DENMARK: A BALANCE BETWEEN CARROT AND STICK

Intelligence

Unit

The Economist



Key dafa	
Crude breast cancer incidence rate per 100,000:	185.4 (2012, IARC)
Breast cancer prevalence (five-year) per 100,000:	887.4 (2012, IARC)
Labour force participation rate—general:	78.5% (2015, OECD)
Labour force participation rate—women aged 40-64:	76.8% (2015, EIU calculations from OECD data)
Unemployment rate—general:	6.3% (2015, OECD)
Unemployment rate—women aged 40-64:	4.9% (2015, EIU calculations from OECD data)

In Denmark, the issue of integration of breast cancer patients and survivors back into the workforce has great and growing salience. In 2012 the country's crude incidence rate of the disease (185.4 out of 100,000)² and five-year prevalence (887.4 out of 100,000) were the second-highest in the EU and the world. These figures are also notably higher than the equivalent ones for northern Europe (153.6 and 715 per 100,000 respectively). Including women who were diagnosed with breast cancer more than five years earlier would almost certainly raise the prevalence figure considerably: the cumulative risk of a Danish woman developing the disease before reaching the age of 60 but not dying from it in that time is 6%.³

These disease figures exist against a backdrop of substantial female workforce participation. At a time when they are faced with elevated breast cancer risk (aged 40-64), over three-quarters of Danish women (76.8%) are active in the workforce—about the same percentage as for adults as a whole (78.5%).

How successful the country has been in reintegrating breast cancer patients and survivors into the workforce depends on the measure used. Various figures show, however, that some improvement is necessary. For example, a 2014 large-scale study of women in the workforce at the time of diagnosis found that while two years later 81% of them were still in the labour force, only 72%, or 58% of the women overall, were in actual jobs. Of the others still in the workforce, 13% remained on sick leave and 15%—a figure the researchers found unexpectedly high—were either unemployed (10%) or in some form of vocational retraining or sheltered employment (5%).⁴

Denmark also lags behind its neighbours in return-to-work levels. A recent Nordic study looked at 25-57-year-old breast cancer survivors who had been employed at the time of diagnosis. It found

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 EIU calculations from IARC data.

⁴ Kathrine Carlsen et al., "Unemployment among breast cancer survivors", Scandinavian Journal of Public Health, 2014.

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that Danish women were nearly three times more likely than their Finnish peers to have taken an early retirement pension, and more than twice as likely as their Norwegian and Icelandic peers to have done so. Similarly, Danish breast cancer survivors were about 1.9 times more likely than their Finnish and four times more likely than their Norwegian and Icelandic counterparts to be non-employed (ie, unemployed; having left the labour force; or in subsidised employment).⁵

Existing research indicates that many of the barriers to greater employment among Danish breast cancer patients and survivors are the same as in other parts of Europe, including higher age, insufficient workplace support from colleagues and supervisors, and various attributes associated with low socioeconomic status, such as manual labour and low education levels. On the other hand, conflicting evidence exists around whether chemotherapy has an impact on resuming employment. Another difference from the norm, suggested in the previously noted pan-Nordic study, is that Denmark's relatively generous pension and social security schemes may push up early retirement rates and reduce return-to-work rates.⁶

The period of eligibility for such social payments—a charged political issue in Denmark—has been steadily reduced in recent years. Whatever the optimum level of payment, Bo Rix, the head of patient support and community activities of the Danish Cancer Society (*Kræftens Bekæmpelse*), believes that the return-to-work system as a whole remains a great strength in helping those with cancer deal with time off work and resume employment.

In the event of a long-term illness of any kind, employers pay their employees full wages for the first four weeks. Thereafter the payments continue, but the municipality in which the business operates refunds the employer for these wages. For most conditions this payment lasts for a maximum of 26 weeks, but for cancer patients extensions are possible. This arrangement provides "a fundamental security", according to Dr Rix.

The municipality, meanwhile, becomes responsible for preparing the patient for returning to work. Those assessed as likely to recover unaided within eight weeks are left to do so, but for others a case manager arranges for interventions appropriate to their physical and psychological state from counselling and graded return to work plans through to multi-disciplinary rehabilitation efforts. Although the municipalities receive some national government funding for their oversight of sick employees, this sum is greater for active return-to-work measures than for outlays of sickness benefits, thereby providing a greater incentive to engage in the former.

The Danish health system also has a role in return-to-work efforts. Its Rehabilitation and Palliation in Cancer pathway includes occupational and vocational rehabilitation where desired.

⁵ Marja-Liisa Lindbohm et al., "Early retirement and non-employment after breast cancer", *Psycho-Oncology*, 2014.

⁶ Lars Henrik Damkjær et al., "Breast cancer and early retirement: Associations with disease characteristics, treatment, comorbidity, social position and participation in a six-day rehabilitation course in a register-based study in Denmark", Acta Oncologica, 2011; Beate Hauglann et al., "A cohort study of permanently reduced work ability in breast cancer patients", Journal of Cancer Survivorship, 2012; Carlsen, "Unemployment"; Lindbohm, "Early retirement".

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The major difficulty, notes Dr Rix, is collaboration between medical personnel and local officials, a problem exacerbated by the organisation of healthcare in Denmark at the regional level and employment rehabilitation at the municipal level. "Ideally," he notes, "the municipality should do a needs assessment on the individual at the hospital. This needs assessment should be sent to a rehabilitation co-ordinator, who should set up a programme with physical training, psychosocial support, interviews with social workers and cancer care. In good municipalities this goes on. Sometimes they even phone the employer and together create a return-to-work plan." Unfortunately, organisational silos often get in the way so that the quality of return-to-work efforts varies noticeably across the country.⁷

Another issue, says Dr Rix, is that political considerations can colour the nature of the service provided. "The current right-wing government," he believes, "would like to make the system push people back to work more," rather than assume that they want to be employed. Opposition from breast cancer patients and survivors recently led to the ending of an initiative that would have forced them into rehabilitation and work before many were physically ready, he adds.

Although the broad Danish back-to-work framework seems reasonable, there is no concrete evidence that it works for cancer, although it seems beneficial for those with musculoskeletal conditions. This lack of evidence makes it difficult for policymakers to decide on the best balance between carrot and stick. That said, several studies are under way in the country.⁸ But in the meantime, says Dr Rix, the many breast cancer survivors who wish to return to work "have ways to get at least some help."

Note: This country report was sponsored by Pfizer. None of the interviewees received financial support or expense reimbursement from the sponsor.

⁷ See also Birgit Aust et al., "Implementation of the Danish return-to-work program: process evaluation of a trial in 21 Danish municipalities", Scandinavian Journal of Work Environment & Health, 2015; Christina Stapelfeldt et al. "Municipal return to work management in cancer survivors undergoing cancer treatment: a protocol on a controlled intervention study", BMC Public Health, 2015.

⁸ Stapelfeldt, "Municipal return to work management".

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