

Financial Vulnerability

A case study involving a patient with head and neck cancer

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BACKGROUND: Patients with head and neck cancer (HNC) face unique financial challenges. Even with stable income and health insurance, many patients become overwhelmed with direct and indirect treatment-associated costs.

OBJECTIVES: This article discusses how prolonged financial burden in patients with cancer can result in compromised patient outcomes.

METHODS: A case study is presented that highlights financial burden associated with reduced income, treatment-related commuting, and challenges in resuming a job while dealing with functional impairments and long-term treatment effects from HNC. It also describes the financial impact on a spousal caregiver.

FINDINGS: Nurses must initiate discussions with their patients about potential and actual financial concerns and barriers to care. In addition, nurses should include repeated assessment of financial health throughout the cancer care trajectory and provide appropriate resources and referrals when issues are identified.

KEYWORDS

head and neck cancer; financial hardship; quality of life; cost of cancer

DIGITAL OBJECT IDENTIFIER

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PATIENTS WITH HEAD AND NECK CANCER (HNC) require complex care that typically involves interprofessional treatment planning, psychosocial support, and preparatory evaluations (e.g., dentistry, swallowing, audiology). Multimodal combinations of surgery with or without reconstruction, radiation therapy, and systemic therapy are common, and extensive involvement from speech-language pathology, nutrition, and other rehabilitative services may be required (Cohen et al., 2016; Covelas et al., 2018; Nekhlyudov, Lacchetti, & Siu, 2017; Shellenberger & Weber, 2018). Although survival rates have improved substantially because of new techniques and therapies, patients with HNC can experience multiple long-term and late effects that negatively affect health outcomes (Wulff-Burchfield, Dietrich, Ridner, & Murphy, 2019). These chronic issues can have functional consequences related to the anatomy involved, such as speaking, eating, and swallowing, and may contribute to additional financial hardship in the survivorship phase (Björklund, Sarvimäki, & Berg, 2010; Giuliani et al., 2019; Ringash et al., 2018). HNC is associated with substantial expenses that include direct medical costs as well as indirect and less tangible costs on patients and their families, making them susceptible to cancer-related financial toxicity (Wissinger, Griebisch, Lungershausen, Foster, & Pashos, 2014).

Financial strain among HNC survivors is prevalent and associated with decreased quality of life (Lu, O'Sullivan, & Sharp, 2019; Rogers, O'Donnell, Williams-Hewitt, Christensen, & Lowe, 2006). When compared to other cancer types, HNC disproportionately affects individuals who are poor, are publicly insured, are less educated, and have worse overall health (Inverso, Mahal, Aizer, Donoff, & Chuang, 2016; Massa, Osazuwa-Peters, Adjei Boakye, Walker, & Ward, 2019). Patients with HNC also face higher total medical expenses and higher out-of-pocket costs relative to their income, with the largest burden affecting those with the lowest financial resources (Massa et al., 2019). Many patients with HNC report cost-coping strategies, such as depleting savings, borrowing money, using credit, and selling possessions, to manage the financial demands of cancer (de Souza, Kung, O'Connor, & Yap, 2017). In addition, common HNC treatment effects and functional impairments create prolonged expenses and employment challenges, resulting in lost income and productivity for patients and caregivers (Balfe et al., 2016; Harrison et al., 1997; Pfister, Ruchlin, & Elkin, 1997; Rogers et al., 2006).