

BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE

BELGIUM: A MAZE OF RULES

Series of profiles focusing on the

This report is part of a series of profiles focusing on the main employment-related issues affecting female breast cancer patients and survivors in selected EU countries.¹

	Key data	
	Crude breast cancer incidence rate per 100,000:	188.0 (2012, IARC)
	Breast cancer prevalence (five-year) per 100,000:	899.5 (2012, IARC)
	Labour force participation rate—general:	67.6% (2015, OECD)
	Labour force participation rate—women aged 40-64:	64.5% (2015, EIU calculations from OECD data)
	Unemployment rate—general:	8.6% (2015, OECD)
	Unemployment rate—women aged 40-64:	5.5% (2015, EIU calculations from OECD data)

Belgium is arguably the country in the European Union, probably the world, that most needs to address the challenge of aiding the return to work of breast cancer survivors.

To begin with, it had the highest crude incidence rate of the disease globally at 188 per 100,000 women in 2012²—well above even the west European average of 161.3 per 100,00, which is the world's highest regional mean. Also in 2012, of the overall female population, 0.9% had been diagnosed with breast cancer in the preceding five years, according to data from the International Agency for Research on Cancer (IARC). Similarly, the Belgian Cancer Registry reports that already in 2010, 2.3% of the female population, or 131,078 women, had experienced the disease at some time within the preceding 20 years.³ Looking at the figures another way, the proportion of females expected to have developed the disease and not died from it by age 60 is 4.5%.⁴

Next, Belgium has the second-lowest overall labour market participation rate in Europe (67.6%), which is noticeably below the EU average of 72.9%. After increasing steadily since 2000, the proportion of women aged 40-64—the working years with the highest incidence of breast cancer—in the labour force, at 64.5%, is now almost equal to the general rate. These older women are also noticeably less likely to be unemployed than other segments of the workforce.

Third, the extent of physical and emotional incapacity preventing employment has become a major economic and political challenge for Belgium. In 2015, for the first time, benefit payments related to inability to work arising from disability and illness cost the government more than unemployment benefits.⁵ In such an environment the country's economy can ill afford to lose any workers, including the significant number of breast cancer survivors who wish to be employed.

¹ Although male breast cancer does occur, it is very rare, with an ageadjusted incidence of less than 1 per 100,000 in most of Europe and no clear sign of increase or decrease (Diana Ly *et al.*, "An International Comparison of Male and Female Breast Cancer Incidence Rates", International Journal of Cancer, 2012). This study therefore deals exclusively with female breast cancer.

² Unless otherwise stated, incidence, mortality and prevalence data are estimates by the International Agency for Research on Cancer (IARC) of the situation in 2012—the latest internationally comparable figures available.

³ Belgian Cancer Registry, Cancer prevalence in Belgium, 2010.

⁴ EIU calculations based on IARC data.

⁵ "L'incapacité de travail coûte désormais plus à l'Etat que le chômage", *La Libre*, February 3rd 2016.



BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE BELGIUM: A MAZE OF RULES

⁶ Mattias Neyt and Johan Albrecht, "The Long-Term Evolution of Quality of Life for Disease-Free Breast Cancer Survivors: A Comparative Study in Belgium", Journal of Psychosocial Oncology, 2006, cited in Désiron Huget et al., "Formulation of a Return-to-Work Intervention for Breast cancer patients Using an Intervention Mapping Approach", September 2016, conference presentation at "Bridging Health Care and the Workplace", Catholic University of Leuven.

⁷ Régine Kiasuwa Mbengi et al., "Barriers and opportunities for return-to-work of cancer survivors: time for action-rapid review and expert consultation," Systematic Reviews, 2016; Corine Tiedtke et al., "Workplace support after breast cancer treatment: recognition of vulnerability", Disability and Rehabilitation, 2015: Corine Tiedtke et al., "Survived but feeling vulnerable and insecure: a qualitative study of the mental preparation for RTW after breast cancer treatment", BMC Public Health, 2012.

