

## Short Communication

# The Middle East Cancer Consortium: A Model for Regional Conciliation and Compassion in the Middle East

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### ABSTRACT

Regions in the Middle East are still experiencing political and military hostilities which negatively affect the health and health services of millions of people. Cancer is one of the major causes of high morbidity and mortality in the region. Palliative care for the cancer patient is one of the care options available for all those suffering from such a life-threatening disease. The Middle East Cancer Consortium (MECC) initiated a regional plan to implement palliative care approaches both in hospitals and the community. Moreover, the region lacks experienced professionals who could pave the way for establishing national palliative centers and guide primary care physicians and nurses to exercise this relatively new discipline in clinical practice. This report describes, in short, the endeavors, barriers and successes of this project, which are intended to bring medical professionals closer, thereby promoting understanding, respect and tolerance among individuals and communities in conflict.

### Keywords

Cancer; Palliative care; Middle East; Conflicts.

## INTRODUCTION

The Middle Eastern Cancer Consortium (MECC) is a regional initiative for cancer research and treatment. Established in 1996, MECC's founding members include the US, Cyprus, Egypt, Israel, Jordan, the Palestinian Authority and Turkey. MECC aims to reduce the incidence and impact of cancer in the Middle East through collective compassion, regional training and education, and collaborative research.

MECC's current reach includes over 20 countries throughout the Middle East, Central Asia, and East and Northern Africa that come together to learn to relieve patients' suffering from cancer and its treatments. The basic motto which guides MECC in its dedicated work is: 'Respect your fellow person, collaborate to combat human suffering and help build bridges for better understanding amongst all people'. This short communication provides an overview of MECC: its work, reach and contribution to conciliation in the Middle East.

## CANCER IN THE MIDDLE EAST

Middle Eastern populations share many of the same health chal-

lenges that face most low- and middle-income nations, where health resources can be scarce and unreliable, limiting the availability of preventive and screening measures. Cancer, as with other chronic diseases is, and will increasingly remain, a major health challenge among Middle Eastern populations. A collaborative regional effort is required in order to achieve solutions to this crisis; local health organizations must working together to promote change, transcending political, cultural and ethnic borders.

Today, about 70% of all cancer patients in Middle Eastern countries see a physician for the first time when the tumor has already reached stage III or IV and is no longer operable. The only treatment left is palliation. However, clinicians delivering palliative care in regions of political and military conflict face enmity and violence which lead to the disruption of medical infrastructures, embedded distrust and suspicion.

## MECC: THE BEGINNING

Against all odds, and despite ongoing political turmoil, MECC has succeeded to launch and sustain academic-based medical programs that bring together scientists, academics and clinical professionals from its member countries, joined by medical personnel from

many other non-MECC countries in the Middle East and beyond.

Together with the US National Cancer Institute (NCI), MECC established a successful Middle Eastern Network of Cancer Registry Centers including Cypriots, Egyptians, Israelis, Jordanians, Palestinians, Turks, and Americans, with the assistance of the International Agency for Research in Cancer (IARC) in France. The project began in 1997 with the establishment of a regional network of cancer registries documenting the incidence of various cancers and stage of the disease at diagnosis. This framework enabled MECC to build a consensus among its members to develop standards that enable comparisons of cancer incidence in the different countries, which was first detailed in a monograph published in 2006 (National Institutes of Health (NIH) Publication No 06-5873, 2006). This initiative served as the first framework for multinational gatherings and collaborations during times of both peace and war.

### MECC's EXPANSION TO PALLIATIVE CARE

Following the registries' findings, MECC developed a program to introduce palliative care to the region with strong advocacy for palliative care services, which was desperately needed in most countries. To do so effectively, MECC established a baseline of information on palliative care services examining barriers to the delivery of palliative care that might exist and promoting solutions (NIH Publication No. 07-6230, 2008).

Late presentation of cancer patients is still MECC's main concern due to its medical, social and economic consequences for the patients, their families and the community. Until recently, palliative care for cancer patients was a largely unknown and unrecognized discipline in most Middle Eastern countries. Accordingly, basic educational and training courses were urgently needed. Educating and convincing clinicians, administrators and ministerial representatives continues to be the first step in overcoming the obstacles and barriers that physicians, nurses, social workers and psychologists face in their efforts to develop palliative services within their institutions and communities. The outcome of MECC's endeavors are the new palliative care units and programs that were established recently in most countries in the region.

Cultural traditions lead most cancer patients in the region to prefer to die at home, with their families at their side; thus, one of MECC's highest priorities was to develop and staff community-based palliative care services for the benefit of the patients and their families.

