

'Financial toxicity' can lower cancer patients' quality of life

December 19 2014

Doctors who treat cancer are vigilant when it comes to the physical side effects of the therapies they prescribe, but financial stress from accumulating medical bills can also weigh on patients' health—even those who have finished their treatments and are cancer-free.

The finding, published Dec. 16, 2014, in the *Journal of Oncology Practice*, advances ongoing research at Duke Medicine that has explored the issue of "financial toxicity" from cancer care and whether costs can affect a patient's outlook and outcomes.

"Our focus has been on how the cost of [cancer care](#) impacts a patient's well being, and we found that [patients](#) are at risk of experiencing financial harm as a result of the treatments we prescribe," said Dr. Yousuf Zafar, M.D., MHS, associate professor at Duke and lead author of the study.

"Even for patients who have insurance, those out-of-pocket costs add up," Zafar said. "Patients are at risk for not adhering to their treatments due to cost. They may have to borrow, spend their savings, or cut back on basics like food and clothing, all to help pay for care."

The findings are based on self-reported surveys and medical record data for 1,000 patients who had been diagnosed with colorectal or lung cancers at five health care systems in the U.S.; 889 of the patients were cancer-free, while 111 patients had advanced cancers. Nearly half reported difficulty making ends meet on their household income.

Burdensome bills can lead to what researchers call financial toxicity, and can impact patients regardless of income, employment, the status of the cancer and other health problems. A high financial burden was linked with a poorer health-related quality of life. In turn, the data also showed a relationship between patients' quality of life and their perceptions of the quality of the care they received.

The study builds on previous findings that [cancer patients](#) are unlikely to discuss out-of-pocket costs with doctors, and that patients often worry that simply mentioning strained finances could result in a lower quality of care.

Zafar plans to continue studying interventions that might improve quality of life for financially strapped patients.

This and other research on financial toxicity should prompt discussion among providers on how to cut out-of-pocket costs for treatments, Zafar said. One way is to ask a pharmacist to run expensive prescriptions through patients' insurance plans before sending the patient to the pharmacy, he said.

"Financial toxicity is potentially harming our patients," Zafar said.

"Without a doubt, we have our patients' best interests in mind, so if we become more cognizant of that, we're more likely to act on it."

"We as physicians don't bear the burden of finding the answer on our own," Zafar added. "We might not have all the answers on how to decrease our patients' costs, but we have people around us—pharmacists, financial advisors, social workers—who are just a phone call away."

Provided by Duke University Medical Center

Citation: 'Financial toxicity' can lower cancer patients' quality of life (2014, December 19)
retrieved 25 April 2024 from

<https://medicalxpress.com/news/2014-12-financial-toxicity-cancer-patients-quality.html>

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