

The Northern Echo
The North's campaigning newspaper

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COMMENT

Flight to nice is cancelled

BEING nice to customers can boost a company's coffers. Even the infamously penny-pinching boss of Ryanair was forced to admit that was true when this year's annual results showed profits had soared to a company record £1.1bn.

In 2013 the airline was considered to have the worst customer service of Britain's 100 biggest brands in a survey by Which? magazine. At the same time Ryanair issued profit warnings as it struggled to match rivals, such as easyJet, whose friendlier image attracted flyers.

At that point Michael O'Leary, who'd previously outlined the firm's customer service policy as: "We don't want to hear your sob stories. What part of 'no refund' don't you understand?", had a change of heart.

The budget airline boss introduced customer-friendly features, such as allowing passengers to take a second bag without incurring a fine and online booking which meant the dreaded scramble for a seat became a thing of the past.

Profits rose and as the company's image improved (somewhat) it began to woo more lucrative business passengers.

Nice, however, appears to have been a temporary destination on the Ryanair itinerary. It is now in the process of cancelling up to 50 flights a day, after admitting it "messed up" the planning of staff holidays. It has also been losing pilots to rival operators who pay better wages.

Ryanair's softer approach was part of a campaign called "Always Getting Better" but the way it has kept customers in the dark about cancellations has been disgraceful. We can only hope the 'getting better' slogan doesn't apply to its profits. Ryanair may ignore its customers' woes but it cares deeply about the amount of cash it earns. A sharp drop in profits may jolt some sense back into Mr O'Leary.

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The vital signs in childhood



September is Childhood Cancer Awareness Month. North-East GP **Dr Zak Uddin**

examines the disease, its treatment and the impact on patients and their families

It would be fair to say that there are few medical conditions that are as emotive as serious childhood illnesses, and within this, childhood cancer must be near the top, if not at the top of the list.

This year, the whole of September is Childhood Cancer Awareness Month, which aims to raise knowledge and understanding of childhood cancers, in both members of the public as well as healthcare professionals.

The raw data can be upsetting to read, with one in 500 children diagnosed with some form of cancer before they reach 14. This equates to over 1,500 new childhood cancer cases per year. Sadly, about 300 children will die from cancer annually.

Despite this, advances in modern medicine are such that now more than eight out of ten children will be cured, with a death rate that has halved since the 1960s. There are currently about 26,000 survivors of childhood cancer in the UK.

The three most common childhood cancers are leukaemia, which is a disorder of white blood cells, primary brain tumours and lymphoma, which, like leukaemia, is a blood-related cancer. Together, these three make up two thirds of childhood cancers.

Unlike adult cancers, there isn't a clear relationship between risk factors and development of disease. Unfortunately, some tumours arise even before a child is born, due to abnormal formation of cells in the womb. Examples of this are a type of kidney cancer known as Wilm's tumour, as well as retinoblastoma, which affects the eye.

Exposure to common infections, for example that which causes glandular fever, normally does not result in any long-term issues. However, extremely rarely, it has been linked to the development of lymphoma. Children born with genetic syndromes may also be more susceptible to developing certain childhood cancers.

It can be difficult to diagnose childhood cancers, as symptoms are often vague, and children can struggle to communicate their distress. Unlike primary brain tumours, where the child may suffer double vision or fits, which are undeniable red flag symptoms, parents of young children with blood cancers may initially only complain that the child seems constantly tired, or that they are more prone to picking up coughs and colds.

It is therefore very much up to the doctor who sees the child to ask the correct questions, perform a thorough examination, and request blood tests appropriately, taking parental concerns seriously, especially if the child has attended many times for non-specific symptoms of being unwell.



FIGHT: Bradley Lowery, six, with former Sunderland striker Jermain Defoe. Bradley touched the nation's heart with his battle against the childhood cancer neuroblastoma

Picture: PA

TREATMENT of childhood tumours is very much dependent on the type of tumour as well as the stage at presentation, and can include surgery, chemotherapy and radiotherapy. Illness at such an early age can have a big impact, both on the child and the family. Treatment may last months, and sometimes years, with great disruption to schooling and the formation of normal relationships. In addition, a parent may not be able to keep working, needing to support their child during regular hospital trips and inpatient stays. We now recognise that ill health affects not just the individual, but their loved ones too, and childhood cancer care is now organised in specialist centres to deal with all aspects of the journey, both physical as well as psychological.

It is truly heart-warming to hear of the efforts of those individuals and groups wishing to raise money for childhood cancer treatment. Already 2,000 cyclists have ridden 60 miles of the Northumberland Coastal route, to raise funds for the Chris Lucas Trust, in memory of a 16-year-old boy who succumbed to a rare form of muscle tumour. Further afield, an ex-Marine, Matthew Goodman,

who served in Iraq, is selling his war medals to raise funds for the treatment of a young girl with neuroblastoma, Lottie Woods-John, whom he has never met. Thousands were also raised for football mascot Bradley Lowery, from Blackhall, County Durham, before his death from neuroblastoma earlier this year. His parents have now launched the Bradley Lowery Foundation to help other families in similar situations.

It is important to say that despite the figures, childhood cancer is much rarer than that in adults. If you are concerned about your child, it is vital that you discuss these worries with your routine GP, expressing your fears. Many symptoms will not be due to cancer, but without a frank and thorough discussion, important questions may be left unanswered. At the same time, early identification and diagnosis of any childhood cancer is of the utmost importance.

Useful websites

- www.clicsargent.org.uk
- www.cancerresearchuk.org
- www.childrenwithcancer.org.uk
- doctorzak.co.uk or @AskDoctorZak

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