

Report

Support for Employees Who Continue Working during Cancer Treatment

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Abstract

Recent years have seen a growing number of employees who want to work while undergoing cancer treatment. This trend is partly attributable to shorter hospital stays and rising survival rates as a result of medical advances. The Amended Cancer Control Act, which was enacted in 2016, requires employers to consider continued employment of patients with cancer. In response, companies and hospitals have begun providing support for patients who continue to work while undergoing cancer treatment. Some companies have introduced various measures including paid medical leave, flexible work arrangements, and relevant procedural manuals. Also, systems are being set up so that consultants from the cancer consultation/support centers located at nationally designated cancer hospitals can provide advice on continued employment. In this context, we conducted a questionnaire survey to understand the situation of employees who continue to work while undergoing cancer treatment and to clarify factors at the workplace that facilitate their work. The results show that encouragement to complete daily tasks within regular working hours, ease of communication with superiors, and ease of consultation about the disease are important factors in making those employees feel needed at their workplace. There are several important aspects of promoting support for employees who continue to work during cancer treatment. Companies should not only reexamine the ways in which their employees work, but also show their intent to support both treatment and work in cases of illness, and companies should create a culture in which employees can easily seek consultation. Also, hospitals must provide information from the standpoint of the patient's continued employment, such as the schedule of upcoming treatments.

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The original report is available at https://www.murc.jp/report/rc/journal/quarterly/2017_04/.

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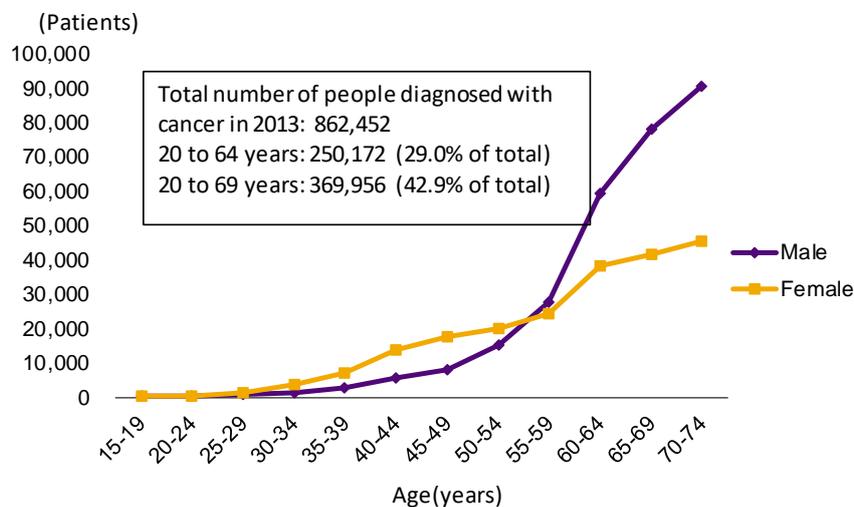
Introduction

This paper considers the recently emerging topic of support for employees who continue to work during cancer treatment and discusses measures that companies and medical institutions should take to provide such support. This paper first outlines the circumstances in which support for working during cancer treatment has attracted attention and the various current efforts made by the national and local governments, companies, and medical institutions. Then, based on results from the Survey on Working during Cancer Treatment, which was conducted by Mitsubishi UFJ Research and Consulting in 2015, this paper describes the current situation including how employees who work during treatment utilize support programs, how companies support such employees, and what kinds of difficulties these workers face. Lastly, taking into account the current measures and the reality revealed by the survey, this paper discusses future measures that companies and medical institutions will need to take.