MECC's approach has evolved incrementally, creating momentum through multiple small steps, such as initiating supplementary education and training in various formats, fellowships, and clinical exchanges, which eventually lead to regional-scale palliative care projects.

Palliative care is often the best form of treatment in these cases; however, it's not always offered or utilized. Access to pain medicines in the region is often limited, and even when drugs and palliative care services are available to patients, they're not always

accepted. Additionally, stigma about cancer being a hereditary disease can often deter patients from accepting treatment, let alone seeking medical help. Stigma concerning pain medications and mental health issues related to a cancer diagnosis can often lead to patients keeping their condition a secret and choosing forego any palliative care.

This dire situation is one that MECC seeks to resolve by offering training and resources for oncology professionals. It is believed that through the development of palliative care programs and better communication between oncology professionals and patients, palliative care will become more widely accepted in the region. MECC's mission is not about religion or politics, but about humanity, interpersonal relationships, peace and setting aside prejudices.

Overall, the tireless work at governmental, institutional, individual and professional levels, along with the public at large, eventually yielded new governmental national initiatives focusing on cancer care along its entire trajectory, from the screening phase to the end-of-life.

### COLLABORATIVE CONFERENCES, WORKSHOPS AND COURSES

Building a cooperative capacity provided a basis for attracting new colleagues and sustaining relationships. Colleagues benefitted by sharing their knowledge and resources, while advancing their careers through joint academic outputs, including conference presentations and publications. Following is a partial list of palliative care activities initiated/organized by MECC during the years 2004-2016:

1. Middle Eastern Cancer Consortium (MECC). The US Department of Health and Human Services sponsored the first regional palliative care; February, 2004; Larnaca, Cyprus.
2. Middle Eastern Cancer Consortium (MECC). First MECC delegation to Calvary Hospital; 2005; New York, USA.
3. Middle Eastern Cancer Consortium (MECC). MECC-INTCR palliative care conference of 50 clinicians from the US, Egypt, Jordan, the Palestinian Authority, Israel, Cyprus and Turkey; November, 2005; Larnaca, Cyprus.
4. Middle Eastern Cancer Consortium (MECC). Advance palliative care training course for oncology nursing; 2006; East Jerusalem, Israel.
5. Middle Eastern Cancer Consortium (MECC). Communication issues in pediatric oncology; June, 2006; Larnaca, Cyprus.
6. Middle Eastern Cancer Consortium (MECC). MECC-American Cancer Society University; March, 2007; Istanbul, Turkey.
7. Middle Eastern Cancer Consortium (MECC). Stress of working with cancer patients, Larnaca, Cyprus, June 2007.

