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**Cancer Patients' Perspectives on Financial Burden in a Universal Healthcare System:
Analysis of Qualitative Data from Participants from 17 Provincial Cancer Centers in
Canada**

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Abstract

Objective: To seek understanding of financial burden from the perspective of cancer patients, in a largely publicly-funded health care system, about the impacts of financial hardship on their lives.

Methods: A qualitative descriptive analysis was completed for comments written in response to an open-ended, free-text item on a pan-Canadian survey about costs incurred during cancer treatment and follow-up and the impact of financial difficulties.

Results: A total 378 of the 901 survey respondents provided comments about their financial situations during cancer treatment. Forty percent of those individuals indicated experiencing financial struggles and resulting emotional distress. Themes were identified as follows: cost incurred, reduced income and reserves, impact of costs and reduced financial income/reserve, and managing financial distress.

Conclusion: Even within a universal health care system, a significant proportion of cancer patients experienced financial struggle and resulting emotional distress.

Practice Implications: Regular monitoring of financial and emotional distress and its sources can facilitate the identification of those who are experiencing financial difficulty and the provision of appropriate interventions.

Key Messages

Even within a universal health care system, a significant proportion of cancer patients experienced financial struggle and resulting emotional distress.

The financial burden associated with cancer has a significant impact on daily lives.

The impact of financial burden occurs during treatment but also continues after treatment has finished.

1.0 Introduction

A cancer diagnosis and treatment has physical, emotional, and practical consequences for individuals and their family members [1-2]. One practical consequence that is receiving more focused attention recently is the financial impact of a cancer diagnosis and treatment. Between 28-48% of cancer survivors experience financial burden (FB) due to direct (e.g., out-of-pocket expenses) and indirect (e.g., lost income) costs [3]. Initially, research efforts focused on measuring financial burden in objective terms and development of appropriate instruments to capture costs. Less attention has been paid to the strain and emotional distress generated from experiencing financial burden related to cancer treatment and the resulting impact of financial toxicity on individuals and family members [4].

Dealing with financial challenges has been reported as an unmet need for cancer patients since the early 2000's [5-8]. Investigators from various countries have studied the magnitude of financial burden for patients by documenting out-of-pocket costs [9-15] and linking the magnitude of financial burden with changes in psychological status and quality of life [16-20]. Repeatedly, increased financial burden has been linked with increased distress, psychological symptoms and reduced quality of life. A recent systematic review involving studies with a total of 11,544 cancer survivors concluded people who experienced financial burden were three times more likely to experience depression and anxiety compared to those who do not experience financial burden [21].

What has not received as much attention is understanding cancer patient perspectives regarding the impact of financial burden on their daily lives or the kinds of choices individuals make to cope with the situation over time [22]. As their coping mechanisms fail, individuals may experience heightened financial distress. Some qualitative work has provided deeper understanding of issues and concerns from the viewpoint of cancer survivors [23-26], emphasizing how financial hardship can touch many parts of an individual's life and may not stop at the end of treatment. For those who experience financial hardship, the repercussions can continue after treatment has finished [27]. However, additional work from a qualitative perspective exploring the impact of financial burden in various health care systems with different types of funding policies would be beneficial.

A pan-Canadian survey regarding out-of-pockets costs provided the opportunity to seek additional understanding of financial burden and its impact from the perspective of cancer patients, in a largely publicly-funded health care system. The primary intention of the research program was to “*investigate patient costs across a variety of costing dimensions and provinces*”, while research objectives include:

- to quantify economic cost burdens borne by cancer patients and describe the magnitude of costs;
- to determine the magnitude of differences that occur across provinces.
- to understand both the magnitude of out-of-pocket expenditures and their impact on patient wellbeing.

This paper reports on results of the open-ended, free-text item where participants could write comments about the impact of the financial burden on their daily lives and costs not covered by survey items. A free-text section provides opportunity to learn from participants what they consider important to share and what may not have been covered in the survey.

