

‘If exercise was a pill ...’

Many years ago, when I was a GP in Labrador, Canada, I started low-impact aerobics classes for the women in Forteau, the tiny settlement I was living in. The population on that part of the Labrador coast is an interesting one. Coming originally from the Channel Islands and South West England (incidentally where half my family also started out), they arrived in the 1800s, working for the fish barons in England. They were not supposed to overwinter, but inevitably people started to settle on the coast of Labrador and the island of Newfoundland, and this fascinating province of Canada was born. Forteau is a very small town and we arrived just after the cod moratorium in 1992, when cod stocks were so low that people were no longer allowed to fish, taking away their entire livelihood and way of life. It was a community in some degree of crisis, and their health problems reflected this. However, their underlying health was also badly affected by inactivity and one of the worst diets I have ever come across. The levels of obesity were way above the average for that time (more than 20 years ago now) and chronic diseases of lifestyle were rife.

When I started the exercise classes, given by myself and the local public health nurse, the women were wary – ‘what about my arthritis, doctor?’ was a common concern. But they came along to see what this crazy South African had in mind – and they became hooked! When I stopped giving the regular classes, the same group of women started their own walking groups and I would see them striding past my house at the end of the village at least twice a week, in all weather (except blizzards!). And without exception they told me they felt generally better.

I was an advocate of exercise as a form of treatment for just about anything long before evidence of the benefits of regular exercise started to emerge. I know that this is because I experienced such benefits myself, particularly with the form of autoimmune arthritis that I suffer from, but also because I discovered its benefits earlier in life, when my father dragged me onto the squash court as a teenager suffering from generalised angst! And I have advocated it all along – to patients when I was in practice, and to friends and general acquaintances ever since. Over the years, there has been

more and more evidence to show that my evangelical approach to exercise is correct, and now the Clinical Oncology Society of Australia has broken ground by actually prescribing exercise along with surgery, chemotherapy and radiation in cancer care. In a revolutionary position statement,^[1] they state that exercise is an essential component of the treatment of cancer. Clinical evidence has established strong evidence that exercise attenuates cancer-related fatigue, alleviates psychological distress and improves quality of life across multiple general health and cancer-specific domains. Emerging evidence suggests that regular exercise before, during and after cancer treatment decreases the severity of treatment side-effects and reduces the risk of developing new cancers. Some years ago, I used to run with a woman who was having chemotherapy for breast cancer. She said that the worst she ever felt during the chemo was sometimes not feeling like her evening beer – very different from my experience of other women who have gone through cancer chemotherapy.

The lead author of the position statement, Prof. Prue Comrie from the Australian Catholic University, summed it up when speaking to the Guardian Online:^[2] ‘If we had a pill called exercise it would be demanded by cancer patients, prescribed by every cancer specialist, and subsidised by government.’ Let’s give all our patients the chance to benefit from this ‘pill’.

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1. Comrie P, Atkinson M, Bucci L, et al. Clinical Oncology Society of Australia position statement on exercise in cancer care. *Med J Aust* 2018 (epub 7 May 2018). <https://doi.org/10.5694/mja18.00199>
2. The Guardian. <https://www.theguardian.com/society/2018/may/07/cancer-if-exercise-was-a-pill-it-would-be-prescribed-to-every-patient> (accessed 8 May 2018).

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