1. Why Is Continuing Working during Cancer Treatment an Issue?

Recent issues faced by companies include how employees with personal illness or injury can continue to work while receiving treatment, as well as how employees maintain balance between work and childrearing or family caregiving. From among various diseases, this paper focuses on cancer and continuation of work during treatment because the number of working-age cancer patients has been on the rise. According to nationwide estimates of cancer incidence based on data from regional cancer registries, cancer patients aged 20 to 64 years account for 29.0 percent of all cancer patients (Figure 1). Also, according to the Ministry of Health, Labour and Welfare, 325,000 people receive outpatient cancer treatment while continuing to work.¹ This situation can be attributed to higher cancer survival rates as a result of medical advances and to shorter hospital stays as a result of outpatient treatment becoming mainstream.^{2,3} In other words, instead of leaving their jobs to concentrate on treatment, cancer patients are increasingly able to continue working while receiving regular outpatient treatment after a brief hospitalization. Cancer is becoming a disease that survivors live with for a long time rather than an incurable disease.

Figure 1: Number of male and female cancer patients by age group (2013)

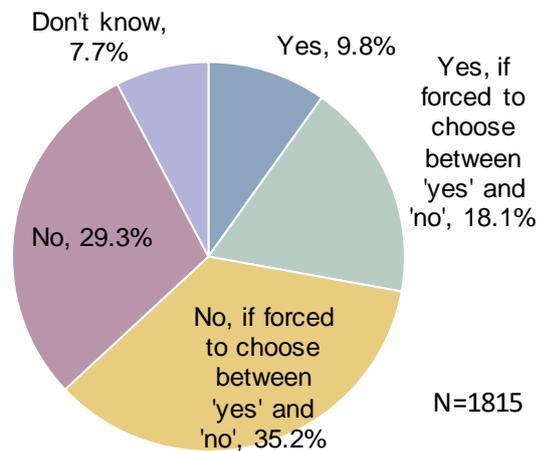


Source: Cancer Registry and Statistics. Cancer Information Service, National Cancer Center, Japan

While it has become medically feasible for cancer patients to continue working during treatment, a gap exists between this medical trend and both the public's views and the actual situation in the workplace. A survey by the Cabinet Office asked respondents whether they thought workers in Japanese society today could continue working if they needed to visit a medical institution for cancer treatment or follow-up examinations once every two weeks. Of respondents, 64.5 percent did not think so (Figure 2; more specifically, 35.2 percent selected the option "no, if forced to choose between 'yes' and 'no'", while 29.3 percent simply selected "no"). In addition, a survey conducted by a research group from the Ministry of Health, Labour and Welfare shows that 34 percent of workers who receive a cancer diagnosis leave their jobs, and another survey reveals that about 40 percent of those who left their jobs did so before starting treatment.^{4,5} The most common reasons for leaving their jobs reflect their uncertainties about cancer treatment and include reasons such as not wanting to put a burden on colleagues, expecting the effects of cancer on the body to make it mentally or physically impossible to work, and not being confident about continuing working during treatment. It is true that the condition of cancer patients varies depending the specifics of each case, and some workers will have to leave their jobs to concentrate on treatment. However, it is not desirable for both workers with cancer and their companies if patients leave their jobs because of vague anxieties or a lack of understanding at the workplace even though they are willing and able to work.

Within this context, the national and local governments, companies, medical institutions, and various other entities have begun to support workers who continue to work while undergoing cancer treatment. The next section provides an overview of such support provided by these various entities.

Figure 2: Is it possible in Japanese society today to continue working if cancer patients need to visit a medical institution for treatment or follow-up examination once every two weeks?



Source: Cabinet Office. (2016). Opinion Poll on Cancer Control.

2. Current Measures

2.1 Measures Taken by the National and Local Governments

The 2016 Amended Cancer Control Act requires employers to consider continued employment of cancer patients. Also, the Work Reform Action Plan, which was created in March 2017, discusses the topic of continuing to work while receiving treatment for a disease and advocates the following: efforts by companies to change workplace attitudes and create systems for accommodating employees with a disease; measures to promote a three-actor support system consisting of the primary physician, the company or occupational health physician, and a work-treatment support coordinator; and measures to enhance the role of occupational health physicians and occupational health services. Furthermore, the Third Basic Plan to Promote Cancer Control, which will be set in the same year, is expected to include employment support measures that center on the idea of living with cancer.

