

PART ONE OF SEVEN

CANCER

A CODE RED PROJECT

ONE A DAY

If the former City of Hamilton had the same cancer mortality rate as Ancaster, for example, **THERE WOULD HAVE BEEN 3,438 FEWER DEATHS** between 2000 and 2009 in the former city. That's almost one a day.

Astounding continued from // BA2

When it comes to lung cancer, the differences between the inner city and the suburbs are astounding, driven primarily because poorer people smoke at much higher rates than richer people. The death rate from lung cancer in east Hamilton between Parkdale Avenue and the Stoney Creek border is nearly four times higher than it is in Ancaster.

In the neighbourhood along the Hamilton waterfront between Sherman Avenue and Wellington Street, the lung cancer rate was nearly 15 times higher than it was in one Ancaster neighbourhood just east of Sulphur Springs Road.

Look at any number of social and economic markers and it's clear those two neighbourhoods bear no resemblance to each other even though they're part of the same municipality.

In that Hamilton waterfront neighbourhood, 36 per cent of the people live in poverty, nearly four in 10 adults don't have a high school diploma, the median family income is a touch under \$40,000 and a quarter of all income comes from government payments.

In the Ancaster neighbourhood, less than 4 per cent of the people live in poverty, just 2 per cent of adults don't have a high school diploma and the median family income is over \$112,000.

The Spectator's findings were a sobering reality check for those people in the city who specialize in cancer as well as those who try to address issues

of inequality across the city.

"There is a significant social justice component to this data," said Terry Cooke, president and CEO of the Hamilton Community Foundation, which has become a leading advocate for finding ways to reduce the economic disparities that exist across neighbourhoods in Hamilton.

"It suggests that the presumption we have about equality of access we have in our health care system is demonstrably not true when it applies to people of low incomes and people who live in concentrated poverty," said Cooke.

"It compels us as Canadians to think about how do we respond to the social determinants of health, the things that happen outside of a hospital."

Carol Rand, director of systemic treatment and regional cancer programs at the Juravinski Cancer Centre, called the disparities across the city "unacceptable."

"We want everyone to have equal access to our services," said Rand. The goal of the Juravinski centre, she added, is to provide a co-ordinated system of cancer care that improves accessibility for patients.

"That's why we want to learn who are the people we're serving. How well are we serving them? Who's left out? How do we find out how to go into those neighbourhoods and help people access the services and connect them to health care?"

Dr. Bill Evans, who retired recently as head of the Juravinski centre, said cancer care in Onta-



PHOTO BY JOHN RENNINGSON, THE HAMILTON SPECTATOR

'I've got no one to blame but myself. I could have quit 30 years ago.'

BILL MCARTHUR, 71
STAGE IV NON-SMALL CELL LUNG
CANCER, A SMOKER FOR 45 YEARS

rio has to fight against a creeping passiveness. "There's passiveness of two types here. Often, the people who are in a lower socioeconomic group have a 'fate determines what happens to you in life' outlook so that's their passiveness.

"We as health care providers have got rather passive, too.

"We have more than enough work," he said. "People are beating a path to our door, so we sit in our offices and sit in our institutions and wait for people to show up.

"The reality is if we want to be helpful to these folks, we have to carry our messages and our interventions into those communities."

Dr. Ralph Meyer, the new president of the Juravinski Cancer Centre, said the connection between social factors and cancer is an important issue and a difficult problem to solve.

"The difference in health outcomes by socioeconomic status is recognized, it's happening in our community and it is important to address at a societal level," said Meyer.

"It involves health care delivery but it involves many other components of society as well."

BILL MCARTHUR grew up in the heart of the city on Sherman Avenue, went to Prince of Wales school by Ivor Wynne Stadium as a boy and now lives on Arthur Street North near King Street.

In May 2012, the 71-year-old was diagnosed with stage IV non-small cell lung cancer.

"I'm paying the price for 45 years of smoking," said McArthur.

"I've got no one to blame but myself. I could have quit 30 years ago."

About 3,600 people in amalgamated Hamilton were diagnosed with lung cancer between 2000 and 2009 and, amazingly, nearly half of those people, like McArthur, lived in the lower part of the former City of Hamilton.

The outlook for McArthur is quite dismal, frankly. His tumour is inoperable although he was still being prescribed chemotherapy treatment.

Lung cancer success stories are hard to come by.

Nearly half of all lung cancers in Canada are diagnosed at stage IV because there is no effective way of screening for lung tumours. By the time symptoms show up, it's often too late for effective treatment.

A recent international study showed that just one in six patients with stage IV non-small cell lung cancer survived longer than one year and just one in 100 survived to five years.

At least McArthur has made it past the first hurdle.

"I try not to think about it, I try to have a good attitude toward it, laugh about it," McArthur said. "What else are you going to do?"

"You can't walk around thinking you're going to drop dead at any minute, you know.

"Does it make me think about dying? No," he said. "I don't even think about dying. I'm too stubborn."

It was that stubborn streak that nearly killed McArthur.

He developed pneumonia a year and a half ago but refused at first to go to the hospital.

"Then I started spitting blood up and I thought 'Oh oh, I know somebody else who spit up blood and they had cancer,'" McArthur explained. "I tried to ignore it but it got worse and worse."

One morning, he was out for coffee with his landlady and after they finished, "I said 'I think it's about time you take me to the hospital,'" he recalled.

The doctor ran tests and that's when McArthur learned he had cancer.

"It scared the hell out of me," he said. "It almost brought tears to my eyes, but I kept control of myself.

"You can cry all you want but it ain't going to take it away."

McArthur started smoking when he was a teenager "to be cool," and worked his way up to a pack a day.

He remembers the first time his father caught him smoking. His dad was more concerned that McArthur was using his own money to buy his smokes than the harmful health effects.

"I wish I had all the money back," McArthur said.

He did quit smoking almost five years ago. "I thought I was in the clear and then lo and behold, I've got cancer," McArthur said.

"You don't realize how bad cancer is," he added. "It's an epidemic.

"I walked in the Juravinski for my chemo and saw all the people — that's another thing that almost brought tears to my eyes. I couldn't believe how many people got cancer."

He says cancer has changed his life in a short time. Before he got sick, he'd walk uptown regularly, sometimes twice a day to go for coffee or visit record shops, his passion.

He likes stuff from the '70s mostly. Jimi Hendrix, he says, is his favourite guitar player.

"I don't know, I just don't want to die and have to leave my music behind," McArthur said. "So I'm not ready to go."

Disparities continues // BA5

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ALL CANCER DEATHS
2000-2009