8. Middle Eastern Cancer Consortium (MECC). Palliative care workshop for palestinians, Augusta Victoria Hospital; May 2007; East Jerusalem, Israel.
  9. Middle Eastern Cancer Consortium (MECC). Developing leadership skills for oncology nurses; December, 2007; Ein Gedi, Israel.
  10. Middle Eastern Cancer Consortium (MECC). The role and involvement of the patient's family in palliative care; 2008; Larnaca, Cyprus.
  11. Middle Eastern Cancer Consortium (MECC). Symptom management course for oncology nurses; June, 2008; Larnaca, Cyprus.
  12. Middle Eastern Cancer Consortium (MECC). Holistic approaches for oncology integrated palliative care; November, 2009; Jerusalem, Israel.
  13. Middle Eastern Cancer Consortium (MECC). Alleviation of fear, frustration and sense of loss through non-pharmacological treatment modalities; May 2009; Larnaca, Cyprus.
  14. Middle Eastern Cancer Consortium (MECC). Nurses Leading the Way in Pain Control, Ankara, Turkey, April 2009.
  15. Middle Eastern Cancer Consortium (MECC). Cancer pain, suffering and spirituality; April 2010; Istanbul, Turkey.
  16. Middle Eastern Cancer Consortium (MECC). Integrative oncology in the Middle East; June 2010; Larnaca, Cyprus.
  17. Middle Eastern Cancer Consortium (MECC). Cancer pain, suffering and the complexities of evidence-based intervention in cancer care; April 2011; Ankara, Turkey.
  18. Middle Eastern Cancer Consortium (MECC). Integrating traditional medicine in research and clinical practice; May 2011; Baqa El-Gharbia, Israel.
  19. Middle Eastern Cancer Consortium (MECC). International course on pain medicine and palliative care for children; November 2011; Larnaca, Cyprus.
  20. Middle Eastern Cancer Consortium (MECC). Introductory course on palliative care for community professionals, antalya; December 2011; Ankara, Turkey.
  21. Middle Eastern Cancer Consortium (MECC). Introduction of palliative care for community and hospital nurses; February 2012; Muscat, Sultanate of Oman.
  22. Middle Eastern Cancer Consortium (MECC). Crossing borders for palliative care; February 2012; Tel Aviv, Israel.
  23. Middle Eastern Cancer Consortium (MECC). International development and education course in palliative care: Approaches for oncology integrated palliative care in Middle Eastern countries; April 2012. Ankara, Turkey.
  24. Middle Eastern Cancer Consortium (MECC). MECC palliative care research work group; June, 2012; Amman, Jordan.
  25. Middle Eastern Cancer Consortium (MECC). International palliative care conference on the geriatric oncology patient; February, 2013. Muscat, Sultanate of Oman.
  26. Middle Eastern Cancer Consortium (MECC). International pediatric oncology; February, 2013; Muscat, Sultanate of Oman.
  27. Middle Eastern Cancer Consortium (MECC). International palliative care conference on the geriatric oncology patient; April 2014; Ankara, Turkey.
  28. Middle Eastern Cancer Consortium (MECC). MECC-Ohio-health fundamental course in palliative care for nurses; February, 2015; East Jerusalem, Israel.
  29. Middle Eastern Cancer Consortium (MECC). MECC-ONS-Hacettepe University fundamental course in palliative care for Iraqi, Iraqi and Turkish Nurses; July, 2014. Ankara, Turkey.
  30. Middle Eastern Cancer Consortium (MECC). MECC-ONS palliative care basic course for community and hospital nurses; October, 2015; Muscat, Sultanate of Oman.
  31. Middle Eastern Cancer Consortium (MECC). MECC-ASCO International palliative care Workshop; May, 2016; Almaty, Kazakhstan.
  32. Middle Eastern Cancer Consortium (MECC). MECC-ASCO cancer control for primary care physicians; March, 2016; Muscat, Sultanate of Oman.
  33. Middle Eastern Cancer Consortium (MECC). MECC-ONS Advanced course in palliative care for hospital and community nurses; February 2016; Muscat, Sultanate of Oman.
- Equally important, these encounters provided an informal social context for fostering mutual understanding.
- Additional countries, including Lebanon, the Sultanate of Oman, Yemen, Saudi Arabia, the United Arab Emirates, Pakistan, Qatar, Afghanistan, Georgia, Uganda, Iran and Iraq took an active part in these conferences.
- During this entire period, special courses were organized for Palestinian physicians, nurses, social workers and pharmacists led by Israeli faculty, held at the Augusta Victoria Hospital in East Jerusalem (2007), at the Sha'arei Zedek Hospital in West Jerusalem (2009), and a course in "Palliative Care Principles in Practice" with Al-Quds University in East Jerusalem (2014).

#### LESSONS LEARNED

Several lessons have been learned throughout the MECC journey.

We learned to manage the profile of our activities in the region with awareness and sensitivity, since participants at times received negative reactions from colleagues. We did not avoid the media, but tried to focus their - and the public's - attention on our shared humanitarian goals and on tangible outputs gained by promoting palliative medicine in the region. Public leadership also played an important part in supporting these cross-border initiatives. For example, officials from the US, Egypt, Jordan, Cyprus, Israel and Turkey participated in the opening ceremonies of a MECC-sponsored International Kids Art Exhibit held in Tel Aviv (November 2009), Istanbul (April 2010) and Nicosia (June 2010).

A critical element was found to be the shared humanitarian focus on patients' needs. At times, when interactions ventured into sensitive political areas, MECC played a respectful but important role in refocusing the discussion to address health needs and project activities. This common denominator allowed our partnership to work, skirting national confrontations and political disagreements. In tangible ways, the MECC example of cross-border cooperation helped create a social infrastructure in the region for better understanding, respect and tolerance.

#### MECC: A VENUE FOR MIDDLE EASTERN PEACE

MECC has succeeded in promoting cooperation through a major health initiative that builds trust by respecting cultural and religious sensitivities, social cohesion, agency-government relationships, and accountability to the individual communities. Ultimately, such cooperation can highlight effective peace-building roles for health professionals in regions of conflict.

MECC's founders considered, among other subjects, the question of how such an organization might facilitate cross-border collaborations between Arabs and Israelis. The vision was simple, yet compelling-to use health needs as a basis for cooperative projects that enhance people-to-people engagement, embodying the "Health as a Bridge for Peace" concept advanced by the World Health Organization (WHO).