2.0 Methods

This work utilized a descriptive qualitative design [28] to handle written responses on a pan-Canadian survey about out-of-pocket costs. A detailed account of the Pan-Canadian Survey methods are reported elsewhere (Longo et al., in progress). In summary, a convenience sample of patients was accrued from seventeen participating provincial cancer centres including the four primary tumour types (breast, colorectal, lung, prostate). Participants had to be 18 years of age or older, treated for cancer, and able to respond to questions in English. The survey could be completed in hard copy or on-line.

Setting: Canadian health care is provided through ten provincial and three territorial systems of publically funded health care. Each province and territory has its own insurance plan to make certain every resident has reasonable access to medically necessary hospital facilities, doctors, treatments, and medicines regardless of their income, age, status, employment, or health. Cancer surgery is provided in many hospitals while chemotherapy and radiation is provided through provincial cancer specialized clinics.

Instrument: The *Patient Self-Administered Financial Effects (P-SAFE, v7.21)* questionnaire was used to gather information about out-of-pocket costs (OOPC). Financial effects included: patient OOPC, patient/caregiver lost income, imputed travel costs, parking costs, decisions to forego treatment and insurance behaviors, patients' perceptions, and attitudes. A validation process occurred at Toronto's Sick Kids Hospital (Poole, Longo et al, in progress).

At the end of the questionnaire, a free-text comment section was positioned to gather respondents' perspectives about any financial burden that had not been covered by the items on the survey. The free-text comment section provided opportunity for respondents to add topics of importance for them and details about their experiences. This item was worded as follows:

- *Additional comments about other expenses or decisions related to your cancer (example might include: educational, social, spending more money on nutrition, anticipated longer term costs such as major home renovations, or a caregiver that started working or got a second job).*

2.1 Analysis

A content analysis methodology was used to analyze data from the free-text item [29]. Twenty percent of the written responses were read by one investigator (MF) who designed a preliminary coding framework based on topics described within these responses. The draft was reviewed by the other two investigators (CL and RC) and consensus was achieved regarding coding categories and definitions. Using this framework, 10% of the comments were coded by all three investigators. A high level of agreement was achieved among the investigative team with only a few changes needed in the coding categories (i.e., added two codes, clarified two definitions). Using the final version of the framework, one investigator (MF) coded all written responses. For each category, written responses were reviewed and content summarized. All three investigators reviewed these summaries and determined key messages (themes) across categories.

3.0 Results

3.1 Sample

Of the 901 survey respondents, 378 added written comments for the text-free question. Of those who offered written comments, 67.7% were 55 years of age or older, 60% were female, and 23.3% lived alone. With regards to income, 37% had an annual income of 80K or higher while 18.5% earned less than 30K. In comparison to those who did not write a comment, those who wrote comments differed in terms of the proportion of women and those with a lower annual income. (See Table 1)

3.2 Overall Observations

The written comments covered an array of topics concerning financial burden and impact on respondents' lives. Respondents generated a total of 702 comments about various topics (see Table 2). The most frequently mentioned topics were work related experiences (n=78) and cost for transportation (n=78) followed by comments about insurance coverage (n=75) and cost of food (n=67).

The comments indicated most individuals had experienced additional expenses because of their cancer diagnosis and treatment. At a minimum, extra costs were incurred for transportation and parking. Once costs became evident, some individuals said they found they were able to manage through various means to cover expenditures and not feel an undue level of distress because of the situation. However, the far larger proportion of respondents experienced distress because of the financial burden they confronted and struggled through the situation using a variety of routes for assistance. Many described difficulty obtaining help with their situation and their worry about what would happen in the future given they had so little financial security now (see Table 3).

3.3 Thematic Observations

Costs Incurred: Patients' comments about costs identified a variety of items including drugs, treatments, food, transportation, accommodation, supplies/equipment, changes in their homes, and other related costs. For the most part, comments about drugs highlighted the high costs of specific drugs and whether they were covered by health plans. Prescription fees and amounts of the deductible portion were cited as issues. Treatment costs focused on items such as yoga, Reiki, massage, chiropractic, physiotherapy, depression, breast reconstruction and lymphedema

which may or may not be covered by health plans. Individuals who were expecting long term administration of drugs worried about accumulated costs.

