**EU WORKFORCE** 

# FINLAND: SUPPORTING RETURN TO WORK

**BREAST CANCER PATIENTS AND SURVIVORS IN 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.<sup>1</sup>

Key data	
Crude breast cancer incidence rate per 100,000:	162.9 (2012, IARC)
Breast cancer prevalence (five-year) per 100,000:	809.2 (2012, IARC)
Labour force participation rate—general:	75.9% (2015, OECD)
Labour force participation rate—women aged 40-64:	79.8% (2015, EIU calculations from OECD data)
Unemployment rate—general:	9.5% (2015, OECD)
Unemployment rate—women aged 40-64:	6.6% (2015, EIU calculations from OECD data)

Breast cancer is a substantial health challenge for Finland. In 2012 the country had Europe's, and the world's, seventh-highest crude incidence rate at 162.9 per 100,000 women.<sup>2</sup> While this is less than Denmark's burden (185.4 per 100,000), it is well ahead of the rates recorded in its Nordic neighbours: the average for northern Europe as a whole is 153.6 per 100,000 women.

The country's healthcare system, though, has been addressing the disease relatively effectively, to judge from Finland's prevalence figures. The International Agency for Research on Cancer (IARC) estimates that over 800 Finnish women per 100,000 are living with breast cancer after having been diagnosed in the last five years, the world's fourth-highest figure. Overall, Finnish Cancer Registry data indicate that 2.3% of women in the population, or 64,000 individuals, have had breast cancer at some time in their lives.<sup>3</sup>

This success has implications for the workforce. Between 2010 and 2014, also according to the registry, over half of those diagnosed with breast cancer were aged under 65.<sup>4</sup> Moreover, by that age, 6.3% of women in the country can expect to have experienced breast cancer and survived.<sup>5</sup> Meanwhile, among women aged 40-64—the first decades of elevated breast cancer risk—Finnish women are, after those in Estonia and Sweden, the most likely in Europe to participate in the labour force. Indeed, with nearly eight out of ten either in or looking for work, Finnish women in this age group participate in the labour market more than the working-age population as a whole.

If anything, the proportion of women in the workforce looks set to increase. This year the Finnish government will begin the process of raising the retirement age from 63 to 65. In doing so, it is catching up with a trend the country's women have already started: according to OECD data, between 2005 and 2015 the workforce participation rate among females aged 60-64 in Finland grew from under one-third to nearly one-half.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Finnish Cancer Registry, Interactive Data. http:// tilastot.syoparekisteri. fi/syovat/ ?\_inputs\_&in. subset.area=%221L%22&in. subset.sites=%5B%220L%2 2%2C%2224L%22%5D&la nguage=%22en%22&sub mit=1&tabset\_panel=%22 2%22&tabu=%2216%22&v alue\_theme=%22theme\_ prev%22&value\_ type=%22prev.rate%22







Research on whether Finnish breast cancer patients and survivors return to work is problematic but yields a consistent message. The most comprehensive study so far is based on registry and national employment data. However, although robust academically, the information used is now two decades old. Nevertheless, Mila Gustavsson-Lilius, senior researcher at the Rehabilitation Foundation (*Kuntoutussäätiö*), a Finnish non-governmental organisation, believes that the situation has not changed dramatically.

The study found that while around 78% of breast cancer patients and survivors were employed at the time of diagnosis, 2-3 years later this figure had dropped to 61%. The decline, though, is not as precipitous as it might seem. In addition to tracking the cancer survivors, the study created a reference group, members of which had demographic and employment statistics that matched those of the survivors. In this group, which also began with 78% in work, only 65% were still in employment after 2-3 years.

It is important not to under- or overstate the difference: breast cancer survivors were leaving employment about 30% faster than their peers.<sup>6</sup> Moreover, most of the difference between the groups arises from the fact that breast cancer patients are more likely to take early retirement, probably a sign of greater problems when resuming employment. Nevertheless, Finnish breast cancer survivors are more likely to return to work than those in many other European countries, even while a notable number still drop out of the workforce.

