Cancer treatment

Cancer treatment is one of the most important tasks in the modern health care system. The success in this sphere is necessary to be got, because cancer became a real challenge that cause lethal outcome. The means of prevention the development of disease are early treatment, correct diagnostics and others. That’s why the delays in care should be thoroughly studied and analyzed. Health disparities on delays Health disparities are dissimilarities in the frequency, occurrence, death, and load of cancer and connected with unfavorable health conditions that are real among exact inhabitants groups in the United States of America.

These inhabitants groups are usually distinguished by sexual category, education, age, ethnicity, income, geographic location, social class and sexual orientation. (Livingston, 1994) The comparison between white and black people and men and women in the appearing of cancer is described in the numerous works of the scientists and articles and the results of this comparison can contribute to working out the methods for treatment. The problem is that the representatives of different groups get diagnosed not at equal period.

Leyden (2005) says that that there is a threat of increasing the disease’s development between women and the minorities of the population despite the improvement of the overall health care system. The acceptance of sufficient health care has a great influence upon the overall quality of health care in the United States. Lees (2005) states that the majority of racial/ethnic disparities that are seen in breast and colorectal cancer viewing are caused by dissimilarities in socioeconomic status.

As distinct, racial/ethnic disparities in fully developed vaccination persevere and especially for pneumococcal immunization that proposes that diverse obstacles can be concerned. According to Coughlin (2006) the individual-level proceedings of socioeconomic status can be adapted by county-level proceedings of socioeconomic status. The analyses of cancer viewing rates by procedures of enlightening achievement, income and other factors may assist to health administrators to improve their resources.

Tannor (2006) say that despite the elevated proportion of men who had deliberations with their physician, there was a great number of men among the African-Americans who had never heard about tests to diagnose cancer. That’s why more efforts should be taken by the healthcare community to sponsor the discussions between physicians and patients and the instruction about cancer appearing. Thompson (2005) researched that among men and women who visited the doctor the year before but who had not a current fecal occult blood test, about 94. 6% accounted that their physician had not suggested the test the year before.

It was discovered that compared to Whites, African Americans, Hispanics, and American Indians/Alaska Natives are less likely to account getting a suggestion for endoscopy. In the Lauver’s work (1993) the research where norm and having a regular practitioner were related inversely to delay took place. The influence of anxiety was moderated by having a regular practitioner. Among women lacking a practitioner, anxiety was related inversely to delay; among women with a practitioner, anxiety was not related to delay. Controlling for psychosocial variables and facilitating conditions, women of color delayed for a long time.

What about sexual differences, Nelson (2002) researched that the women's clinical courses are worse than the men's ones. As a result, the delays between women appear more often. As we can see, there are a lot of obstacles to successful care. The obstacles can be so diverted, and detailed to definite districts or populations that there is still a huge distance to cover before oncologists can overcome the disparities in cancer care. So, To make a progress in this case is to overcome at least one of the obstacles. (Glanz, 2003) However, the declination process of the disease is almost equal in all the social and racial groups.

The association of structural factors with delays in care The role of structural factors in delaying care is very important, because these factors are essential in the process of treatment and diagnosing. The representatives of the social groups of middle and lower classes suffer from the structural factors more than the people of upper classes. Such aspects as cost of care and transportation have a great influence upon the results of the care. The cultural differences and ethnicity lead to the certain difficulties in communication between patient and medical staff. (Nelson, 2002)

The delays between the minorities of population happen as the result of the fact that they are usually uninsured. Lauver (1993) wrote that the American Cancer Society inspected 3. 7 million patients that were cancer diagnosed from 1998 to 2004. This study was the primary to inspect the connection between many categories of cancer and insurance. The latest data was taken into consideration too. According to the study, those kinds of cancer that were diagnosed in very near the beginning stages using uncomplicated tests were diagnosed behind schedule in uninsured or underinsured patients.

Researchers mention breast, skin, lung, colon cancers among these types of cancer. These diseases have to be diagnosed even only by indications observe, but uninsured are often being diagnosed on third or fourth stages. Other kinds of cancer, such as bladder, kidney, prostate, thyroid, uterus, ovary, pancreas, demonstrate less disparities. Persons without personal insurance are not getting most favorable care in terms of cancer screening or appropriate diagnosis and follow-up with health care providers.

Advanced-stage diagnosis causes greater than before morbidity, decreased class of existence and survival and, often, greater than before expenses. The disparities between blacks, Hispanics, whites: blacks are more likely to be diagnosed late than whites and Hispanics. Hispanics are more likely to be diagnosed late than whites (Lauver, 1993). Uninsured patients get about one-half the health care of insured patients and consequently die sooner than insured patients, largely because of delayed diagnoses.

Betancourt (2003) stresses upon that the structural processes of care within a health care delivery system has to be planned in order to assure complete admission to value health care for all its patients, for example satisfactory insurance practices, interpreter services, physical condition instruction resources that are linguistically and ethnically suitable. These factors are recognized as predictors of improved accessibility to appropriate further care among whites with atypical cancer screenings. Voti (2006) writes that the prospect hard work has to aim the aged, black and Hispanic women, the uninsured to decrease treatment disparities.