⁸ Nathalie Betsch, "Kankerpatiënten en werkhervatting: rechten en plichten", Catholic University of Leuven, Institute for Labour Law, Working Paper, 2013. In recent years a growing body of Belgian research has looked at issues related to the return to work for woman affected by breast cancer. Nevertheless, good data are lacking in Belgium on how many such women fail to re-enter the workforce, although a study published in 2006 estimated that around 40% were unsuccessful.⁶

Better known are the barriers which Belgian women face when attempting to return to work. The country's breast cancer survivors are experiencing the same side effects from breast cancer and its treatment that impede the resumption of employment in other developed states, and they have the same need for a supportive work environment. Belgian research in particular has brought out the emotional difficulties and feelings of vulnerability among patients and survivors.⁷

Adding to these difficulties, however, are challenges created by the country's legislation. At the national level, legislation on employment contracts and on medical and disability insurance contains ambiguities and inconsistencies around what is permissible or required as part of the return-to-work process. The rules concerning gradual resumption of employment are especially confusing.⁸

Belgium's complex political structures add to the difficulties a breast cancer patient faces when trying to return to work, because employment policy is a regional prerogative, as are the rights of the disabled in the workplace. Much of social security and workplace health, on the other hand, is dealt with at the federal level through a national body, the National Institute for Sickness and Disability Insurance (Institut national d'assurance maladie invalidité/Rijksinstituut voor Ziekte- en Invaliditeitsverzekering, INAMI/RIZIV). A recent review found that at least 14 distinct national and regional laws covered different aspects of return to work by those with cancer. Moreover, all the experts interviewed for this research "agreed ... that, despite their knowledge and personal expertise, they did not have a complete knowledge of the different rules [because of their complexity]".⁹ Not surprisingly, employers and employees frequently complain that they do not understand the regulatory requirements and processes related to returning to work after cancer.¹⁰

Making matters worse, the way the system functions in practice creates additional hurdles. When an employee goes on long-term sick leave in Belgium, the employer pays that person's salary for two weeks (blue-collar employees) or four weeks (white collar), although in both cases this will soon be extended to two months.¹¹ Thereafter, the state covers sick-leave costs.

Government social security physicians formally monitor those on long-term sick leave and are required to inform patients about return-to-work options, but they note that other stakeholders in the process do not seem to understand their role, and that there are constraints on them communicating with the employer's occupational physicians.¹²

BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE BELGIUM: A MAZE OF RULES

Although each company has to have occupational physicians—usually an outsourced specialist service—these tend to focus on workplace health and prevention issues. They frequently lack the expertise to help with return-to-work issues. They are also not legally allowed to contact employees on sick leave without the latter's consent, although employees have the right to ask them about return-to-work options. Because this right is little known or exercised, often the first contact of an occupational physician with the patient is not until the week the patient returns to work.¹³

Overall, then, the return-to-work process in Belgium for those with cancer (and many other diseases) is complex, difficult to understand and beset with unintended impediments. Not surprisingly, employers report that they have more success with helping employees with breast cancer resume work when they bend the rules rather than following them rigorously.¹⁴ Employees, meanwhile, are frequently left confused and feel uninformed both about legal issues and health questions relating to return to work: in one Belgian study, of those who reported that they required return-to-work support and information, only 16% said that these needs had been met completely.¹⁵

Amid the confusion, Belgium does have several strengths in how it supports cancer patients and survivors returning to work. In particular, the law currently allows for part-time return to paid employment while maintaining partial sickness benefits. This arrangement, however, comes with problems. Ambiguities within the law have led to widespread confusion among employers, employees and occupational physicians about the limitations around such work, in particular the extent to which it is possible to increase the amount of work gradually from more than half-time to something greater but still less than full-time.¹⁶ Despite such issues, Joelle Desreux, a noted Belgian breast cancer specialist, explains that most of the patients she has seen who return to work use this approach or change to jobs which are more suited to the limitations arising from the disease and its treatment.¹⁷

The government is also actively looking at ways to increase post-cancer return-to-work rates. Belgium's National Cancer Control Plan has given this task jointly to public health officials and INAMI/RIZIV. This arrangement is consistent with the latter's more general efforts to increase the number of disabled and chronically ill individuals who return to work. A general initiative by the organisation in this field are its effort to create co-ordination platforms to link up all relevant returnto-work stakeholders, including employees, employers, insurers, occupational physicians and general practitioners.¹⁸ ⁹ Philippe Mairiaux et al., Retour au travail après une absence de longue durée: Résumé du rapport de recherche, 2012 [EIU translation].

