



The Arts

Dying to survive and cancer care in China

For more on **maternal and child mortality in China** see *Lancet* 2014; **383**: 953–954
 More on the **Chinese government announcement** at <https://www.reuters.com/article/us-china-pharmaceuticals/china-adds-blockbuster-drugs-to-insurance-list-after-price-cuts-idUSKBN1A408F>

For more on the **financial burden of cancer in China** see *Chin J Cancer* 2017; **36**: 41

In 2013, Lu Yong, an entrepreneur from Jiangsu Province in China, was arrested and charged with selling counterfeit medicines. But Lu was not your typical drug dealer: diagnosed with chronic myeloid leukaemia, it was his own search for affordable cancer treatment that landed him in court. At the time, imatinib, the approved therapy for his cancer, cost 23 500 yuan (US\$3777) monthly, equal to the average yearly household income. Virtually bankrupted by 2 years on the drug, Lu set out in search of an alternative and found a generic produced in India under a compulsory licence. At only 3000 yuan (\$436) a month, it offered him—and then others—a lifeline. Spreading the word on patient message boards, Lu became an intermediary, using his personal bank account to link patients to suppliers, not profiting personally other than receiving free medication.

This year, Lu's story was fictionalised in *Dying to Survive*, a dark comedy starring one of the most popular comic actors in China, Xu Zheng. Xu plays an expedient, cancer-free Lu ("I don't want to be a saviour, I just want to make money") in what has been called China's *Dallas Buyers Club*. A surprise box office hit, the relatively low-budget film has grossed \$453 million since its July release, and has sparked intense public debate about access to health care in China.

China's health-care system has undergone substantial transformation over the past two decades. According to WHO, at the start of this century, only a third of Chinese citizens were registered for national health insurance; today the country has achieved near-universal health coverage. In 2014, Correspondence in *The Lancet* reported that China had achieved its Millennium Development Goal of reducing mortality in children younger than 5 years by two-thirds and maternal mortality by three-quarters, ahead of its 2015 target. The quality and equity of care remain below the standard of developed nations, but President Xi Jinping has put health at the top of the policy agenda with Healthy China 2030, a strategic plan for further health-care reform launched in 2016, which, among other goals, aims to expand coverage beyond basic care. Under the current system, only certain drugs are included on the national reimbursement drugs list, with specialised and expensive medications, such as those needed to fight cancer, more likely to incur out-of-pocket costs.

After the great strides of recent decades, these drugs are needed now more than ever. Economic development and increased life expectancy have

brought with them the fresh challenges posed by an ageing population and 21st century lifestyles. Non-communicable diseases dominate the disease burden in China today, with cancer among the leading causes of deaths. For cancer treatment, China relies heavily on imported medicines, many of which are priced for the markets of high-income countries and aren't included on the national reimbursement drugs list, presenting a huge burden to families. For example, a 2017 study on the financial burden of colorectal cancer for newly diagnosed Chinese patients showed that 1-year out-of-pocket expenditure on diagnosis and treatment accounted for 60% of the previous-year household income and caused 75% of families to have an unmanageable financial burden. *Dying to Survive* shows the lengths some patients will go to access treatment.

When Lu Yong was apprehended, more than 300 patients with leukaemia campaigned on his behalf. "Lu Yong saved our lives", wrote one patient on a petition to drop the charges against him. The judge took a lenient view and Lu was acquitted, the court ruling that selling a small quantity of foreign unlicensed drugs is not a crime if they don't cause harm. Less than 2 weeks after the release of *Dying to Survive*, the Chinese Government announced that it had added 36 new drugs to the national reimbursement drugs list in return for a 44% price cut on previous years. New additions included the recommended standard of care for many patients with cancer, with drugs such as trastuzumab, bevacizumab, rituximab, lenalidomide, abiraterone acetate, and everolimus being now funded. Imatinib is now covered by national health insurance in certain parts of the country, including Lu's home province of Jiangsu. In addition, earlier in the year, the government abolished import duties on 28 medicines, including some generic cancer drugs from India. It is not unlikely that *Dying to Survive* helped speed along these reforms.

It is unusual in China for a blockbuster to directly address a social ill. China is not a country known for its tolerance of dissent, and since taking office in 2015, President Xi has been associated with further entrenchment of censorship and consolidation of power. But the release of *Dying to Survive*, and the social and policy events surrounding the film, tell a different story—one of healthy national debate as the country confronts its biggest health-care challenge yet.

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