I Cannot Afford This!

It strikes me that just about any accident or adverse event costs us something. For example, if you drive over a nail and get a flat tire, you have to locate help, call for roadside assistance, and then wait for that assistance to show up—unless you are handy enough to do it yourself. But that’s just the start. First, you lose valuable time you probably couldn’t spare. Then, unless you have insurance coverage for it, you pay for the roadside assistance. Then, because the tire is flat, you have to buy a new one (which probably was not in your budget). Then you lose more time waiting for the new tire to be put on. Time and money lost.

Cancer is a biological “accident” that many of us cannot afford. Literally. A study recently published in the Journal of the National Cancer Institute1 showed that younger patients with cancer (ie, those not covered by Medicare) were more likely to be uninsured. Further, those with medical financial hardship were more likely to die than those without.

Those of us in oncology know that delayed treatment, as may occur with financial hardship, often leads to worse outcomes. But before you dismiss this study as just another conclusion from “Dr. Obvious,” remember that data like these are what drive policymakers (well, most policymakers!) to implement change.

Financial toxicity is very real. Even with good insurance, this biological accident called “cancer” will cost you. More trips for procedures and therapy require time off from work and potentially lost wages and costly transportation. Today, the gas I put in my car cost almost $6 per gallon—this is serious money. In addition, you might need more childcare or elder care to help manage dependents while undergoing treatment. If you don’t feel well enough to cook, you may need more prepared foods or expensive restaurant take-out meals. You get my point: it all adds up.

We cannot alleviate financial pain entirely. All accidents cost money. But fighting for care shouldn’t be part of the problem, especially for those who are underinsured or uninsured. We’ve had to deal with so many large issues during the past couple of years, that focusing on this issue has been difficult. Maybe lessons from the pandemic will help us get back on track. We need basic comprehensive healthcare insurance for all, not just those older than 65 years. And embedded within this, we need a national plan for preventive services, including reducing the incidence of obesity and implementing screening programs across the disease spectrum.

Do we have the will to make this happen? I honestly don’t know. But we cannot ignore this. Patients with cancer with financial hardships are dying. It just isn’t right.

Reference