operation and Development, the five-year survival rate for breast cancer in the U.S. is 89 percent. In the U.K., it is 81 percent.

After the cancer drug Avastin was approved for use in the U.S., it took nearly another year for it to become available in Britain. For Tykerb, the delay was more than two years. Avastin is used to treat numerous cancers including those of the kidney, colon, lung and breast while Tykerb is used to treat breast cancer in combination with other drugs.

In a debate on Saatchi's bill in the House of Lords in January, Lord Frederick Howe, a government health minister, lamented the contrast between Britain's role as a world leader in health research and its lagging approval of new treatments for patients.

"It still takes an estimated average of 17 years for only 14 percent of new scientific discoveries to enter day-to-day clinical practice," he said. "This is not acceptable."

Several other members voiced support for Saatchi, citing other problems that have slowed medical advances, including bureaucracy and slashed



budgets.

Some experts suggest that if Saatchi's bill doesn't make it into law in its current form, its key planks might be rolled into a government-sponsored bill, making it much likelier to succeed. Saatchi has even been advised by the U.K.'s top medical officer."We're very sympathetic to the points that Lord Saatchi has raised," said Daniel Poulter, a minister in the Department of Health, during a televised discussion with Saatchi. "We'd certainly like to engage further."

Legal experts said current British law should be sufficient to protect doctors who try experimental procedures as long as there is some reason to think they might work and the patient agrees. But a High Court judge ruled in 1957 that doctors could be found negligent if they used treatments that strayed from common practice, setting a precedent often cited in medical negligence lawsuits. In that case, the judge ruled that doctors must act in accordance with what the majority of doctors do, even if there are opposing medical views.

According to National Health Service records, the number of medical negligence suits has jumped by about 30 percent since 2010. Though it is rare for doctors to be penalized for using new treatments, experts said many doctors are wary.

"Doctors are very fearful that if they do anything innovative, the lawyers will get them," said Charles Foster, who teaches medical law and ethics at Oxford University. "There's a culture of following guidelines where they think they will only be safe if they treat patients conservatively," he explained.

Foster said Saatchi's bill could be important in addressing doctors' misconceptions of what the law allows. "It could change the zeitgeist of the medical profession and make them more willing to try new things,"



he said.

Still, some aren't convinced Saatchi's bill would help speed new treatments. Dr. Karol Sikora, director of CancerPartners U.K., a network of treatment centers and dean of the medical school at the University of Buckingham, think's the proposal is superfluous.

"If the doctor wants to do it and the patient consents, people can do wacky things," Sikora said, citing the alternative medicine industry, where there is little evidence treatments work. He also said the bill could encourage false hope among terminal patients.

Saatchi doesn't know whether his bill would have helped his wife. Ultimately, he said, it's about giving patients and <u>doctors</u> new opportunities in the future. "This <u>bill</u> is not going to cure cancer, but it will encourage the man or woman who will," he said.

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