¹⁰ Corine Tiedtke et al., "Supporting Return-to-Work in the Face of Legislation: Stakeholders' Experiences with Return-to-Work After Breast Cancer in Belgium", Journal of Occupational Rehabilitation, 2012; Corine Tiedtke et al., "Return to Work Following Breast Cancer Treatment: The Employers' Side", Journal of Occupational Rehabilitation, 2014; Mairiaux et al., Retour au travail, 2012.

¹¹ European Agency for Safety and Health at Work, Rehabilitation and return to work: Analysis report on EU and Member States policies, strategies and programmes, 2016.

¹² Tiedtke *et al.*, "Supporting Return-to-Work".

¹³ For an overview of the process and stakeholder concerns, see Tiedtke et *al.*, "Supporting Return-to-Work".

¹⁴ Tiedtke et al., "Supporting Return-to-Work".

BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE BELGIUM: A MAZE OF RULES

¹⁵ Evelyn Pauwels *et al.*, "Care needs after primary breast cancer treatment. Survivors' associated sociodemographic and medical characteristics", *Psycho-Oncology*, 2011; Nathalie Schippers, "Cancer du sein et retour au travail: Une étude soutenue par le Fonds Pink Ribbon de la Fondation Roi Baudoin", presentation, University of Liège, April 23rd 2015.

¹⁶ Vlaamse Liga tegen Kanker, Werken na kanker: welke problemen ervaren (ex-) patiënten die het werk hervatten?, 2012.

¹⁷ Quoted in Schippers, "Cancer du sein et retour au travail", 2015.

¹⁸ European Agency for Safety and Health at Work, *Rehabilitation*, 2016.

¹⁹ INAMI/RIZIV and Federal Public Health Service, Plan Cancer: État des lieux, 2014 (section on Article 26, measure 1).

²⁰ Centre du Cancer, Institut Scientifique du Santé Publique, La réinsertion socioprofessionelle des patients cancéreux, 2014.

²¹ Tiedtke et al., "The Employers' Side"; Mbengi et al., "Barriers and opportunities for return-to-work."

SPONSORED BY



INAMI/RIZIV is also looking at several initiatives focused specifically on the needs of cancer patients and survivors. One in particular might address the hesitation and worry common among those affected by breast cancer. Called "Test yourself at work", this programme involves a trial period in which the patient returns to her job for 2-3 weeks without endangering her sick-leave benefits if she stops because she finds she is not ready. This will allow the individual to see if she is ready for a longer-term return.¹⁹ Health officials are also considering ways in which discussions about return to work and finding relevant specialists can be better integrated into the care pathway for cancer patients.²⁰

Meanwhile, breast cancer activists have launched an initiative to address one of the major problems faced by all stakeholders—a lack of clear information—with a particular emphasis on sensitising employers to return-to-work issues. Belgian surveys indicate that most employers are actually well-disposed towards helping employees who develop cancer to return to work.²² The big problem, as noted above, is the lack of knowledge about how to address this.

Accordingly, in October 2016 the Belgian Pink Ribbon campaign, working in conjunction with INAMI/RIZIV and the Federation of Belgian Enterprises, launched its Pink Monday programme. This provides recommendations to employees and employers on how to improve communication between the two sides during treatment and how to make the transition back to work easier. It also encourages employers to sign an ethical charter saying that they will follow these recommendations.

In Belgium, return to work for breast cancer patients is clearly an important issue, and one, as the above discussion shows, which the country is beginning to address.