

BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE

GREECE: A DEARTH OF SUPPORT



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:	85.6 (2012, IARC)
Breast cancer prevalence (five-year) per 100,000:	400.7 (2012, IARC)
Labour force participation rate—general:	67.8% (2015, OECD)
Labour force participation rate—women aged 40-64:	57.3% (2015, EIU calculations from OECD data)
Unemployment rate—general:	25.1% (2015, OECD)
Unemployment rate—women aged 40-64:	23.0% (2015, EIU calculations from OECD data)

Breast cancer patients and survivors in Greece face daunting challenges if they wish to return to work. These begin with poor health system outcomes. While the crude incidence rate (85.6 per 100,000 women)² for the disease is the third-lowest of the 28 member states of the EU, Greece's crude breast cancer mortality rate, at 37.1 per 100,000, is the tenth-highest. This gives Greece the EU's worst mortality-to-incidence ratio—a rough but widespread measure of the effectiveness of cancer control. In any given year, the country sees over 43 deaths from breast cancer for every 100 new cases.³

The only potential bright spot in this bleak picture is the fact that the numbers are uncertain. Until it established a population-based cancer registry in 2012, Greece was the only European country without one. Accordingly, the International Agency for Research on Cancer (IARC), in its latest study of comparative national cancer incidence—which provides projections for 2012—gave Greece its worst rating for data quality: the agency had to estimate its figures for the country based on sources from other nations. Although the IARC figures are an educated guess, nearby Cyprus—with a similar culture and level of economic development but a much better registry programme—had a crude incidence rate more than 25% higher than Greece, at 109.3 per 100,000. Thus, the IARC estimates leave substantial room for error and may understate incidence more than they do mortality. The latter is based on data which, although the agency considers them to be of low quality, are at least collected nationwide.

If the Greek crude incidence figure is low, this would mean that treatment outcomes are not as bad as they appear, but it would also increase the number of survivors in the workforce. At the very least, according to IARC data, 2% of Greek women will by the time they are 65 have developed breast cancer without dying from it. 5 Whether the number is actually higher should become clear as the Greek registry starts to report local incidence data.

- ¹ 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.
- 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 based on IARC data.
- ⁴ J Ferlay et al., GLOBO-CAN 2012 v1.0, Cancer Incidence and Mortality Worldwide: IARC Cancer-Base No. 11 [Internet], 2013, http://globocan.iarc.fr.
- ⁵ EIU calculations based on IARC data.

SPONSORED BY



BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE GREECE: A DEARTH OF SUPPORT

- ⁶ European Commission, The 2015 Ageing Report: Underlying Assumptions and Projection Methodologies, 2014.
- ⁷ See, for example, BeStrong.org Greece, "Επιστροφή στην εργασία [Back to work]", http:// www.bestrong.org.gr/el/ living_with_cancer/practical/backtowork/. The government also does not keep any data on employment trajectories of those suffering from chronic disease (Penny Georgiadou, "Greece: Employment opportunities for people with chronic diseases", 2014, http://www.eurofound. europa.eu/observatories/ eurwork/comparativeinformation/nationalcontributions/greece/ greece-employment-opportunities-for-people-withchronic-diseases
- ⁸ Georgiadou, "Greece: Employment opportunities for people with chronic diseases".
- ⁹ Law 3304/2005.
- ¹⁰ European Agency for Safety and Health at Work (EASHW), Rehabilitation and return to work: Analysis report on EU and Member States policies, strategies and programmes, 2016.

Even the currently estimated incidence figure, however, is of great relevance to Greece's workforce. Women aged 40-64—the years when breast cancer risk rises significantly—have taken an increasingly active role in employment. Between 2005 and 2015 their labour force participation rate grew from 49.2% to 57.3% even while the figure for the general population remained steady, rising marginally from 66.4% to 67.8%. If anything, the growth in employment of older females looks set to accelerate: the European Commission expects that in the coming decades Greece will see the third-fastest growth in labour force participation among women aged 55-64, only slightly behind the increase expected in Spain and Hungary. Specifically, between 2013 and 2030 the Greek participation rate of this age group is projected to nearly double, from 30.8% to 59.1%.6

Inevitably, rising employment of women at a higher risk of breast cancer means that return to work for those who develop the disease should also be a growing concern for patients and the government alike. The current extent of the problem in Greece, though, is unclear. Given the lack of even good incidence data, it is not surprising that there seem to be no studies available on return-to-work rates or barriers to resuming employment. Greek cancer charities tend to quote foreign research.⁷

Foreign figures probably understate the size of the issue. Greek breast cancer patients and survivors seeking to go back to work appear likely to receive far less support from employers and government agencies than women in the west European countries where many of these studies take place.

