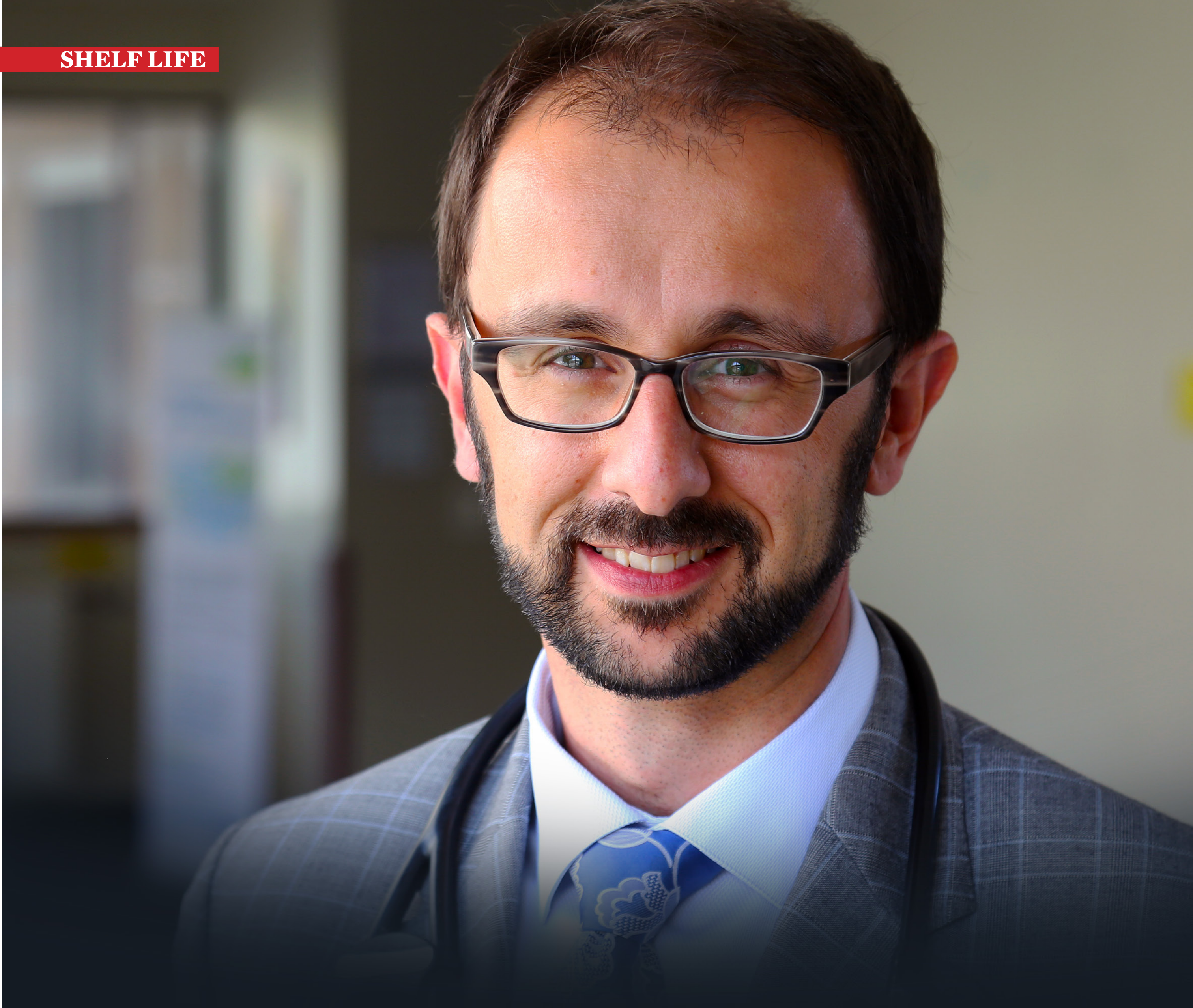


‘THEIR SUFFERING COMPELS ME’

As outgoing Cancer Society medical director Dr Chris Jackson moves ‘inside the tent’, he remains hopeful that New Zealand can lift its lagging performance on cancer-drug access. **by CLARE DE LORE**

The death of Sir Michael Cullen from lung cancer is a reminder, if any were needed, that cancer is an equal-opportunities disease, afflicting people from all walks of life. The former deputy prime minister, who died last week aged 76, had multiple health problems towards the end of his distinguished life but told the *Listener* in June that the diagnosis of lung cancer had seemed especially unfair because “I gave up smoking more than 30 years ago”.

Lung cancer is New Zealand’s biggest killer and Dr Chris Jackson has many patients facing the same challenges as Cullen. Jackson has been medical director at the Cancer Society for the past six years, juggling the role with his work as an oncologist at Dunedin Hospital, academic commitments and his family. He is married to Rachel Brooking, who entered Parliament last year as a Labour list MP, and they have three children, aged 15, 13 and 10.

