

## BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE

FRANCE: SLOW PROGRESS IN THE RIGHT DIRECTION



# 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:	149.8 (2012, IARC)
Breast cancer prevalence (five-year) per 100,000:	771.0 (2012, IARC)
Labour force participation rate—general:	71.2% (2015, OECD)
Labour force participation rate—women aged 40-64:	71.0% (2015, EIU calculations from OECD data)
Unemployment rate—general:	10.4% (2015, OECD)
Unemployment rate—women aged 40-64:	7.1% (2015, EIU calculations from OECD data)

France has a very high breast cancer burden from a global perspective, which should not be obscured by greater ones in nearby countries. Although its crude incidence rate of 149.8 per  $100,000^2$  is lower than those of Belgium, Germany and Italy, it is still the world's eighth-highest. Moreover, effective cancer control means that France has the sixth-highest five-year prevalence of breast cancer patients and survivors per capita, with 771 per 100,000, or over 200,000 women in total. Even five-year prevalence—the longest period for which comparable international data exist—understates the total number of survivors, as many women will have been diagnosed six or more years earlier. According to government estimates, in 2008 France already had roughly 645,000 breast cancer patients or survivors, both short-term and long-term. This included 2.1% of all women aged 45-54 and 4.3% of those aged between 55 and 64.3

Meanwhile, the labour force participation rate for women aged 40-64—the years when increasing breast cancer risk and the traditional employment patterns most overlap—has slowly converged with that of the rest of the working-age population, at around 71%. Indeed, lower than average unemployment among 40-64-year-old women means that the proportion of this group actually in employment (66%) in 2015 slightly exceeded that of the overall workforce (63.8%).

Breast cancer survivorship and changing employment patterns have, as elsewhere, collided. Research considering the problem in different ways uniformly points to breast cancer patients and survivors facing barriers in staying in or resuming work after treatment. Two small studies in the middle of the last decade looked at return-to-work rates for those in employment at the time of diagnosis. One, which surveyed 273 such women, found that 80% eventually returned to work. Another, which surveyed 379, put the figure at 82%. More recent research, which compares those who developed the disease with otherwise demographically similar women who did not, found that one year after a breast cancer diagnosis the probability of being employed was 10% lower

- <sup>1</sup> Although male breast cancer does occur, it is very rare, with an age-adjusted 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.
- Observatoire Sociétal des Cancers, Rapport 2014—Cancer Du Sein: Se reconstruire après une mastectomie, 2014.
- <sup>4</sup> Charlotte Peugniez et al., "Return to work after treatment for breast cancer: single-center experience in a cohort of 273 patients", Bulletin du Cancer, 2011; Sophie Fantoni et al., "Factors Related to Return to Work by Women with Breast Cancer in Northern France", Journal of Occupational Rehabilitation, 2010.

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for those who had experienced the disease, and five years after the cancer was first diagnosed this had increased slightly, to 12%.<sup>5</sup>

The barriers to returning to work which French researchers have found are similar to those often present in other developed countries: after-effects of the disease and side effects from treatment; lack of moral support from work colleagues or managers; self-doubt; older age at the time of diagnosis; a lower educational level; a more blue-collar than white-collar job; and in general a lower socioeconomic status all correlate with a lower propensity to successfully return to work in France.<sup>6</sup>

These difficulties in resuming employment occur despite the existence of various workplace regulations which could potentially help. Much of what is available to French employees with a long-term condition or on sick leave depends on the details of individual or collective labour contracts. All employees, however, have the right to absences needed for the treatment of any serious disease. Employers are also required to make reasonable accommodation at the workplace in line with employees' health needs.

If employees do go on sick leave, their contract is suspended until their return. When the employee comes back, the company's occupational physician needs to verify that the individual is capable of resuming his or her job and, if this is not the case, the returning employee should be offered another job at the organisation that the physician believes he or she is medically able to perform. The national social security system also allows partial, step-by-step return to work to enable the employee to reintegrate slowly: the employer pays only for the hours worked and the government continues to pay sick-leave benefits to cover the hours not worked.

Finally, notes Pascale Breton, director of consulting at Groupe Prévia, a French company that helps organisations with return-to-employment issues, an important strength of the French system is that cancer patients and survivors can obtain the status of being disabled for a temporary period from one to five years. This allows the individual in question to be included in the 6% of disabled employees that employers with 20 employees or more are required to have in their workforce. "If the employer lacks a few disabled employees, he will be happy to know about someone having that status, especially if he assumes that over time the disability will diminish," Ms Breton says. Disabled status also allows the employer to receive money from the state to cover the cost of any reasonable accommodation in the workplace made for the employee.

