

## Millions now survive cancer—but face discrimination when trying to access loans and insurance

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Cancer is no longer a death sentence. Across Europe, around <u>20 million</u> <u>people</u> are now living beyond their disease. But their efforts to return to



normal life are severely hampered by a particularly unjust form of <u>financial discrimination</u>.

I have researched this with <u>Dr. Françoise Meunier</u>, former directorgeneral of the European Organization for Research and Treatment of Cancer and founder of the <u>European Initiative on Ending Discrimination</u> <u>against Cancer Survivors</u>, who is passionate about this injustice.

Our <u>paper</u>, published in *The Lancet Oncology*, highlights the strong case for a <u>cancer diagnosis</u> to be disregarded when survivors are seeking financial products and services years after their treatment has ended.

Despite robust scientific evidence that they are cured, cancer survivors across Europe routinely face <u>discrimination</u> in accessing financial services and products like loans, mortgages, and travel and <u>health</u> <u>insurance</u>. This can mean higher premiums, or even being refused a product because of their health history. Cancer already creates <u>financial</u> <u>burdens</u> from the point of diagnosis, so facing this added challenge afterwards can be particularly difficult.

A <u>survey</u> by the Irish Cancer Society revealed that cancer survivors were three times more likely to face difficulties in getting appropriate insurance products than the population in general. And a quarter were unable to get quotes for financial services because of their previous cancer diagnosis.

In the UK, this remains a largely <u>unrecognized problem</u>, despite the fact there will be <u>3.5 million</u> cancer survivors across the country by 2025. At a conservative estimate, more than 500,000 people could be affected, but it could be many more.

In many European countries, including the UK, cancer patients must usually declare their diagnosis to access financial products, despite being



cured of their disease.

Recognizing this inequality, in January 2016 France became the first country in the world to enact the <u>"right to be forgotten"</u>. This means long-term cancer survivors are no longer discriminated against due to their diagnosis when accessing financial services.

And as of July 2024, eight European countries (France, Belgium, the Netherlands, Portugal, Romania, Spain, Cyprus and Italy) have taken <u>legal steps</u> to tackle financial discrimination against cancer survivors. Other European countries have adopted either conventions between government and insurers (Luxembourg) or self-regulatory codes of conduct by the financial and insurance sectors (Ireland, Denmark, Greece and the Czech Republic).

In 2022, European commissioner for health Stella Kyriakides emphasized the need for <u>Europe-wide action</u> to support people with a history of cancer to access financial products.

That same year, the <u>European parliament</u> called on member states to introduce laws at national level to ensure cancer survivors have <u>equal</u> <u>access</u> to financial services. But many have been slow to do so.

A Europe-wide legal framework for a right to be forgotten is needed, protecting all European cancer survivors from financial discrimination, no matter where they live.

Recently the <u>right to be forgotten</u> was also highlighted as a priority in Europe's <u>Beating Cancer Plan</u> and emphasized by the <u>European Cancer</u> <u>Organization</u> (a pan-European body including the UK).

## Listen to the science



The <u>Consumer Credit Directive</u>, approved by the European Parliament in September 2023, says that EU member states should ensure that getting insurance is not based on a person's health data "after a relevant period of time" following the end of their treatment.

The directive entered into force in November 2023 with a deadline to apply the law by November 2026. While this is a step in the right direction, it doesn't go far enough. This is particularly true of the time frame, which may be as long as 15 years after the end of treatment. It also only covers consumer credit like credit cards and loans, rather than the full spectrum of financial services.

Additionally, as a directive, it defers responsibility to individual countries to devise their own law. A regulation would better enshrine the illegal nature of discrimination against cancer survivors as soon as it became law across the EU.

The European Commission has been consulting on a code of conduct for providers of <u>financial services</u>. This is far from ideal however as it would not be legally binding. Financial institutions are aggressively pushing for a time limit that may be as much as <u>10 to 15 years</u>—but this does not tally with the medical evidence.

Our <u>paper</u> clearly shows that a period of five years after the end of treatment and in the absence of relapse is a credible period after which the right to be forgotten should apply.

European politicians must prioritize a Europe-wide <u>legal framework</u> in the new parliament, based on successful experiences of countries that have legislation already and without jeopardizing the business model of insurers. Evidence from France, more than eight years after it implemented the right to be forgotten, shows no significant <u>negative</u> <u>impact</u> on insurance companies.



Protecting cancer survivors from financial discrimination is not about compassion towards people who have been seriously ill. It is about evidence. When a cancer professional says that you are cured and international benchmarking criteria back this up, then what authority do <u>financial institutions</u> have to say that you are not? m

It is difficult enough to adapt to life after cancer. People living beyond their disease should not be made to pay twice.

**More information:** Mark Lawler et al, Ending financial discrimination for cancer survivors: embedding the Right to be Forgotten in legislation across Europe, *The Lancet Oncology* (2024). DOI: 10.1016/S1470-2045(24)00312-7

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