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# MANIFESTO 2012



Also this year, our Spanish Breast Cancer Federation (FECMA) and its 37 women's associations want to link **October 19 to the International Breast Cancer Day**. Current difficulties reaffirm us in our initiative.

No crisis should question **the importance of early detection of breast cancer** and we advocate for intensified campaigns promoted by the public Health System, developed by trained and qualified personnel and evaluating participation rates in their results. **We encourage all women to participate in these campaigns when summoned.** 

Breast cancer patients, as users of the health system, **are concerned by its current and future funding**, but budget cuts in health and adjustment measures can not go against the services and provisions supplied. The quality of diagnoses, different therapies and treatments can not be negotiable. We are not alien to the economic situation we are suffering: we also feel the crisis as citizens and as users of health care, but there are undoubtedly other areas where savings and control of public expenditure can and should be applied.

The cost and effectiveness of new techniques, services or drugs that enter the health care system can all be examined, but if it is done, it is mandatory to add that it is not correct to evaluate only certain costs when we are discussing about their effectiveness on human lives.

With greater demand than ever, we defend sustainability and sufficient resources for the National Health System and claim for its remaining public, universal and free, for it to be an element of social cohesion and equality. Health System must be maintained by tax progression and solidarity, and the principle of the universal right to health shouldn't be broken or put into question.

We are concerned about the division that the Royal Decree-Law 16/2012 of 20 April for "urgent measures to ensure the sustainability of the National Health System and improve quality and patient safety" makes on basic common portfolio, supplementary common portfolio and accessory services common portfolio of the National Health System and the complementary services portfolio of the Autonomous Communities. We maintain a legitimate demand of patients: **there** 

**should be no differences in access to health care and its services due to the fortuitous fact of the residence**. The National Health System, managed by the autonomous communities, remains unique and demands loyalty and responsibility from all health administrations.

We still regret that, so far, a State Pact for the defense, sustainability, cohesion, adequacy and quality of the National Health System has not been achieved which confronts present and future funding of the System itself as a priority.

Each day in Spain we have more reasons than ever not to falter in our work to **claim the best methods of diagnosis**, **more effective treatments**, **training and support to health professionals** and attention to the problems and needs arising from the long term survival of women with breast cancer.

After several years presenting our Manifesto, **we reiterate our rights**: to an objective, accurate, complete, understandable and specific **information**, to a **second opinion** and **to decide** for ourselves; to safety as an expression of quality policies and to the recognition of a comprehensive vision of the patient as a person.

We maintain our demands: attention to labor and social problems, to psychosocial assistance, physical rehabilitation and control of the adverse effects of women affected by breast cancer.

And we insist on the need of homogeneous and updated **population cancer registries**, of research **support and clinical trials**, attention to **palliative care** for patients in advanced stages; risk assessment of women susceptible to **hereditary cancer syndrome**, with particular attention to **young women** diagnosed with breast cancer; specialized treatment of **lymphedema** and the implementation of the **Sentinel Node technique**.

From our Spanish Federation of Breast Cancer and from the 37 associations that are integrated in it, as women who survived the disease, we walk the path of our life receiving testimonies of women who committed to fighting this disease. There are fears and anxieties, but there is also life after diagnosis and treatment of cancer, and, from the complexity of that life, we share affections. We talk and claim for women who are here today, International Breast Cancer Day, but we also talk and claim for women who will be tomorrow. We ignore our future, but we fully assume the completeness of our present.