Food costs were divided into two main perspectives: food costs at cancer facilities and costs related to eating healthily. For some, the change in diet was a result of having had surgery and finding some foods were no longer tolerable. Patients found they were spending more on groceries than before their diagnosis because of the costs of organic foods, juicing, and supplements (e.g., vitamins, Ensure, herbal teas, essential oils, cannabis). Yet they saw this was important in light of recovering their health and preventing recurrence in the future.

Transportation for many individuals meant driving to and from the cancer centre on a daily basis and incurring ‘wear and tear’ on their car. Some incurred costs for other means of transportation (i.e., bus, plane, taxi) depending on their home location or whether they were able to drive. Although some travel plans and grants were available, not everyone was eligible for the programs. For those who were eligible, many faced lengthy waiting times for reimbursement. Many reimbursement schemes expected patients to pay costs for travel and submit reimbursement claims; this created hardship for those with little financial reserves. Individuals who used services of Transportation Programs found these most beneficial and felt the cost of the service if they had to pay was ‘worth it’. As for parking, respondents emphasized they thought parking fees were too high.

House related costs included a range of items. Whether for reasons of treatment side effects or functional decline, patients described making renovations to their homes or taking steps to prepare their homes for sale. Some found they had to sell their homes because they could not keep up with the mortgage; others wanted to move closer to family members. Moving into retirement communities or special care homes also incurred costs patients attributed to the cancer situation because this would not have happened otherwise. Others found they were no longer able to do usual housecleaning or yardwork because of side effects and had to hire workers for these chores.

Other types of costs respondents attributed to their cancer experience included a range of specific costs. Some respondents needed to hire caretakers for elderly parents or children while the patients were away for treatment. Paying for gym memberships and exercise programs were

important for recovery and averting recurrence. Some respondents covered expenses of family members to travel to be with them or help in the house while the patient was in treatment.

Reduced income and reserves: Although respondents mentioned incurring increased costs, the issues escalated when that was coupled with reduced income. Respondents quoted a range in the amounts of loss. Many comments described changes in work situations for either themselves or their caregiver as the reason for reduced income. Some were unable to work for a period ranging from a month to as long as a year because of treatment schedules or dealing with side effects. Others made decisions to work part-time or retire. The loss of productivity due to side effects (e.g., fatigue, cognitive changes, limited mobility) continued to plague individuals after treatment which influenced their desire and capability to return to work. In addition, respondents worried about being able to go back to work, whether they would be able to perform at their previous levels, and whether their job would still be available. A number lost their jobs while on treatment.

Some respondents wrote about gaps in the time between not earning a salary and coverage payments coming through. Those who were able to access short-term or long-term disability coverage found their income was reduced by 30% to 50%. Those who were self-employed described any change in their capacity to work as having an impact on their current income as well as influencing their future client/contract base. Furthermore, being self-employed could mean no benefits or health coverage through work.

Some respondents described having to use their savings and financial reserves to cover costs. They had to take money out of their savings plans or other investments. This was particularly the case for those who faced recurrent disease and experienced additional time from work and another round of costs. Some indicated they were now 'living on credit'. Having planned to have sufficient funds to support their future retirement and live comfortably afterwards, they now faced an uncertain future. Several mentioned they did not believe they had enough time or stamina to build their savings up again.

Impact of costs and reduced financial income/reserve: A segment of the population clearly experienced financial difficulty and emotional distress about meeting their present and future financial commitments. The actual nature and magnitude of the impact varied from person to person, in large measure due to their financial status at the onset of their cancer. The financial

difficulty was described as a constant burden and one they should not have to bear when they ought to be focused on their recovery from cancer. The situation was compounded when both partners were ill at the same time and neither were able to work.