Jackson is stepping away from the Cancer Society role, but the disease remains the focus of his professional life, with four days a week spent with his patients and one at the University of Otago. He does not have a formal title for his work with the new Cancer Control Agency – "Possibly busybody or sticky-beak", he jokes – but he is excited that the agency is up and running and that change is in the wind.

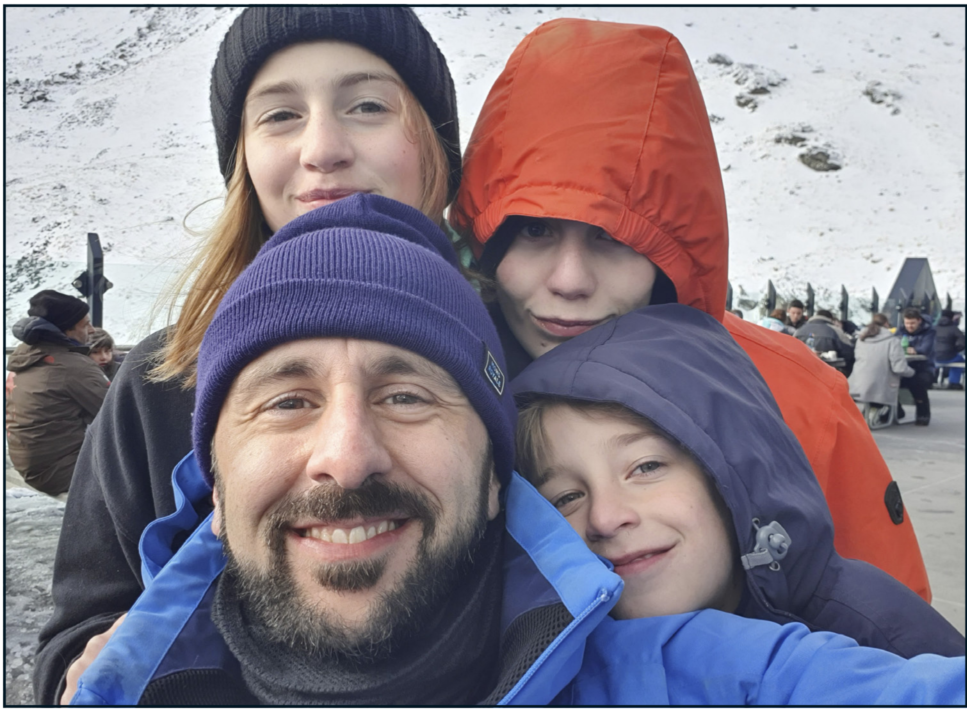
CANCER FACTS

- Cancer is New Zealand's biggest cause of death.
- Many cancers can be cured if found and treated in time. About one in three patients are cured, and even if the cancer is not cured, more effective treatments mean people can now live for longer.
- The most common cancers in New Zealand are lung cancer, bowel cancer, breast cancer, prostate cancer and skin cancers, including melanoma.
- Lung cancer kills more than 1800 New Zealanders each year, more than any other cancer. Lung cancer also accounts for nearly one in five cancer deaths globally.

> **"People diagnosed with cancer are shocked at the gap between what's best and what's available here."**

We all have a cancer story, either of our own or of somebody close to us. What's yours?
My mum had a brain tumour when I was a kid. Fortunately, it was able to be taken out, but it affected her when I was a teenager. My sister has had a cancer operation and dad has had treatment for cancer. Other family members have been affected; it touches us all in some way. But it would be mischievous of me to suggest that mum's cancer led me to oncology.

What attracted you to working in this field?
It was really the cancer patients I met during my medical training who inspired me. They are just some of the most inspiring and wonderful people you could ever hope to meet – they show incredible resilience in the face of unbelievable adversity. People have said to me, "Doctor, I'm sorry you had to tell me that today." It never ceases to amaze me – the generosity that people have, to worry about how I'm feeling, I mean, some people want to give me a hug to comfort me. I find that extraordinary.



JACKSON FAMILY COLLECTION

Hearing you've got cancer used to be a death sentence, so it must be a tough thing to tell people?
I feel a very deep connection to the people I care for. I hear their pain and listen to their stories every day. I hear what's gone wrong for them and I know how distressing their diagnoses are. I feel an extraordinary obligation to do something about it.

We have done poorly historically in regard to cancer treatment and outcomes. What's the current situation?
The Cancer Society funded research called the International Cancer Benchmarking Project, which compared New Zealand with six similar countries, including Australia, and found that we were second to bottom in terms of outcomes with major cancers. Our progress against cancer during the past 15 years was poorer than those other countries. There is a lot more work to do.

