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# How do social security schemes and labor market policies support the return-to-work of cancer survivors? A review article

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#### ABSTRACT

Objective: About 40% of new cancer diagnoses are detected among working age individuals. Cancer diagnosis and treatment have high impact on the work ability of workers and represent a real challenge for the healthcare and social security systems but also for employers and the labour market. This review aims at investigating the legal frameworks set up in EU Member States that support the retention and integration of workers with disability. Furthermore, we look at these initiatives or measures to see whether they fit the specific needs of workers with cancer.

*Methods*: We searched the PubMed database combining 4 key words: cancer, labour market, labour law and disability insurance or disability benefits. A total of 1.185 articles were found of which 10 were used for this review. In addition, grey literature, reports from the European Commission, the OECD and the WHO were searched and included in the material used for this review.

Results: Few peer reviewed articles discuss the impact of labor market law on the (re)integration of cancer survivors. Most measures and initiatives support workers with chronic diseases but present important limits when considering workers with cancer. Collaboration and coordination among health providers, social workers and employment decision makers is the mostly required and effective.

Conclusion: More research efforts should be made to systematically assess the impact of labor market and employment measures and initiatives on the (re)integration of workers with chronic diseases, with specific attention for workers with cancer. Legal frameworks need to be rethought for a better balance between productivity and equity, inclusion and social justice.

#### 1. Background

The basic objectives of return-to-work policies are to ensure the quality of life of workers by maintaining them professionally active while supporting employers to cope with ill-workers needs and their own performance needs. This seemingly straightforward objective in fact turns out to be complicated due to the different domain and level of competences involved.

While the treatments and the management of its effects are the prerogatives of healthcare providers, the assessment of the ability to work and the underlying recovering time and social benefits are organised through the social security schemes. On the other hand, the rights and duties of both employees and employers depend on the labour market and employment laws.

According to the country history and welfare system in place, these spheres of competencies are shared by different authorities having different agendas and priorities. The resulting return-to-work pathway is at crossroads of these three areas (healthcare, social security and employment) in addition of importantly relying on the self-perceived health status and ability to work of the ill-worker.

Cancer-related work disability

In 2012, the WHO estimated the worldwide 5-year prevalence of cancer survivors in the EU-28 to 7 157 000 people (Globocan 2012). Among them, children who will need to be educated despite potentially be suffering from learning disabilities or bone and muscle problems; but also adults who need to care for their children and or remain active on the labour market; and elderlies who have to struggle with multimorbidity and poor quality of life.

In this paper, we will focus on adult cancer survivors who still present minimum working abilities and their (re)integration on the

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labour market.

Cancer is a long-term illness that can cause temporary and/or permanent disabilities but does not always obtain an official recognition as a disability or the access to disability benefits. Currently, cancer is often regarded as a chronic disease because of the potentially recurrent spells of treatment or relapses and the accompanying inability to work.

However, the cancer diagnosis and its inextricable link with the vital prognosis make it specific, with singular medico-social requirements. The announcement of the cancer diagnosis may provoke important psychosocial distress in patients and family.

Cancer treatments have an intensive and acute phase (repeated in case of non-response or relapse) with short-term and side effects. The most common reported effects are fatigue, pain and psychosocial distress. Unlike most chronic diseases, cancer treatment also implies long-term and late effects that can appear several months or years after the end of the treatment, such as neuropathy and neurocognitive deficits, cardiopathy, fertility issues, dysfunction of digestive or respiratory systems, etc. [1].

As the number of new cancer diagnosis increase and that cancer mortality rates decrease, decisions-makers in charge of organizing cancer control policies will need to pay more attention to cancer survivors, and notably those representing the working force, to ensure the sustainability of healthcare and social security systems.

In this paper, we first explore the different measures and initiatives in the EU-28 which aim at facilitating the labour market retention and integration of people with disabilities. Secondly, we discuss the extent to which these policies are adequate and benefit also to cancer survivors.

#### 2. Material and methods

Three searches have been conducted on PubMed. The first search used *Cancer (and) employment law* as key words. It resulted in 27 results, of which 14 were retained after a careful title screening. Three of these 14 articles were effectively used, based on the reading of the abstracts.

The same selection strategy was performed on the 702 results obtained from the use of *cancer* (and) labour law, with 10 articles retained after titles screening and 1 finally used for this review; and on the 223 resulting papers from the search using *cancer* (and) disability insurance, of which 20 were selected based in their titles and 6 retained after reading the abstracts.

The political and legal dimension of the issue required also a screening of the grey literature, especially reports, communication and recommendations of the EU Commission<sup>1</sup> and Parliament. The OECD, ILO and WHO websites were also screened.

The list of articles and the major reports used to write this review are reported here below:

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European Parliament's

**Employment and Social** 

Affairs Committee (EMPL)

<sup>&</sup>lt;sup>1</sup> http://ec.europa.eu/social/main.jsp?langId=en&catId=22.

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