The financial difficulty meant patients and families found they had to make different decisions than they would have otherwise. Some curbed spending or changed what they spent their money on. Many postponed going out socially, vacations, home renovations, and educational opportunities. Comments illustrated impacts such as being forced to cancel gym memberships, children not going to sports (e.g., soccer) or camp, not buying new clothes, looking for less expensive food, or scaling back on heat and electricity. Others described not being able to invest and build up savings. In some instances, family members had start work or take second jobs in order to pay bills (i.e., mortgage, light and heat, car). Additionally, although these solutions help with paying bills, patients were left feeling like a burden and guilty for creating the burden on family members. Some found planning for the future was impossible.

Emotionally, patients expressed various feelings related to their financial burden: anxiety, worry, anger, frustration, helplessness, guilt, uncertainty. These were often shared by family members as well. Phrases such as, “the impact is immense”, “it’s devastating”, and “it bankrupted me” illustrated the toll the financial burden can take. Knowing about resources and actually finding help to resolve the situation were challenges. Many respondents were not aware of what options they might have or where they might turn to deal with financial challenges.

Managing financial difficulty: Respondents managed the financial situation in different ways. Some were able to balance increased costs with reduced income through careful spending, reducing activities, and postponing plans. Others used savings, withdrawing money from retirement plans or savings accounts. Others went on disability (short or long term) or took advantage of programs that reimbursed expenses. Others could access benefit plans from their workplace.

Respondents also turned to others – often family or friends. They asked for help with driving, meals preparation, childcare, and household chores. They saw this help as offsetting expenses because they would have needed to hire someone without the family/friend support.

In some instances, public health care programs were available to cover expenses while in others the expenses were covered by private insurance plans. Within either scenario, individuals wrote about challenges in being approved for coverage, confusion about what is covered and what is not covered, difficulty making applications for coverage, and waiting considerable amounts of time to be reimbursed for expenses. Individuals with private health care plans or health care benefit plans from their employer wrote about being ‘fortunate’ or ‘one of the lucky ones’. Given their own struggles, many respondents wondered how families with less resources could be managing.

The support of family and friends, and in some instances the caregivers’ work benefit plans, was important in dealing with financial burdens. In this study, many caregivers took time from work to care for patients and were seen as a key to recovery by patients. But the caregivers also experienced an impact. The caregiver’s income can be reduced and the person can become fatigued when hospitalization or physical care is required. Some respondents wrote about caregivers’ careers being ‘put on hold’ or plans being changed in light of the cancer experience.

4.0 Discussion and Conclusion

4.1 Discussion

This study is one of the largest of its kind in Canada focused on financial burden. Perhaps more uniquely, it is one of the few studies focused on exploring financial burden for individuals in a universal health care system. The study provided opportunity to hear from a range of cancer patients about their perspectives regarding financial hardships they experienced and how they managed. Respondents were from a range of income levels, geographic locations, and crossed the four most common cancers. As might be anticipated, more women and more with lower incomes wrote comments. Surprisingly, we heard comments from about 40% of the 901 survey respondents, including all income levels and all tumors types, suggesting that these issues are not uncommon. The free-text comments provided insight regarding the reality of situations with which the individuals had to cope and offer three broad topics for consideration: financial burden, financial distress, and coping with financial toxicity.

The financial burden emerged because of experiencing increased costs and reduced income or financial reserves and is reflective of reports from other jurisdictions [10, 14, 24, 25

27, 30]. Clearly, individuals treated for cancer experience financial burden because of costs incurred from a range of items. Items were not only drugs, treatments and supplies necessary for care and comfort; other costs were related to items individuals perceived as important to their recovery and avoiding future recurrence (e.g., gym memberships, organic food). The relationships between the identified costs and financial burden or distress are complicated. For example, use of organic food and use of complementary therapies could interfere with employment, and in turn incur financial burden and distress [31].