In February 2016 the Ministry of Health, Labour and Welfare published the Guideline for Businesses Supporting Employees' Treatment and Work and has shown what kinds of measures companies should take in supporting employees' work during treatment. The Ministry also plans to launch a pilot program that assigns work-treatment support coordinators to medical institutions that provide cancer treatment. The coordinators include nurses and medical social workers, and their expected role is to consult with the patient, the primary physician, and the company to prepare a plan for the patient's return to work.

At the local government level, Tokyo has implemented programs that grant awards or subsidies to companies that actively support employees who continue working during treatment. In Okayama Prefecture and Oita Prefecture, their labor bureaus have created teams that promote prefectural measures to support employed patients in work and treatment. These efforts at the prefectural level have just begun, and similar efforts are expected to be made by more local governments.

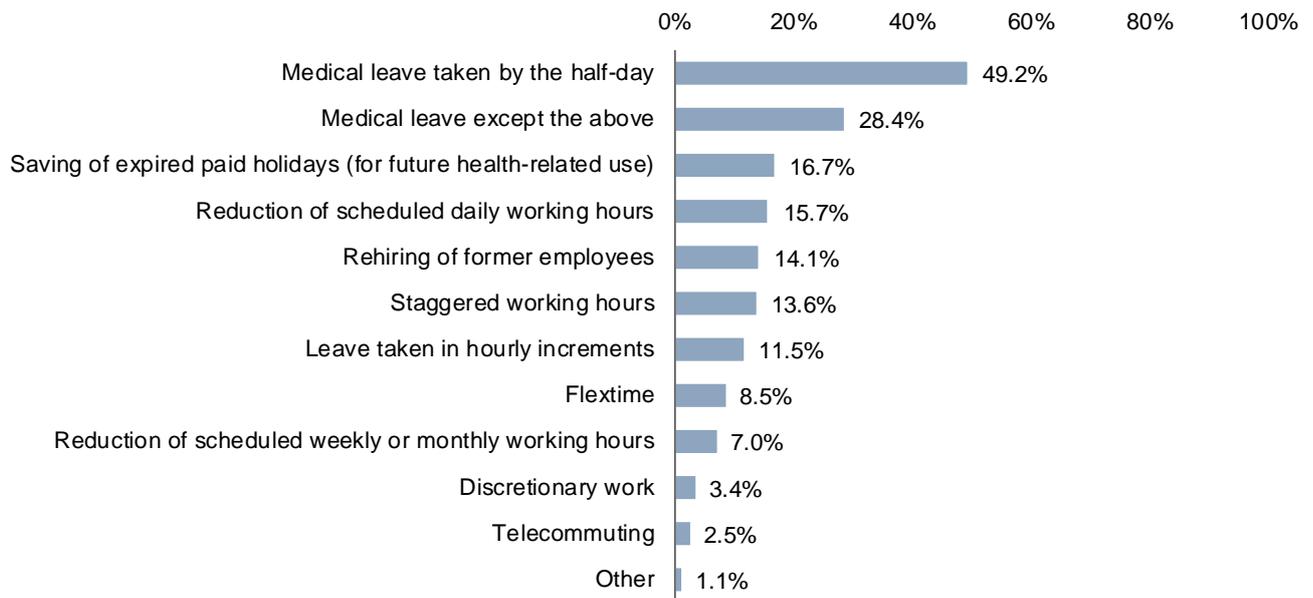
2.2 Measures Taken by Companies

Prior to the aforementioned measures taken by the national and local governments, companies voluntarily started to support employees' efforts to continue working during cancer treatment. Companies have taken various measures: cancer education through an e-learning platform; paid medical leave; leave that can be taken in half-day or hourly increments, and staggered working hours; flexible work schedules that fit with treatment schedules; preparation of a workplace manual to handle cases of medical leave; and support for a gradual return to work in cooperation with an occupational health physician.