Is limited drug access compared with Australia a factor in our poor performance?
Many of the drugs we have for cancer improve the quality and duration of life for many people, but they don't normally increase the cure rates by much. So, the gap between New Zealand and other countries in terms of our cancer cure

> **I don't think Pharmac's model delivers high-cost, lower-volume drugs very well ... [or] considers factors such as end-of-life value.**

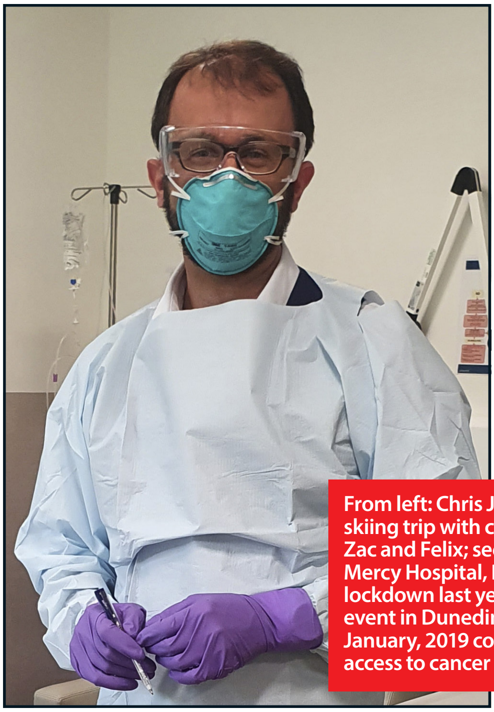
rates is not largely influenced by drug access. Having said that, the quantity and quality of life for people diagnosed with incurable cancer are very clearly influenced by access to drugs. And the gap with Australia has never been larger. We need to do better. The feedback I get from people diagnosed with cancer is that they're shocked at the gap between what's best and what's available here.

What does Australia do that we don't?

In Australia, if you reach a certain benchmark for cost and benefit, your drug tends to get funded. That does open the government up to bigger bills for cancer drugs every year, which is what has been resisted here. So ultimately, the choices you make around how you fund drugs are political. What I hear is that Kiwis want better access to cancer drugs, and we need to look for solutions for how we do that.

What does the formation, in late 2019, of Te Aho o Te Kahu, the Cancer Control Agency, mean for cancer research and treatment?

We have had 20 different district health boards trying to do their own thing, fighting for cancer control, which just hasn't worked because it is way too complex for any individual DHB to fight. Te Aho is the biggest turning point in my professional life in terms of the opportunity to make a difference in cancer care. Just a couple of months after Te Aho was formed, we had Covid-19 and the [first] lockdown and had to keep cancer services on track for that period. The DHBs did what they have always done – they did their own thing. We knew that was the root cause of the problems we've had over the past 20 years, so we brought them together and tried to get national consistency around existing cancer care. That proved the worth of a centrally planned approach, because cancer was one of the least affected areas of all of health care throughout the lockdown period.



From left: Chris Jackson on a skiing trip with children Orla, Zac and Felix; seeing patients at Mercy Hospital, Dunedin, during lockdown last year; at a charity event in Dunedin. Inset, our January, 2019 cover story about access to cancer treatment.

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What's your verdict on Pharmac?

Pharmac has a very hard job and does a very good job of implementing the model they've got. I just think that cancer really tests the limits of that model, which delivers low-cost, high-volume drugs very well. I don't think Pharmac's model delivers high-cost, lower-volume drugs very well. And it doesn't take into consideration factors such as end-of-life value quite as much as other models do internationally.

Will you be able to have more sway on this at Te Aho?

Well, I've been offering my opinion on cancer drugs for 10 or 15 years and I don't think things have changed that much, so there's an awful lot of not very much listening to Dr Jackson going on when it comes to cancer drugs.

On the home front, your children are about to see more of you with the decision to focus your work in Dunedin. Was that inevitable once your wife became an MP?

Well, she leaves on a Monday and gets back on a Thursday evening. Life is about seasons and there are times when one part of the family does more than the other. And every family needs someone on the ground the whole time: I don't think having parents passing in the night works well for kids. And to be effective in the Cancer Society role, you need to spend a lot of time around the country, because it's a national role.

> **"The thing I'm not at peace with is the amount of unnecessary suffering and harm that occur. That keeps me going."**

At the end of each day, how do you switch off from the emotional aspects of dealing with your patients?

The truth is, I don't. And it's exactly that feeling you have with your patients that very clearly motivates me to continue to fight for better cancer services: their suffering compels me to do everything in my power to help alleviate it. But I know you can't save everyone. There are some people, no matter the system, the services or the treatments, for whom cancers will unfortunately take their lives. I'm at peace with that. The thing I'm not at peace with is the amount of unnecessary suffering and harm that occur. That keeps me going. ▮

The lockdown prevented this year's Daffodil Day street appeal, but to support the Cancer Society, you can donate online at daffodilday.org.nz

CHRIS SULLIVAN/SEEN IN DUNEDIN