Financial distress emerged in relation to the actual sense of burden and struggle experienced by individuals and has also been evident in other investigations [5, 19, 32]. That there was a sense of financial burden and struggle for those receiving care in a universal system is noteworthy.

The qualitative data allowed us to see that the struggle and distress unfolded differently from person to person. Those with financial security and reserves at the time of diagnosis experienced a different financial reality than those who struggled to balance paying for their daily expenses together with their cancer related costs, or those who had to turn to their savings or resort to living on credit. The distress also emerged in relation to the individual's concerns about what decisions had to be made that had an impact on their family members. Patients experienced emotional upset and, in some cases, guilt for needing money for their care while family members suffered because of it (e.g., withdrawal from education or children's sports programs, no vacations, etc.). For some, distress about the future or what would happen if the cancer came back and more costs were incurred was a significant anxiety for them. Very likely some individuals would benefit from counseling related to financial distress and managing the emotional upset [33] while others would find assistance with actual managing the financial situation most helpful. Some Canadian cancer centres have employed experts in financial counselling with success.

How individuals coped and managed their situation also included a range of strategies such as cutting back on other spending, not putting away savings or investments, seeking assistance through health plans, or withdrawing money from their life savings. In large measure, the strategies patients used were a function of resources individuals had or were able to access. Variation was observed between those who had investments and savings and those who did not,

those employed by companies that offered robust health care benefit plans and those who did not, those who were employed in organizations and those who were self-employed, and those with insurance plans and those without.

One intriguing notion emerged throughout the comments. Many phrased the reality of being able to manage the financial situation in terms of ‘being lucky’ or ‘being fortunate’. This was in contrast to conceptualizing their situation as a product of good financial planning and management or having a career that facilitated saving. In fact, earlier work on a small sample of patients noted the issue of financial literacy, with those having a low level of financial literacy being much more likely to declare their financial burden as being problematic [34].

Of some concern is that none of the patients in this study wrote about turning to health care professionals for assistance regarding their financial distress. This could be a function of their personal view that financial matters are outside the domain of health care in the universal system or there was no signal from the health care professionals that financial topics could be discussed. At present, cancer centres do not have identical strategies for determining financial distress, but there is some evidence that the most common approach is to have this discussion at the beginning of a patient’s cancer journey. However, some patients may not realize how serious their financial situation is until well into their treatment. In many cases, this discussion is not re-addressed by healthcare staff with patients, and it appears that many patients are unlikely to ask for help later unless prompted through direct inquiry by cancer care staff.

Limitations: Given the convenience sample and the response rate for the open-ended question, the written responses may not be truly representative of the broad experiences with finances of an entire cancer population. Also, there was no option to check the interpretation of written comments with patients themselves.

4.2 Conclusion

Cancer patients can experience financial burdens as a result of undergoing cancer treatment, even within a universal health care system. For some, the burdens bring about considerable distress and difficulty coping. In our sample, these issues were highlighted in about 40% of our sample, suggesting this is more than just an occasional concern. Regular monitoring

of emotional distress and its sources can facilitate the identification of those who are experiencing financial difficulty and provision of appropriate intervention.

4.3 Implications

Health professionals caring for individuals with cancer, even within universal health care systems, ought to be aware of the potential for individuals to experience financial burden throughout their cancer journey and the resulting emotional distress as they struggle with the financial reality. Professionals are in a position of being able to alert patients to the possibility of financial hardship and offer information about resources available to them early in their course of treatment and again in follow-up. Some cancer centres and community cancer support groups are proactively offering patient education programs about the topic (e.g., Wellspring Cancer Support – Toronto). Where resources are limited, it is important to identify those with risk factors associated with financial burden and distress, and allocate resources accordingly [31].

Assessment of financial status ought to be part of the baseline assessment for patients beginning treatment as well as part of regular monitoring. Financial concerns can be a topic patients are reluctant to raise and discuss with health care professionals because of associated stigma [35]. Questions about financial concerns could be incorporated into distress screening programs and offer opportunity for health care professionals to be alerted to individuals who may be in difficulty.

