# BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE

**IRELAND: ROOM FOR IMPROVEMENT** 



# 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>

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Crude breast cancer incidence rate per 100,000:	126.8 (2012, IARC)
Breast cancer prevalence (five-year) per 100,000:	625.9 (2012, IARC)
Labour force participation rate—general:	70.1% (2015, OECD)
Labour force participation rate—women aged 40-64:	63.1% (2015, EIU calculations from OECD data)
Unemployment rate—general:	10.0% (2015, OECD)
Unemployment rate—women aged 40-64:	6.8% (2015, EIU calculations from OECD data)

By some measures, Ireland currently has an average breast cancer burden for Europe. Both its crude incidence rate and its five-year prevalence fall roughly between those of the continent as a whole (119.5 and 553.8 per 100,000 respectively)<sup>2</sup> and those of the EU (139.5 and 654). Nevertheless, the Irish numbers still create a large societal footprint: according to National Cancer Registry Ireland, in 2013 just shy of 30,000 women, or 1.8% of females aged over 15, had experienced breast cancer at some time in the last two decades.<sup>3</sup>

That proportion looks set to grow. The number of women diagnosed with breast cancer has almost doubled from what it was 20 years ago, while the number dying from the condition has stayed roughly the same.<sup>4</sup> Another omen of a future rise in breast cancer incidence is that Ireland's age-standardised rate—which adjusts figures to better compare countries with different age structures—is, at 92.3 per 100,000, the fifth-highest in the EU and above even the elevated average rate of western Europe as a whole (91.1 per 100,000). In other words, individual breast cancer risk in the country is high, but the proportion of the population developing the disease is kept down by its relative youth. Indeed, Ireland's female median age is the lowest in the EU (36.8) and is well below the EU average (44.1).<sup>5</sup> As population ageing takes place and the percentage of women belonging to higher-risk age groups grows, the current age-adjusted rate strongly suggests that crude incidence should rise markedly.

All signs also indicate that the growth in breast cancer survivorship will become of increasing relevance to the labour force. In Ireland, 66% of women are diagnosed before the age of 65, compared with 55% in the EU as a whole.<sup>6</sup> Meanwhile, women aged 40-64—the years where breast cancer risk and employment most overlap—are a growing part of the workforce. According to OECD data, between 2012—when Ireland's economic recovery began—and 2015 labour force participation for these women rose from 60.1% to 63.1%, while in the population as a

<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> Calculations based on Irish population and National Cancer Registry Ireland, Cancer Trends No. 29 Breast Cancer, 2016.

<sup>4</sup> National Cancer Registry Ireland, Cancer Trends No. 29 Breast Cancer, 2016.

<sup>5</sup> CIA World Factbook, 2016.

<sup>6</sup> National Cancer Registry Ireland, Cancer Trends No. 29 Breast Cancer, 2016; EU figure from EIU calculations based on IARC data for 2012.



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whole employment went up much more slowly, by 0.7% overall. Moreover, Ireland has increased the age of eligibility for state pensions to 66, and this is set to rise to 67 in 2021. Survivorship and employment trends will inevitably bump into each other with increasing frequency.

The evidence to show how successful Irish breast cancer survivors are in returning to work is limited, but what there is suggests that they do less well than those in other countries. An academic study, conducted before the financial crisis, contacted women who had been diagnosed in the preceding 9-27 months. The research found that of those who had been employed or self-employed when their cancer was diagnosed only 63% had returned to work by the time of the survey, and 18% had definitely decided to leave their employment. The others, who were unsure about whether or not they would return to work, said that they might do so. These latter respondents, though, already had, on average, been away from work for 77 weeks. This time period is in sharp contrast to those who had returned to the workforce, which they did on average after just 39 weeks. It is therefore likely that some, perhaps many, of these women in the end did not resume employment.<sup>7</sup>

<sup>7</sup> Linda Sharp and Aileen Timmons, "Social welfare and legal constraints associated with work among breast and prostate cancer survivors: experiences from Ireland", Journal of Cancer Survivorship, 2011.

<sup>8</sup> Linda Sharp et al., "Patterns and predictors of workforce participation in cancer survivors 6-months and 12-months postdiagnosis", study poster, Birmingham, 2014; Damian O'Driscoll, "Patterns of workforce participation in cancer survivors 6 and 12-months post-diagnosis", study poster, Liverpool, 2012; Sharp and Timmons, "Social welfare and legal constraints."

