

Radiotherapy and the SUS: A collapse foretold

RADIOTERAPIA E SUS: O COLAPSO ANUNCIADO

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Radiotherapy, along with surgery and chemotherapy, is one of the pillars of the treatment of cancer patients. However, radiotherapy in Brazil is currently in a critical situation, especially with regard to the care of patients assisted by the Unified Health System (SUS, in the Portuguese acronym). The main problems that contribute to this dicey scenario are related to inadequate remuneration and poor installed capacity, both from the point of view of the number of devices and their geographical distribution.¹

It is estimated that around 60% of all cancer patients will require radiotherapy at some stage of their treatment.² Thus, based on the rounded calculation of 600,000 patients diagnosed with cancer in Brazil in 2015,³ 360,000 should have received radiotherapy in that year. Considering that approximately 80% of the demand comes from the public health network, it is estimated that 288,000 individuals should have been treated through the SUS. Nevertheless, data from the Ministry of Health indicate that only 145,180 patients received radiotherapy covered by the SUS.⁴ In addition, the World Health Organization (WHO) recommends that there should be one radiotherapy device for every 300,000 inhabitants.² In Brazil, the need would be 683 devices in operation for the demand to be met. If we also consider that 80% of the patients are assisted by the SUS, we conclude that there is a need for an installed capacity of 546 devices totally dedicated to the public health system. But according to the Ministry of Health, there are currently only 269 radiotherapy devices that serve social security patients and they are often not exclusively dedicated to public care.¹ Again, the number falls far short of the needs.

Another important aspect of this problem is the poor distribution of radiotherapy devices throughout the country. In the South and Southeast regions, installed capac-

ity exceeds 60% of the demand, while in the North, Northeast and Midwest, it is less than 40%.¹

In 2011, the Federal Audit Court⁵ audited a report on care for cancer patients in Brazil. In this report, the lack of radiotherapy was evident and the precarious situation of a large number of patients treated by the SUS, who waited on average 113.4 days between the date of diagnosis and the beginning of radiotherapy, became clear. Five years after the report, nothing concrete happened to increase the offer of radiotherapy to the population.

Although it is recognized that the public health system has a serious management problem and that by rationalizing the resources allocated to it we could have better results, the fact that the radiotherapy remuneration values have been frozen since August 2010 is decisive for the current alarming scenario. Maintenance of equipment, as well as the purchase of spare parts and new machines are charged in US dollars, and the dollar exchange price has been valued more than 115% since the freezing of the remuneration. All other expenses also increased by at least 50%, leading to the insolvency of all services covered by the SUS that do not receive supplementary funds.

In 2012, the Ministry of Health issued Ordinance no. 931 (May 10, 2012),⁶ which provided for the acquisition by the Federal Government of 80 machines to be used by the SUS network. This is a well-intentioned plan, including the installation of a radiotherapy machine factory in Brazil, and the implementation of a training center for professionals. However, due to bureaucratic and operational problems, only two of the machines have been installed so far.

We understand that the economic situation of the country is delicate and that seeking new resources is not a simple task, but if nothing is concretely done, the already installed collapse of public radiotherapy will become

substantially worse. Meanwhile, a few thousand patients are waiting in line, hoping that death will not be their announced sentence.

REFERENCES

1. Moraes FY, Marta GN, Hanna SA, Leite ET, Ferrigno R, da Silva JL, et al. Brazil's challenges and opportunities. *Int J Radiat Oncol Biol Phys.* 2015; 92(4):707-12.
2. Zubizarreta EH, Fidarova E, Healy B, Rosenblatt E. Need for radiotherapy in low and middle income countries – the silent crisis continues. *Clin Oncol (R Coll Radiol).* 2015; 27(2):107-14.
3. Instituto Nacional de Câncer [cited 2016 Sep 10]. Available from: <http://www.inca.gov.br/wcm/dmcd/2015/numeros.asp>.
4. Ministério da Saúde. Portal da Saúde [cited 2016 Sep 10]. Available from: <http://portalsaude.saude.gov.br>.
5. Tribunal de Contas da União [cited 2016 Sep 10]. Available from: <http://www.sbradioterapia.com.br/pdfs/relatorio-tribuna-contas-uniao.pdf>.
6. Ministério da Saúde. Sociedade Brasileira de Radioterapia: edital para implementação de 80 soluções de radioterapia [cited 2016 Sep 10]. Available from: www.sbradioterapia.com.br/pdfs/edital-pregaopresencial.pdf.