Not many companies, however, are taking the measures described above. A survey conducted by the Tokyo prefectural government provides data on companies that have programs available for the purpose of supporting treatment of personal illness or injury. According to the data, while a little less than half of companies offer medical leave that can be taken in half-day increments, other programs are offered by low percentages of companies: 13.6 percent of companies offer staggered working hours, and 11.5 percent offer medical leave taken in hourly increments (Figure 3). Also, companies have different approaches to dealing with employees' personal illness or injury: 61.7 percent of companies handle cases on an individual basis, 15.5 percent allow employees to return to work after a full recovery, and 12.0 percent have employees gradually return to work on a provisional basis or

under some other arrangement. With regard to difficulties experienced by companies that had an employee or employees who took medical leave due to personal illness or injury for a month or longer, 60.2 percent of such companies point to uncertainty about prognosis and treatment outcomes, and 51.9 percent point to difficulty in assessing the possibility of a return to work. These issues cannot be solved by companies alone, and individual patients need to share information obtained from medical institutions with their companies. Survey data suggest, however, that many companies currently have problems in establishing such cooperative activities.

Figure 3: Corporate programs supporting flexible ways of working: Proportion of companies that have a given program available for personal illness or injury (regular employees)



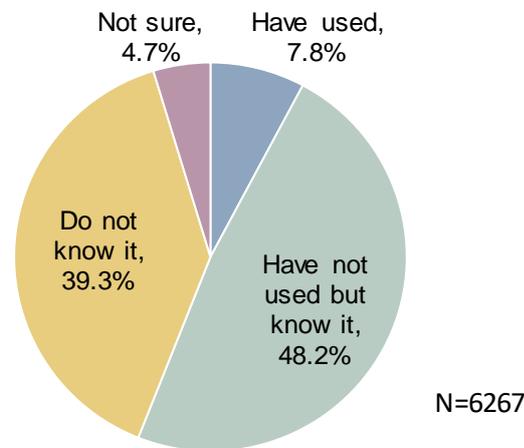
Source: Bureau of Social Welfare and Public Health, Tokyo Metropolitan Government. (2014). Report on the Survey on Cancer Patients' Employment.

2.3 Measures Taken by Medical Institutions

Medical institutions have also started to take various measures. Cancer consultation support centers have been set up at about 400 core medical institutions for cancer treatment (hereinafter, core medical institutions) that are located nationwide. At these support centers, medical social workers and nurses serve as cancer consultants and discuss various cancer-related issues. In recent years, efforts have been made to create a system that enables the cancer consultation support centers to answer questions regarding continuation of work during treatment: employment support has been added to the topics covered in training programs for cancer consultants, and cooperative relationships have been established with certified social insurance consultants (*shakai hoken romu shi*) and job placement offices (called Hello Work). Some medical institutions organize consultation sessions on employment or forums in which medical social workers or nurses serve as moderators and encourage participating patients to share their concerns. Also, some medical institutions have started to offer nighttime outpatient treatment to make it easier for working patients to receive treatment.

There are, however, issues with measures taken by medical institutions. First, the existence of cancer consultation support centers is not well known. According to a survey of cancer patients at core medical institutions, only 7.8 percent of patients have used services offered by support centers, whereas 39.3 percent do not know about their existence and 4.7 percent do not remember whether they had any interactions with them (Figure 4). It is notable that even among patients at core medical institutions, the proportion of those who do not know about the existence of cancer consultation support centers is as high as about 40 percent. Second, it has been pointed out that not only patients, but also medical institution staff outside of cancer consultation support centers generally do not know the role of these centers.⁶ Because the existence of the consultation support centers is not well known among patients, it is important for the staff at medical institution, including physicians and nurses who actually interact with patients, to identify patients who have concerns and refer them to consultants. However, such cooperative activities are not currently established at many medical institutions. Third, many cancer consultants lack necessary knowledge and skills. A number of consultants have no experience with employment support and do not have basic knowledge of labor laws and relevant government programs. In addition, patients seeking consultation often do not know that they can ask questions about work; therefore, the extent to which employment-related concerns get heard depends on ability of individual consultants.

