

Cancer, health-care backlogs, and the cost-of-living crisis

As mounting pressures from several fronts—particularly the COVID-19 pandemic, the conflict in Ukraine, and the consequently exacerbated uncertainty around energy supplies—drive the cost-of-living crisis to alarming new heights, both in the UK and internationally, households are coming under increasing financial strain. The UK Government recently ruled out an emergency budget to tackle the situation, and economists are warning households to ensure that their finances are in the best possible shape to endure rising interest rates, huge surges in energy bills, and the continually rising costs of essential goods. The Food Foundation noted sharp rises in food insecurity across the UK in 2020–21, and the Office for National Statistics also reported increased costs of food, gas and electricity, and fuel between November, 2021, and March, 2022. Many people will be forced to make difficult decisions in the coming months, with vulnerable people disproportionately affected; hundreds of thousands of patients with cancer fall into this category. So what happens when the choice becomes between buying food and heating a home, or between paying rent and travelling for cancer treatments?

Macmillan Cancer Support recently warned that approximately one in four patients with cancer in the UK—accounting for almost three quarters of a million people—are already struggling with the cost-of-living crisis. Many patients with cancer, whose diagnosis and treatment were already delayed by the COVID-19 pandemic, have finally started their treatment, but are now resorting to eating fewer meals, sleeping in cold rooms to avoid heating expenses, and washing clothes and bedding less frequently, or not at all. Patients with cancer and their caregivers in high-income countries already spend more than 15% of their income on cancer-related out-of-pocket expenditure; a figure that can go up to 40% or more in low-income and middle-income countries. The consequence of the current crisis might well be that the increase in costs of living risks becoming irreconcilable with continuing cancer treatment.

The situation is further compounded by the fact that lower incomes are often associated with poorer quality diets, which have been linked to higher risks

of developing, and worse outcomes from, cancer. The relationship between high levels of adiposity—an important marker of poor nutrition—and malignancy is becoming clearer and better understood. As patients with cancer are forced to make difficult choices with increasingly restricted budgets, more and more patients with cancer, including those who are overweight or obese, also become at risk of malnourishment, which further complicates their prognosis.

Disentangling the links between economic recession and life expectancy can be complicated. In times of economic strain, it is not difficult to understand that people will generally prioritise buying food over alcohol or tobacco, for example, but even that cannot compensate for the financial imbalance with which many people are already struggling. It is not simply a consequence of the conflict in Ukraine, or of the COVID-19 pandemic, or even of Brexit woes—the beginning of the strain stretches much further back, and its origins can be pinpointed to at least as far back as the Great Recession that reached its worst point in 2008. Data from this period show that calorie intake in middle-income countries increased, not a consequence of more food availability but rather of worse diets, rich in calorie-dense but not otherwise nutritious food. If lower income leads to worse health, which in turn leads to higher health expenditures and even less disposable income for families, the vicious cycle that ensues can be hard to break. With the culmination of a crisis some 15 years in the making, the social safety net appears to have already stretched as far as it will go.

At a time when cancer screening, diagnosis, and treatment has been so severely affected by the COVID-19 pandemic, and with early reports that it could take years to clear the backlog, leaving patients with cancer to fend for themselves in the middle of a growing cost-of-living crisis might be the final push into previously unimagined rates of cancer mortality worldwide. It remains to be seen what social and public health measures will be pursued by governments in a last attempt to rescue an entire cohort of patients with cancer, but leaders who pursue the misguided belief that current events will sort themselves out will be left with a disproportionate excess of avoidable deaths on their hands. ■ *The Lancet Oncology*



For news on the UK Government announcement regarding the emergency budget see <https://www.theguardian.com/business/2022/may/11/michael-gove-angers-cost-of-living-campaigners-ruling-out-emergency-budget>

For The Food Foundation's report on food insecurity see <https://foodfoundation.org.uk/publication/government-data-food-insecurity-during-pandemic-data-story>

For the Office for National Statistics report on cost of living in Great Britain see <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/articles/therisingcostoflivinganditsimpactonindividualsingreatbritainnovember2021tomarch2022>

For Macmillan's report on the cost-of-living crisis see <https://medium.com/macmillan-press-releases-and-statements/hundreds-of-thousands-of-cancer-patients-simply-cant-afford-life-as-the-cost-of-living-crisis-2d75712a5a41>

For media coverage of the cost-of-living crisis for patients with cancer see <https://www.theguardian.com/society/2022/apr/29/cost-of-living-crisis-forces-uk-cancer-patients-to-cut-back-on-food-and-heating>

For the study on out-of-pocket cost burden of cancer care see *Curr Oncol* 2021; **28**: 1216–48

For the study on household income and diet quality see *BMC Public Health* 2019; **19**: 231

For the study on body-mass index and risk of endometrial cancer see *BMC Med* 2022; **20**: 125

For the study on the impact of the 2008 recession on dietary intake see *Int J Behav Nutr Phys Act* 2021; **18**: 57

For the post-COVID-19 backlog see *News Lancet Oncol* 2021; **22**: 910