Additionally, some individuals may need to have professional support to learn more about managing the emotional distress related to their financial situation. Designing easily accessible referral pathways from cancer centers to financial experts and counsellors could be helpful to patients who do not have their own financial advisors or avenues to seek assistance.

Declarations

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Conflicts of interest/Competing interests:

There are no conflicts of interest to declare on the part of the authors.

Availability of data and material:

The Principal Investigator (Longo) has full control of primary unidentifiable record level data and agrees to review of data if requested

Authors' contributions:

CL extracted qualitative data from overall dataset; all authors were engaged with the development of the coding framework and definitions; MF completed all coding; all authors were engaged in the finalization of themes; MF wrote the initial and subsequent manuscript drafts but all authors reviewed and contributed to each version; all authors have approved the final version of the manuscript.

Ethics approval:

The overall research program was approved by the Hamilton Integrated Research Ethics Board (#1743). Additional ethics approval for the survey distribution was provided by the respective ethics boards of the 17 cancer clinics across Canada. All participants provided consent prior to engaging in completing the survey. Participants consented to publication of research findings.

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Table 1: Selected demographic characteristics for respondents with written comments and those without written comments

Characteristic		Percent with comment N=378	Percent with no comment N=523
Living arrangement	Lives alone	23.28	23.14
Gender	Female	60.05	48.76
Disease site	Breast	44.18	33.84
	Colorectal	20.11	20.46
	Lung	17.99	17.21
	Prostate	17.72	28.49
	Total	100%	100%
Age in years	18-24	5.29	8.22
	35-54	26.98	19.50
	55+	67.72	72.28
Annual Income	80K+	37.04	39.96
	50-79K	20.11	23.71
	30-49K	16.4	15.3
	Less than 30K	18.52	12.62

Table 2: Summary of topics and frequency of written comments

Content Category	Content Subcategory	Number of comments about the topic from 378 unique respondents*
No Costs	No costs incurred	22
Costs Incurred	Drugs/treatment	37/16
	Food (meals, groceries)	67
	Accommodation	6
	Transportation (including parking)	78
	Supplies or equipment	6
	House (cancer related)	24
	(functional decline related)	5
	Other	20
Costs Managed	Costs managed (various avenues)	20
	Social support offset	10
Financial Difficulty	Financial difficulty general	10
	Reduced income	42
	Reduced reserves	19
Impact of Financial Difficulty	Impact of costs/Impact reduced income/Impact reduced reserves	22
	Emotional response	15
Work-related experiences	Patient/survivor: Self employed	10
	Lost productivity	18
	Work	78
	Caregiver	35
Health plans/insurance	Public/Private coverage	75
Advocacy		6
Other	Survey	30
	Disease/Treatment Status	13/10
	Other (non-related)	11

*NOTE: A respondent may have made a comment about more than one topic

Table 3: Example of quotes illustrating the financial burden experienced by respondents