France's return-to-work arrangements and legislation, however, also have weaknesses. There is little communication between healthcare providers, social security doctors and occupational

- <sup>5</sup> Thomas Barnay et al., "The Effects of Breast Cancer on Individual Labour Market Outcomes: An Evaluation from an Administrative Panel", Travail, Emploi et Politiques Publiques Working Paper, 2016-05.
- <sup>6</sup> Institut National du Cancer. La vie deux ans après un diagnostic de cancer—de l'annonce à l'après cancer, collection études et enquêtes, 2014; M Sevellec et al., "Répercussions du cancer sur la vie professionnelle des salariés en Île-de-France", Institut National de Cancer, Situations De Travail Et Trajectoires Professionnelles Des Actifs Atteints De Cancer, 2012; Barnay et al., "Effects of Breast Cancer on Individual Labour Market Outcomes;" Peugniez et al., "Return to work:" Fantoni et al., "Factors."

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physicians, meaning that the actual return to work may be unnecessarily difficult and onerous for the patient and employer. Moreover, employees can be dismissed for a long-term absence, even if it is due to illness, if their job is so crucial to the organisation that the absence unduly disrupts the business. Also, on returning to work, if the occupational physician decides that the employee is not capable of filling any position at the organisation, the contract can be terminated. Since employers largely drive the return-to-work process, winning them over is key to increasing the rate of a successful resumption of employment.<sup>7</sup>

While not ready to revise labour legislation on this point, the French government has in recent years shown concern about return-to-work rates for cancer patients and survivors. Indeed, for ministers the issue recently came close to home: Dominique Bertinotti, minister for the family from 2012 to 2014, continued in office during her primary treatment for breast cancer.

The inclusion in the country's 2009-13 national cancer plan of the goal of removing barriers to return to work for those affected by cancer was a clear reflection of the government's aim. In practice, the plan largely involved promoting research of the questions around return to work.<sup>8</sup> This has driven the appearance of a number of useful academic and governmental studies in the last few years, some of which are cited above.

The next cancer plan, covering the period 2014-19, seeks to build on what such studies have revealed. It outlines four actions: to further research; to help companies retain employees affected; to increase the flexibility of workplace solutions that can be offered to individuals with cancer; and to improve co-ordination between the relevant actors at the local level. The aim is clearly to remove the obstacles that get in the way of resuming employment and raising the profile of the issue, rather than imposing new regulation.

Although the cancer plan's goals are laudable, the process of putting learning into practice has been slow, with the 2016 progress report on the plan noting delays in several programmes designed to meet return-to-work aims. Moreover, efforts still tend to be pilot programmes or small-scale ones, with one of the biggest achievements so far being the creation of a group of large companies which meet periodically to exchange best practice on all issues related to employment and cancer, including prevention.<sup>10</sup> As Ms Breton notes, this means that so far such activity as has occurred has achieved little: "Everyone seems to have individual initiatives, but there is a lack of co-ordination and no comprehensive plan as such. There is no coherence."

Providing such coherence, however, will almost certainly be necessary to get businesses and other organisations to pay more attention to cancer and return to work. To date, the

- <sup>7</sup> For information on return-to-work regulations, see Ministère du Travail, "Les absences liées à la maladie ou à l'accident non professionnel", updated January 2017. http://travail-emploi.gouv. fr/droit-du-travail/tempsde-travail-et-conges/ conges-et-absences/ article/les-absencesliees-a-la-maladie-ou-a-laccident-non-professionnel; 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; "Dismissal under French law", Eurojuris International, 2011. http:// www.eurojuris.net/en/ node/41566;
- <sup>8</sup> Ministère de la Santé et des Sports, *Plan Cancer* 2009-2013, Measure 29.
- <sup>9</sup> Ministère des Affaires Sociales et de la Santé, Plan Cancer 2014-2019, Objectifs 9.4-9.7.
- <sup>10</sup> Ministère des Affaires Sociales et de la Santé, Plan Cancer 2014-2019: 2e Rapport au Président de la République, 2016.



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government's growing interest in the issue has not been shared by employers. Ms Breton explains that cancer remains a taboo subject in France and is difficult to discuss at work. She adds that "it is not a topic of interest for lots of organisations. Most managers don't consider it a priority unless they have someone who works for them with cancer, so they won't be able to do anything if someone is suddenly diagnosed. People don't want to discuss it because they associate the word cancer with death."

As noted above, however, a huge number of French women who have experienced, or are experiencing, breast cancer are very much alive. Companies will benefit if they realise this, as the government has done. France has begun to take important steps to make it easier for patients and survivors to return to work, but further progress may depend as much on cultural change as on policy.

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