

COVID-19, Cancer, and Financial Toxicity

Debra Lyon, RN, PhD, FNP-BC, FAAN

Healthcare workers, including nurses, have been vocal in advocating for better planning and, in particular, for better access to protective gear and rapid testing options.

When I first started this editorial in early March, I was writing from my usual coffee shop location, and the media was starting to focus on COVID-19. The incidence of the virus was increasing across the world, and the word “pandemic”—although debated passionately at the time—was beginning to gain traction. All signs pointed to a disruption; however, the scale of that change has exceeded what most of us could have imagined in early March. Now, millions of Americans and people around the world are in self-isolation, quarantine, or lockdown. There have been roughly 1.4 million cases of COVID-19 and more than 83,000 deaths worldwide at the time of this writing (Johns Hopkins University and Medicine, 2020). Like most, with the exception of essential personnel, I am at home wondering what is going to happen next and trying to find any positive outcome to this crisis.

Many large companies, even those that have not supported virtual work in the past, have quickly adapted so that their employees have options to work remotely. Although this may be a viable option for large companies with professional-level staff to continue the conduct of business in a virtual environment, this alternative is viable only for companies with business models that do not depend on customer

contact and that have financial reserves to sustain continued functioning in a sudden economic crisis (Marte & Timmons, 2020). Small businesses, particularly those with business models that depend on customer contact, may not have the financial cushion to sustain sudden drops in revenue, and, consequently, job losses have occurred and will continue to occur.

It is estimated that 71% of employed American workers do not have the option of working from home (Marte & Timmons, 2020). In addition, the largest increase in jobs in the United States has been service and gig employment; many of these employees and contractors do not get paid when they do not work (Law, 2020). For these workers, the outbreak has potentially life-changing financial implications.

For financially at-risk families without a pre-existing safety net, the financial consequences of self-isolation or quarantine may lead to other outcomes, including eviction and homelessness. Adding to the strain is that many have multiple roles as caregivers for children and older adult family members.

Another financial aspect of illness and health promotion that has been highlighted through the media's coverage of the pandemic is the issue of payment for diagnostic testing and treatment—two issues that are often key concerns for our patients with cancer and their caregivers. Despite some early confusion regarding costs and barriers to COVID-19 testing, government and health insurance agencies recognized these barriers as a threat to personal and public health, and adjustments were made. However, this serves as a reminder that, although those who have healthcare and discretionary income may be able to make choices, diagnostic testing and treatment are

KEYWORDS coronavirus; financial toxicity; caregiving; treatment decision making; uninsured and underinsured individuals

ONF, 47(3), 253–254.

DOI 10.1188/20.ONF.253-254

fraught with multiple considerations for those without a safety net.

Along with the effects on businesses and the public at large, the differential risks for healthcare workers have been highlighted in the media. Healthcare workers, including nurses, have been vocal in advocating for better planning and, in particular, for better access to protective gear and rapid testing options. However, many have worked without the equipment that would provide the best protection from the virus. Across the country, healthcare workers who have had known contact with infected patients are now in quarantine or self-isolation.

Because of these issues and the increased attention caused by COVID-19, many aspects that have been relatively hidden in relation to cancer care and financial toxicity have been illuminated in the current outbreak. For the estimated 1,806,590 new cancer cases per year and the estimated 15 million survivors of cancer in the United States (Siegel et al., 2020), perhaps one positive result of the current focus on COVID-19 is a heightened awareness of the multiple and complex ramifications of the diagnosis and treatment of a serious illness for individuals, families, and the healthcare system.

Jim Valvano, the former NC State University men's basketball head coach and a popular sports broadcaster who died at age 47 from adenocarcinoma, provides us with some words of context (BrainyQuote, n.d.):

I'll also tell you that 500,000 people will die this year of cancer. And I'll also tell you that one in every four will be afflicted with this disease, and yet, somehow, we seem to have put it in a little bit of the background.

For oncology nurses, developing and implementing the research to support better outcomes and scientific breakthroughs in cancer is important. Bringing our research to the forefront is important at a scholarly level, but, more importantly, has implications for public health and increased awareness of the multidimensional aspects of cancer that need to be addressed, including the potential financial toxicity of diagnostic tests, treatments, and survivorship. Financial toxicity can include reduction in income, time away from work, depletion of savings, and bankruptcy caused by

direct treatment-related costs (e.g., deductibles for treatment) and indirect costs (e.g., sick days, childcare costs, transportation) (Lentz et al., 2019). Advocating for an awareness of the multiple effects, particularly the adverse financial effects, is a message that will hopefully be more visible not only to patients and families, but also to our society at large.

Oncology nurse researchers and their teams are well grounded in the effort to make important issues visible through research and scholarly work. As oncology nurses, researchers, and clinicians, it is our job to keep the research going and to continue raising awareness of the multiple issues faced by patients with cancer, their family members, and survivors. Research without enhancing awareness will fall short of our commitment. The media attention raised by COVID-19 to the multiple implications of serious illness and associated financial toxicity may lead to a better understanding of the issues faced by patients with cancer and their caregivers.



Debra Lyon, RN, PhD, FNP-BC, FAAN, is the executive associate dean and Kirbo Endowed Chair in the College of Nursing at the University of Florida in Gainesville. Lyon can be reached at ONFEditor@ons.org.

REFERENCES

- BrainyQuote. (n.d.). 26 Jim Valvano quotes. <https://www.brainyquote.com/authors/jim-valvano-quotes>
- Johns Hopkins University and Medicine. (2020). Coronavirus resource center. <https://coronavirus.jhu.edu/map.html>
- Law, C. (2020, March 9). Americans are being encourage to work from home during the coronavirus outbreak. For millions, that's impossible. *Time*. <https://time.com/5797382/coronavirus-remote-work-home/>
- Lentz, R., Benson, A.B., III, & Kircher, S. (2019). Financial toxicity in cancer care: Prevalence, causes, consequences, and reduction strategies. *Journal of Surgical Oncology*, 120(1), 85–92. <https://doi.org/10.1002/jso.25374>
- Marte, J., & Timmons, H. (2020, March 4). Fragile safety net leaves U.S. economy vulnerable to coronavirus hit. *Reuters*. <https://reut.rs/2JkCMl6>
- Siegel, R.L., Miller, K.D., & Jemal, A. (2020). Cancer statistics, 2020. *CA: A Cancer Journal for Clinicians*, 70(1), 7–30. <https://doi.org/10.3322/caac.21590>