Along the way, there were challenges to this peaceful paradigm. Members of the consortium, including Arab-Israeli sensitivities, with the result that the involvement of a trusted third-party coordinator-in this case, MECC-was recognized as vital for attracting colleagues from countries in conflict and managing cooperation during periods of conflict-a role that has been underscored in other Arab-Israeli initiatives. By way of example, in periods of heightened tensions, such as during the second Intifada in September 2000, the second Israeli-Lebanese War in 2006, and the more recent Gaza conflicts in 2009, 2012, 2014 and 2021, special attention was given by MECC staff members to maintaining good relationships with colleagues residing in countries involved in hostilities, and reinforcing morale by MECC personnel through numerous telephone calls, internet connections and face-to-face meetings in the region. Active involvement by Jordanian, Egyptian and Turkish colleagues gave MECC flexibility in coordinating activities of all kinds with all partners. These regular exchanges focused not only on sustaining project activity despite numerous hurdles, but also strengthened personal relationships and mutual confidence among colleagues during those difficult times.

Through this process, new opportunities for mitigating enmity can be developed. Given that suffering at the end-of-life is universal, there is a very special opportunity for palliative care clinicians working in regions of conflict. Where end-of-life care is so often ignored or neglected, palliative care emphasizes humanity and respect for human dignity in a unique way. Hence, the delivery of palliation holds the potential to break down barriers of suspicion and hatred and to reverse habits of depersonalization, dehumanization and demonization.

It is our profound conviction that health issues offer innovative ways to lead new dialogues for mutual understanding. Our goal is to make cancer palliation a shared objective for neighboring populations. In our experience, even in settings of political animosity and differences, this sort of humanitarian cooperation is possible and positive.

One of the biggest hurdles to overcome is a lack of communication and understanding of cultural and faith differences between people in neighboring countries. MECC trains oncology professionals to have more open and, ultimately, more fruitful discussions among themselves in the region.

The author of this short communication offers the following suggestions on how professionals can overcome cultural, faith and communications barriers to provide the best possible way to a more peaceful environment for future collaborations:

Become aware of any sensitivity; start by listening to colleagues' concerns by asking questions about what they want their relationship to look like. "*Personalized collaborations aren't just treatment schedules and drugs,*" said Dr. Silbermann, who suggests professionals conduct dialogues including some personal questions so they can better get to know their partners and learn what as to what are the barriers to closer relationship they may face. Try to keep low profile at times of crisis and always communicate at the same eye-level.

While some seek peace in the Middle East through political means, others are looking to help patients with cancer find peace through palliative care. This endeavor is bringing oncology professionals together across the region's national borders and cultural boundaries to implement solutions and improve patient care.

#### THE HOPE AND FUTURE OF MECC

Despite the ongoing geopolitical conflicts in the Middle East, the past 25-years have left MECC with a sense of hope and optimism for better medical and nursing education and improved services for cancer patients at the primary, secondary and tertiary levels, including both curable treatments and palliative care. The ongoing trajectory of success of the regional palliative care programs introduced by MECC proves that despite many challenges, health initiatives in conflict-laden regions can bring health professionals together in cross-border collaborations to build vitally needed new services, through mutual respect, trust and understanding for the benefit of all involved. If we keep our focus on the patient and the family before us, help them come to an understanding of the situ-



ation and help identify the priorities that are meaningful for them, we will be true to the principles of palliative care. Further steps to overcome conflicts in rendering palliative care require attention to a range of issues including trust, social cohesion, sensitivities of culture and accountability to communities. Finally, and importantly, is the need to stimulate dialogue among the stakeholders, including the parties to the regional conflicts, professionals, health policymakers and communities.

The present experience in the Middle East has shown that it is possible to bring together Arabs and Israelis, and Turks and Cypriots, to promote a common goal related to cancer palliation, even under very difficult circumstances. The MECC experience illuminates four essential ingredients that are needed in order to establish and sustain successful cooperation: 1) A focus on common health needs, i.e., palliative care to the cancer patient with practical outcomes; 2) A constructive and unbiased third-party broker; 3) A critical mass of “bridge-builders” in the region who are prepared to get involved; and 4) A sustained source of funding. Within the on-going geopolitical conflict in the Middle East, the medical profession provides a powerful venue for establishing cross-border collaborations through trust, goodwill and patience. The MECC model demonstrates a direction for health professionals in promoting peace through cancer palliation.

#### MECC: A MODEL FOR THE WORLD

After 25-years of activity in the Middle East, MECC can be seen as a model for the organization of international initiatives to achieve both project-specific health outcomes and broader social effects through cooperative networks.

The MECC experience provides a realistic and attainable way to address issues related to the development of professional human resources and primary determinants of health in this region of ongoing conflict.

#### DECLARATION

I hereby declare that there are no conflict of interest of any kind, and that this manuscript is for educational purpose only.

#### PARTIAL LIST OF PUBLICATIONS ASSOCIATED WITH MECC ACTIVITIES

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