CHAPTER 19

“It may not cure you, it may not save your life, but it will help you”

Katherine D. van Schaik

In the modern world, we are experiencing an epidemiological shift represented by the increasing prevalence of chronic diseases relative to that of acute diseases: more people are living longer, with more diseases, than ever before in human history. How are we to understand and to respond to this change? A study of provision of cancer treatment in Western Australia, especially among Indigenous populations, can illuminate ways in which healthcare providers and societies might better understand the treatment of chronic disease: healthcare providers should take care to appreciate patient perspectives and beliefs about disease aetiology and treatment. Consideration of treatment of disease in the ancient Graeco-Roman world supports the view that effective healing and maintenance of patient wellbeing occurs when healers communicate clearly with their patients about disease and treatment progression, and when healers are open-minded about patients’ utilisation of multiple treatment modalities.


* The author acknowledges with sincere thanks Georgia Petridou, Chiara Thumiger, and an anonymous reader, whose suggestions greatly improved the manuscript; Sandra C. Thompson for her generosity and patient instruction; and especially Christopher P. Jones, Mark J. Schiefsky, and Emma Dench, whose guidance, encouragement, and knowledge have facilitated interdisciplinary study from the beginning.

** The title is a quote from the following paper: Shahid, S. et al. (2010). “If you don't believe it, it won't help you”: Use of bush medicine in treating cancer among Aboriginal people in Western Australia', Journal of Ethnobiology and Ethnomedicine 6.18, 1–9. The article is written by a member of the Western Australian research group with which the author of this chapter is affiliated.

Throughout history, until the widespread use of modern antibiotics in the mid-twentieth century, acute infectious diseases were, in all likelihood, the most common cause of death worldwide. They killed quickly, leaving no trace in any skeletal or soft tissue remains that we might analyse today using either scientific laboratories or medical imaging techniques. And yet, the World Health Organization’s 2008 world mortality statistics show that in low-income countries, the top three causes of death are infectious diseases: lower respiratory infections, diarrhoeal diseases, and HIV/AIDS, which together accounted for 27.3% of deaths worldwide in 2008. Malaria, tuberculosis, and neonatal infections occupy places five, seven, and ten, respectively, on the list of the top ten causes of death in 2008. In other words, at least 39.4% of reported deaths in low-income countries in 2008 were attributable to infectious causes.

For middle- and high-income countries, however, the 2008 statistics differ markedly: the top three causes of death in middle-income countries were ischaemic heart disease (13.7%), stroke and other cerebrovascular disease (12.8%), and chronic obstructive pulmonary disease (7.2%). In high-income countries, ischaemic heart disease (15.6%), stroke and other cerebrovascular disease (8.7%), and trachea, bronchus, and lung cancers (5.9%) occupy the top three positions. Worldwide, including all income groups, the top three causes of death in 2008 were ischemic heart disease (12.8%), stroke and other cerebrovascular disease (10.8%), and lower respiratory infections (6.1%).

The scientific data indicate a remarkable shift in causes of death from acute infections to chronic disease. This epidemiological change has been in part discussed by Mary Tinetti, MD (Internal Medicine, Geriatrics), in a recent article in the *Journal of the American Medical Association*, in which she calls multimorbidity—“the coexistence of multiple chronic diseases or conditions”—the “most common chronic condition”. People may live longer with their diseases, but they also live and die with more than one disease at a time.

Acknowledgement of this epidemiological shift from acute infectious to chronic causes of death is not to say that issues surrounding the prevention and treatment of acute infectious disease, especially in low-income countries, have been adequately addressed. Nor do the data indicate that, despite the relative prevalence of infectious causes of death in low-income countries, chronic disease is not also a problem in these areas: in fact, death rates for chronic diseases such as cancer are higher and in some cases increasing at a