In theory, Greek legislation has promising elements. Various Greek laws regulating benefit provision and legal protection for those with disability specifically include in their provisions those living with chronic illnesses, including cancer.⁸ This may make Article 21, paragraph 6 of the country's constitution relevant. It recognises the right of those with disabilities "to benefit from measures ensuring their self-sufficiency, professional integration and participation in the social, economic and political life of the Country". Legislation which transposes nearly verbatim the EU directives on non-discrimination into Greek law also requires reasonable accommodation for disabled employees.⁹

In practice, though, huge gaps exist. Legally in Greece, an EU study found, "the return to work process is entirely employer-driven", with no requirement to offer a different job if the employee coming back from sick leave is no longer able to do his or her original one. The incentives for businesses to assist on return to work are not strong, as the employer does not have to contribute to make up an employee's lost income when he or she is on sick leave. ¹⁰ Because employees can

BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE GREECE: A DEARTH OF SUPPORT

be dismissed for a physical inability to fulfil job requirements, 11 dismissal can occur after a patient returns from sick leave.

In specific cases matters can get far worse because the non-discrimination law is little known in the country and does not actually have its own definition of disability. Yeathi Apostolidis, vice president of the European Cancer Patient Coalition, says that her organisation is aware of instances where women were dismissed by employers as soon as they made their breast cancer diagnosis known. This may even be financially advantageous for employers. Ms Apostolidis notes that, because of high Greek unemployment, "it is always easy to find someone else to replace a fired employee, and new hires do not negotiate about their salary very hard."

Meanwhile, unlike in many other European countries, the Greek government's social insurance system does not focus on resumption of employment, but it does oversee health and disability benefits. ¹³ No significant programmes exist for professional retraining or supporting return to work for those with cancer. ¹⁴ Even the requirement that companies over a certain size employ a specific percentage of those with a disabled status has little effect because it applies only to profitable companies, in effect exempting many during the country's economic crisis. Worse still, even among those private companies that are making money, non-compliance with the law is widespread. ¹⁵

Finally, for women with breast cancer being unable to stay in employment or on a disability pension can be a matter of life and death. In Greece, healthcare benefits run out after one year of unemployment. Accordingly, says Ms Apostolidis, "more and more cancer patients are being forced to continue working through their treatment and rehabilitation for fear of losing their jobs."

More generally, a recent report by the European Association of Service Providers for Persons with Disabilities found that "the situation in Greece remains problematic with regards to the employment of persons with ... chronic diseases... The lack of state support goes hand in hand with a high reliance on family support and informal arrangements allowing individuals to keep their jobs (e.g. appointments and consultations with doctors over the phone so that patients do not have to leave their work). This is [because] workers are afraid of losing their jobs and place a higher priority on work rather than health." Eventually, health problems arising from not taking the necessary leave to recover could undermine the long-term ability of an individual to remain employed.

The barriers facing Greek breast cancer patients who wish to resume employment are substantial and probably result in lower return-to-work rates than elsewhere in Europe. This is, of course, not

- 11 Although they do have the right to reinstatement if the government Disability Certification Centre finds within five years of dismissal that the employee does in fact have the physical and mental capacity to carry out the job's duties (European Association of Service providers for Persons with Disabilities (EASPD), "Path-ways Project - Greece: Country Report", 2015. Available at: http://easpd.eu/sites/ default/files/sites/default/ files/ Projects/PATHWAYS/ el_country_report.pdf 2015
- 12 Athanasios Theodoridis,
 "Report on Measures to
 Combat Discrimination
 Directives 2000/43/EC
 and 2000/78/EC Country
 Report 2013: Greece",
 European network of legal
 experts in the non-discrimination field country report
 series. Available at: http://
 www.non-discrimination.
 net/law/national-legislation/country-reportsmeasures-combat-discrimination.
- ¹³ EASHW, Rehabilitation, 2016.
- 14 For a discussion of what is available, see EASPD, "Greece: Country Report", 2015.
- 15 Ibid.
- 16 Ibid.



BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE GREECE: A DEARTH OF SUPPORT

an isolated problem. Return-to-work issues are just one part of a huge sea of financial, healthcare and other societal challenges facing Greece. Nevertheless, if the country is to benefit from expanding workforce participation by women, then this is an issue that will need to be addressed in the near future.

SPONSORED BY



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