Figure 4: Utilization and recognition of cancer consultation support centers (by patients at core medical institutions for cancer treatment)



Source: National Cancer Center, Center for Cancer Control and Information Services. (2015). Japan's Cancer Control According to Data. (Study on Creation of Progress Management Indicators for Cancer Control and Their Measurement Systems)

This section has provided a brief overview of the current measures taken by various entities. The next section considers results from a survey conducted by Mitsubishi UFJ Research and Consulting and clarifies what programs are utilized by cancer patients who actually continue working during treatment, how they work, what issues they face, and what factors are important in increasing their sense of job satisfaction.

3. Situations of Employees Who Continue Working during Cancer Treatment

3.1 Outline of the Survey

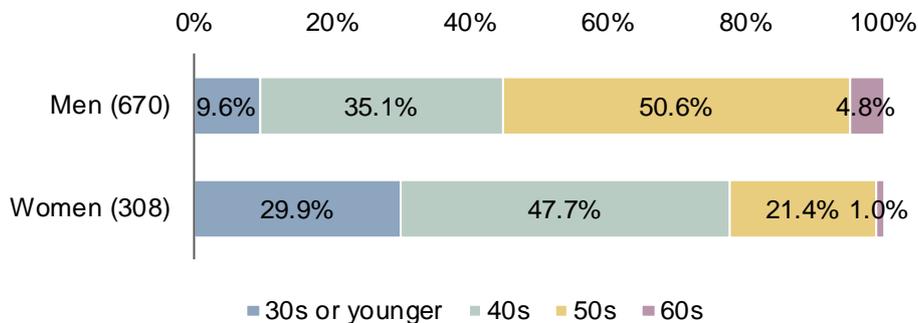
Based on results from the Survey on Working during Cancer Treatment, which was conducted by Mitsubishi UFJ Research and Consulting in August 2015, this section analyzes the situation of employees who continue working during cancer treatment. The survey was an online questionnaire survey.⁷ The respondents were men and women aged 65 years or younger who were regular employees at the time of cancer diagnosis within the preceding 10 years and continued with the same employment. Primary-sector employees and public servants were excluded from the analysis. The number of valid responses was 978 (670 from men and 308 from women). It should be noted that the sample did not include cancer patients who left their jobs and have not returned.

3.2 Work and Cancer Treatment

3.2.1 Cancer Diagnosis and Treatment

Figure 5 describes the age of male and female patients at the time of cancer diagnosis. A greater proportion of women than men are diagnosed with cancer at the age of 40 years or younger. A reason for this may be that the incidence of breast cancer, which predominantly affects women, starts to increase in the latter half of their 30s. Although not shown in the graph, slightly less than half of the female cancer patients have breast cancer.

Figure 5: Age at cancer diagnosis (men and women)



Note: Sample size is shown in parentheses (N).

Source: Mitsubishi UFJ Research and Consulting. (2016). Survey on Working during Cancer Treatment. (The same source is used for Figures 6 to 22 and Tables 1 and 2.)

Figure 6 shows the stage of cancer at the time of diagnosis. According to the figure, 32.8 percent of respondents were diagnosed with stage 1 cancer, and 20.0 percent were diagnosed with stage 2 cancer. Also, more than 10 percent of respondents did not know the stage of their cancer.

Figure 6: Stage of cancer at diagnosis

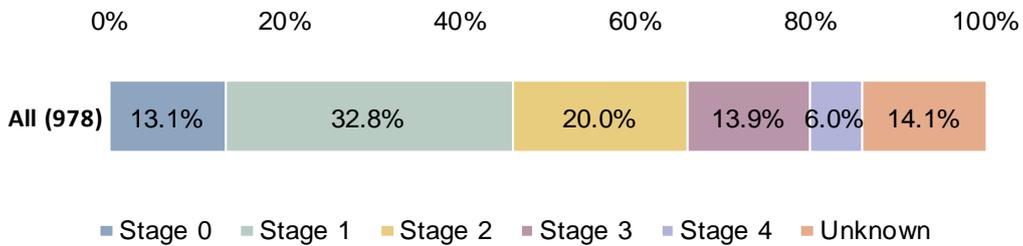


Figure 7 shows the types of treatment that the respondents received. Almost 90 percent of them received inpatient treatment. As for the current status of treatment, 51.5 percent of respondents had completed all treatment and follow-up, 29.4 percent were attending follow-up examinations, and 16.2 percent were receiving outpatient treatment (Figure 8). Also, among the respondents who were hospitalized, 25.5 percent stayed at the hospital for less than 1 week for their first hospitalization, and 58.0 percent answered that their longest hospitalization was 1 week or more but less than 1 month (Figure 9). This result suggests that many cancer patients are discharged from the hospital after a relatively short period of stay.

