We should care about quality of life, and the costs of treatment very much influence quality of life—not just for patients, but for their family members as well.
The risks contributing to financial problems include the patient and family members having to leave their employment or reduce their hours of work, as well as invisible costs, such as parking for clinic visits. Having to declare personal bankruptcy may be the eventual outcome of loss of income, not to mention that some patients have to choose between buying food or paying for out-of-pocket costs of treatment. The consequences of the financial toxicities of treatment are well known, including issues with adherence and treatment delay.

I feel strongly that we, as nurses, need to discuss this with our patients. We care for the whole patient. This, in my opinion, is what makes oncology nursing so satisfying. We should care about quality of life, and the costs of treatment very much influence quality of life—not just for patients, but for their family members as well. A simple question, such as “Are you able to afford this medication/co-payments?” or “Has your treatment affected your or your family’s financial situation?” opens the door for us to be advocates for our patients. It allows us to refer patients to assistance programs, social workers, financial counselors, and other resources. It is not an easy conversation to have, but nurses have difficult conversations with patients all of the time. The Oncology Nursing Society has a useful toolkit that addresses these issues (https://bit.ly/2zN8NMI) and includes helpful information about when and how to start the conversation, as well as resources for patients.

However, I also think that we need to go beyond the individual patient and broaden our discussion during tumor boards, nursing and grand rounds, and conference presentations. Each and every time we discuss a new medication, we need to know what it costs, if it is covered by Medicare or insurance, and the out-of-pocket costs to the patient associated with the treatment, such as more frequent visits to the clinic, parking, lost wages, and supportive medications to treat side effects. We talk about all of the other toxicities; therefore, we must talk about financial toxicities too.

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