<p>Quotes illustrating the experience of incurring increased costs and reduced income/reserves</p>
<p>My daughter took 1 year leave from work for my cancer treatment - I am a low income senior without the help of my daughter I would not have received the necessary treatment needed. It has cost my daughter her job and life savings to provide the necessary times to help through my cancer</p>
<p>Additional expenses for education/career applications and exams for registration. Burden for mortgage (son took a double job to be able to pay for mortgage). Burden to pay for cars and registration and insurances (daughters are taking overtime even if tired from school to be able to pay for our cars). Burden to pay our credit cards. Burden to help in the house (family members are tired from work and taking care of me). Spending more time on nutritious foods and drinks for me. No more social life unable to work and help with finances at home, feeling a burden to the family. I cannot pursue my career or process my registration due to financial problem and health condition.</p>
<p>I have a lot of anxiety about the possibility of my breast cancer metastasizing and needing oral chemos or trial drugs that will be out-of-pocket expenses. I am so afraid as I have heard that these can cost up to 6000 per cycle. I have been careful in my adult life with my funds, have saved for my RRSP and my 5 year old child's RESP. We have maintained low debt loads and have a mortgage... We have tried to do everything right. We have paid over 17000 in daycare in the second year of my child's life, so our personal savings are minimal. In the event that my cancer metastasizes and I need to buy these drugs, this will wipe out everything that we have built for our little family... I will need to decide between extending my life and using up what I've saved, or choosing to allow the cancer to run its course, in the hopes that my savings will be better used towards helping my husband raise our child once I'm deceased. How can I make this choice. I'm only 40.</p>
<p>It has been devastating for my career and my financial stability over the past 6 months since diagnosis. I lost three full months of work and as a consequence of that lost 2 of my 4 jobs. I have been able to return to work following the 2nd surgery but I will have to stop again for a 3rd one which is imminent. Summary:3 months with no work (self-employed therefore no work equals NO income) followed by 3 months of only part time work and then off again for another 6 weeks to 2 months. Quite frankly, horrendous amount of financial stress added to an already stressful experience.</p>
<p>Private disability insurance had a 90 day delay if we did not have financial cushion we would have needed a loan. If did not have private disability insurance we would have had to cash in RRSPs. I will likely lose most of my business clients due to being unavailable. This will likely lead to earlier than expected retirement which will greatly permanently reduce retirement income.</p>
<p>Being forced to use my retirement savings and a line of credit decreasing equity in my home is a big burden at the age of 56 as I cannot foresee ever paying the money back. Because of my age I don't have enough time to earn the money back. Despite earning and saving all my life I can now expect to enter retirement with debt because of my illness. I live alone so had no one to help with expenses. I was seeking work when I was diagnosed so no EI benefits. It is hard to find work at 56 and now I have a gap in my resume. Do I tell potential employers</p>

<p>that I had cancer. How will that impact my ability to find work? Cancer has ruined me financially. How many people here financially prepared to take a year off work with no income? Its not cancer related expenses that are the problem- its having no income.</p>
<p>My career is finished due to illness. Changing the career is not possible due to my prognosis. I can't do the work around the house I used to do. I need to hire out most repairs and maintenance. I anticipate having to sell the house eventually. I will have to hire the lawn and yard expenses. I had to hire out the snow removal this past winter. My wife is my care giver and breadwinner. It is a double stress for her. I receive CPP disability which is too low to live. I'm spending a lot of my savings as well as not earning any income. It's a double whammy. I've been fighting colorectal cancer for over 5 years with 5 operations and chemo in 2013 and now in 2018-2019.</p>
<p>"It's frustrating to see folks who are capable of working collecting EI benefits while during treatment I could not work, but was not entitled to any benefits. At the age of 56 my RRSP was wiped out by cancer. So now I can look forward to early death or retirement in poverty. For me it's not about costs related to my cancer, it's about a year of forced unemployment and the difficulty of finding work after cancer at age 56. "</p>
<p>"3 different BC lower stage primaries 1996, 2001, 2009 2 Metastatic primary tumours 2013, 2015 1 Metastatic recurrence 12/2016. This disease has financially decimated my life multiple times in the last 23 years. All savings ... gone. All retirement savings, rrsp's etc ...gone. All assets ... gone. Forced to retire early on CPP disability, now a senior living on basic CPP well below the poverty line. With MBC we live our lives in weeks and months. We don't have the luxury of planning anything months or a year in advance.</p>
<p>Since being diagnosed with cancer and undergoing my 1st surgery for treatment in April 2017. I have been unable to work. This has had a big impact on my income and i have had to make changes to my lifestyle. Due to this loss of income (for almost an entire year) I have had to scale back on many basic necessities such as heat and food. I also had to take money out of my retirement fund just to pay the bills. This situation is very stressful since I felt as though I couldn't just worry about my recovery, I had to worry about these financial difficulties as well. Although I have a good support group and family, I have had to rely on them to drive me to many doctors' appointments, treatments, and surgeries which has made me feel very burdensome.</p>