<sup>9</sup> Sharp and Timmons, "Social welfare and legal constraints." Similarly, partially released data from a later Irish study looking at 621 cancer patients, most of whom had breast cancer, found that a year after diagnosis only 65% had returned to work. Since by far the largest part of the sample, after breast cancer patients, consisted of people with prostate cancer—a disease other Irish research has shown to have a higher return-to-work rate—the breast cancer figure was probably lower than 65%. Even if it did reach that level, as this research noted, "overall the proportions working at 6-months and 12-months post-diagnosis were relatively low compared to studies in other countries".<sup>8</sup>

Whatever the rate of return to work, little research exists on whether the problems faced by Irish breast cancer patients and survivors differ from those of their European peers in their efforts to resume employment. What studies do exist show that Irish women with higher educational levels are more likely to resume employment than those with less education.<sup>9</sup> As the former are more likely to be in white-collar, higher-paying jobs, at a minimum this common feature of return-to-work research in other countries is also likely to apply here.

On the other hand, what clearly sets Irish breast cancer patients and survivors apart from many others in northern and western Europe is that they face the challenge of returning to work with less extensive support.

On the positive side, cancer is automatically classed as a disability under Ireland's Employment Equality Act. This prevents employers from treating those who have ever had cancer differently

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from non-disabled workers in areas such as hiring, terms of employment, offers of advancement, and work-related benefits. The legislation also requires employers to make reasonable accommodation for cancer patients and survivors, such as time off to attend medical appointments or the provision of any specialised equipment which may be necessary for survivors and patients in the workplace.

In practice, though, this law may not always help cancer patients. In particular, Section 16 of the Employment Equality Act provides, as a defence against charges of disability discrimination, that employers may dismiss any employee who is in their opinion no longer able to fulfil the requirements of the job in question. A long sick leave can trigger this, leading one academic to write in 2011 that "in Ireland ... the law affords no protection against dismissal following extended absence".<sup>10</sup>

A recent Irish High Court ruling, however, has strengthened the position of employees. It found that for someone who is protected as disabled by the Employment Equality Act, reasonable accommodation had to include making adjustments to that person's duties upon resumption of work in order to make him or her able to do the adjusted job. However, while not giving precise guidance, the tribunal recognised that, if these adjustments in effect mean giving the affected person a substantially different role, then dismissal remains an option.<sup>11</sup>

While breast cancer patients and survivors benefit from some degree of employment rights, practical support for return to work is highly limited. Employers are not required to offer sick pay (although many do), and nor do they have to pay employees for time needed for medical appointments. Those who do not receive sick pay from their employers are eligible for sickness benefit from the Department of Social Protection, but the amount available is just €4,500-10,000 (US\$5,300-11,100) per year, depending on the patient's wages before taking sick leave. The department also has an Employee Retention Grant Scheme, which supports employers by paying the costs to retain an employee who has become ill. However, there is no formal return-to-work process or support, and any arrangements to ease the transition are the result of voluntary negotiations between employer and employee.

Ironically, it appears that an important driver of getting breast cancer survivors and patients back to work in Ireland is not what the health and social support systems do provide, but what they do not. Except for those with a sufficiently low income, the public healthcare system charges user fees to access general practitioner and hospital care. Private insurance is available, and total annual inpatient hospital payments are capped at €800 per year. Nevertheless, costs for cancer survivors and patients often mount up. For example, in a 2008 survey of breast, lung and

#### <sup>10</sup> Ibid.

<sup>11</sup> Michael Doyle, "Reasonable accommodations for disabled employees – how far must an employer go?" Mondaq, April 2016; 2011 quote from Sharp and Timmons, "Social welfare and legal constraints."

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prostate cancer patients more than 45% of respondents reported paying an average of €465 to see hospital clinicians, and 40% of breast cancer patients paid an average of €400 for hairpieces. These and other expenses meant that 55% of those surveyed who had savings when they found out they had cancer used up some or all of them as a result of their diagnosis; 11% had to borrow money to meet cancer-related expenses.<sup>12</sup>

Those who are least protected from these financial stresses end up resuming work more frequently. In particular, patients who do not qualify for free care and the self-employed— who have no sick pay—return to work in far greater numbers than those who are employed or do not have to pay for treatment.<sup>13</sup> This is no coincidence. Interviews with patients and social workers indicate that reduced income, higher expenses, lack of financial support from other sources and the risk of dismissal as a result of long sick leave were important considerations in the decision of many patients to return to work.<sup>14</sup> This divergence in return-to-work rates based on financial situations suggests that at least some lrish women with breast cancer may be going back before they are ready.

As Ireland sees an increasing number of breast cancer patients and survivors of working age, addressing the legal, financial and other barriers they face in returning to work will become more pressing.

<sup>12</sup> Linda Sharp and Aileen Timmons, The financial impact of a cancer diagnosis, 2010.

<sup>13</sup> Sharp et al., "Patterns and predictors of workforce participation"; Sharp and Timmons, "Social welfare and legal constraints."

<sup>14</sup> Sharp and Timmons, The financial impact of a cancer diagnosis.

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