A more recent, if much smaller, study shows a similar trend. Of 444 Finnish breast cancer survivors who were employed at the time of diagnosis, within 1-8 years 11% had either retired early or were not employed for other reasons. Since the women surveyed had a good prognosis soon after diagnosis and a majority were in white-collar jobs, this might underestimate the challenges being faced by survivors as a group.<sup>7</sup> Nevertheless, both studies indicate that in Finland women with breast cancer are less likely to stay employed than those without, although not to the same degree as in much of the rest of Europe.

This difference compared with other countries does not arise from the nature of the barriers that Finnish women face on returning to work after breast cancer. Dr Gustavsson-Lilius lists a number of reasons for Finland that could apply to much of the continent: "Weak support from employers and colleagues; low education; co-morbidities; physically demanding work; low quality of life; and ongoing pain and fatigue all correlate with lower return to work." Physical demands of employment and poor employer support also seem to drive some women to change employers—something that 8% of Nordic cancer survivors were found to do.<sup>8</sup>

<sup>4</sup> Finnish Cancer Registry, "Mean annual numbers of new cancer cases in 2010-2014, by primary site and age, FEMALES". http://stats. cancerregistry.fi/stats/eng/ veng0008i0.html.

<sup>5</sup> EIU calculations based on IARC data.

<sup>6</sup> Taina Taskila-Åbrandt *et al.*, "Employment status of Finnish cancer patients in 1997", *Psycho-Oncology*, 2005.

<sup>7</sup> Figures from EIU calculations based on survey data and odds ratios in Marja-Liisa Lindbohm et al., "Early retirement and non-employment after breast cancer", *Psycho*-Oncology, 2014.

<sup>8</sup> Marja-Liisa Lindbohm et al., "Cancer as the cause of changes in work situation (a NOCWO study)", Psycho-Oncology, 2010.; Marja-Liisa Lindbohm et al., "Early retirement and non-employment after breast cancer", Psycho-Oncology, 2014.

Nor does cancer policy in particular seem to have much effect. Buried in Part 2 of the latest National Cancer Control Plan is a single, brief paragraph which notes the need to engage in early work capacity evaluations and the importance of further research. It does not, however, propose any specific measures.<sup>9</sup>

Instead, comprehensive return-to-work regulations and support may explain the better, if still imperfect, results in Finland. When seeking to resume employment, cancer patients and survivors do not have any specific rights, but they benefit from the country's extensive general provisions for people with long-term illnesses. In particular, Finland's Non-Discrimination Act has for well over a decade banned discrimination at work, including dismissal based on "state of health". In addition to the potential liability for fines and payment of compensation under this legislation, such behaviour would open up an employer to charges of "work discrimination", an offence under the country's Criminal Code. The broadly worded provision states that "anyone who, when advertising for a vacancy or selecting an employee, or during employment, without an important and justifiable reason puts an applicant for a job or an employee in an inferior position" because of, inter alia, the latter's health status, faces up to six months in prison or a fine.<sup>10</sup>

That said, employers acting within Finland's sickness benefit and disability system in practice transfer to the state most of the burden involved in supporting an employee with a long-term illness. Employers are liable only for the first nine days of sick pay. After this, the country's Social Insurance Institution (*Kansaneläkelaitos*, or KELA) covers the cost of sickness benefit. KELA also conducts an assessment of the employee's fitness for work within 60 working days. If they are found to be too ill to resume employment, they continue to receive sickness benefit but must be re-examined every 60 days. If this lasts for 300 working days—or roughly a year—the employee is again examined with a view to receiving rehabilitation, if appropriate, and some form of disability pension.

Employers, meanwhile, are required to refer an employee on sick leave to their occupational health service for examination within 30 days. The employee, employer and occupational health expert then jointly assess the extent to which the employee is able to return to work and, within 90 days of the start of the sick leave, must draw up a long-term return-to-work plan.

Although this system is in many ways similar to those of other north European countries, it places a stronger emphasis on making the most of an employee's existing ability to work.<sup>11</sup> Consistent with this, and what sets Finland apart in this area, is the wide range of flexible arrangements within its benefit system to encourage and support reintegration into the workforce, according <sup>9</sup> Terveyden ja hyvinvoinnin laitos, Syövän ehkäisyn, varhaisen toteamisen ja kuntoutumisen tuen kehittäminen vuosina 2014– 2025: Kansallisen syöpäsuunnitelman II osa, 2014.

<sup>10</sup> The Criminal Code of Finland, Chapter 47, Section 3, unofficial Ministry of Justice translation. http:// www.finlex.fi/en/laki/kaannokset/1889/en18890039. pdf.

<sup>11</sup> 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.

to Dr Gustavsson-Lilius. These include the extensive use of temporary disability pensions (recently renamed "cash rehabilitation benefits"); partial disability pensions; and, since 2007, partial sickness benefits. These are based on earnings or, where higher, a national basic minimum.

These benefits work in different ways. As the name suggests, cash rehabilitation benefits are granted to those with a medical condition that makes them unable to work but for whom further treatment or rehabilitation holds out the hope of their capacity being restored. Receipt of the money is contingent on participation in a rehabilitation programme. KELA commonly grants these benefits, as well as providing vocational rehabilitation, before giving a full pension. About half of the disability pensions granted in Finland take this form, and roughly one-quarter of people receiving them return to work within four years after the payments end.<sup>12</sup>

The partial disability pension is a permanent benefit for those who are deemed to be between 40% and 60% incapacitated as a result of a medical condition. Their pension is halved if they are able to work and earn up to 60% of the income on which the original pension amount was based. Roughly 70% of the recipients of this type of pension do such part-time work, the large majority in the same industry and even for the same company as before their disability struck. With 14% of disability pensions taking this form, this flexible system allows a substantial number to remain economically active.<sup>13</sup>

The partial sickness benefit is for those still on sick leave. It can be used after the employee has been fully off work for a minimum of 60 days. Moreover, a doctor must certify that the partial return to work will not interfere with the patient's recovery. If this is the case, the employer and employee can agree to arrangements in which the employee can resume between 40% and 60% of his or her usual activities for anything from 12 to 72 working days and receive the equivalent pay. KELA will pay sickness benefit for the time not worked. A study by the Finnish Institute of Occupational Health found that, after controlling for other variables, those with cancer who took advantage of the partial sickness benefit scheme were employed 12% more than those who did not in the second year after diagnosis (when sickness benefit would no longer be available).<sup>14</sup>

Nor has Finland stopped experimenting with other ways to make benefits support rather than impede return to work. Since 2015, reports Dr Gustavsson-Lilius, those who wish can put disability benefits to which they are entitled on hold for up to two years to experiment with returning to work.

<sup>12</sup> Mikko Laaksonen and Raija Gould, "Return to Work After Temporary Disability Pension in Finland", *Journal of Occupational Rehabilitation*, 2015; Finnish Centre for Pensions, "Disability Pension", January 2017. http://www.etk.fi/en/ the-pension-system/pensionbenefits/earnings-relatedpensions/disability-pension/

<sup>13</sup> Johanna Kausto et al., "Associations between partial sickness benefit and disability pensions: initial findings of a Finnish nationwide register study", BMC Public Health, 2010; Finnish Centre for Pensions, "Disability Pension".

<sup>14</sup> Johanna Kausto *et al.*, "Effectiveness of new legislation on partial sickness benefit on work participation: a quasi-experiment in Finland", *BMJ Open*, 2014.

Overall, while return to work is never easy, more breast cancer patients and survivors seem to be able to do so in Finland than in other countries. Although definitive research is lacking, this difference may arise from a comprehensive return-to-work system combined with flexible benefit arrangements that focus on maximising the use of the patient's existing ability to work.

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