Figure 7: Types of treatment received

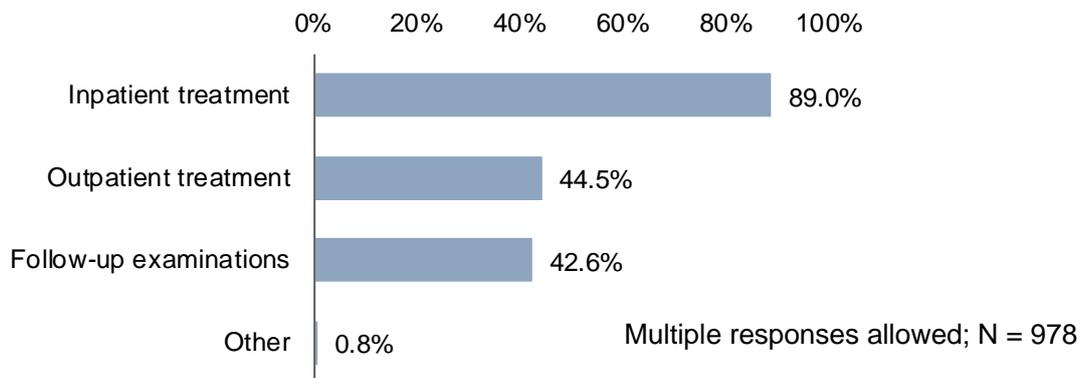


Figure 8: Types of current treatment

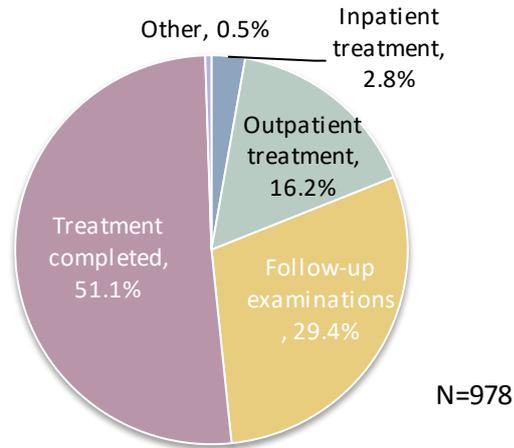
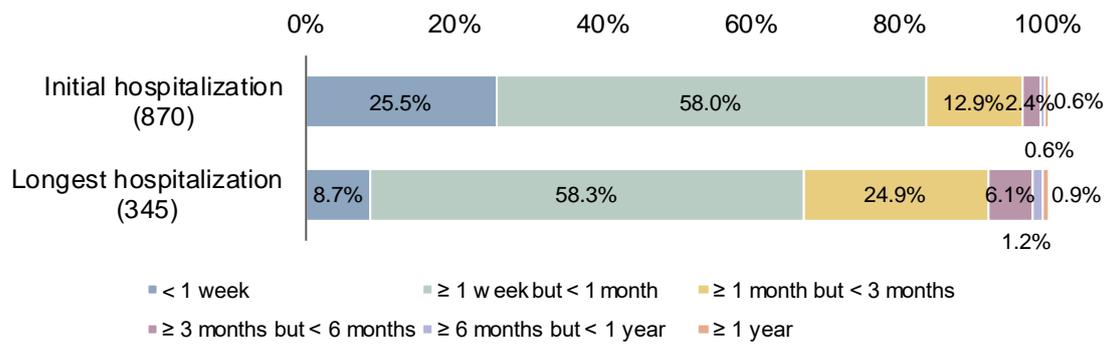


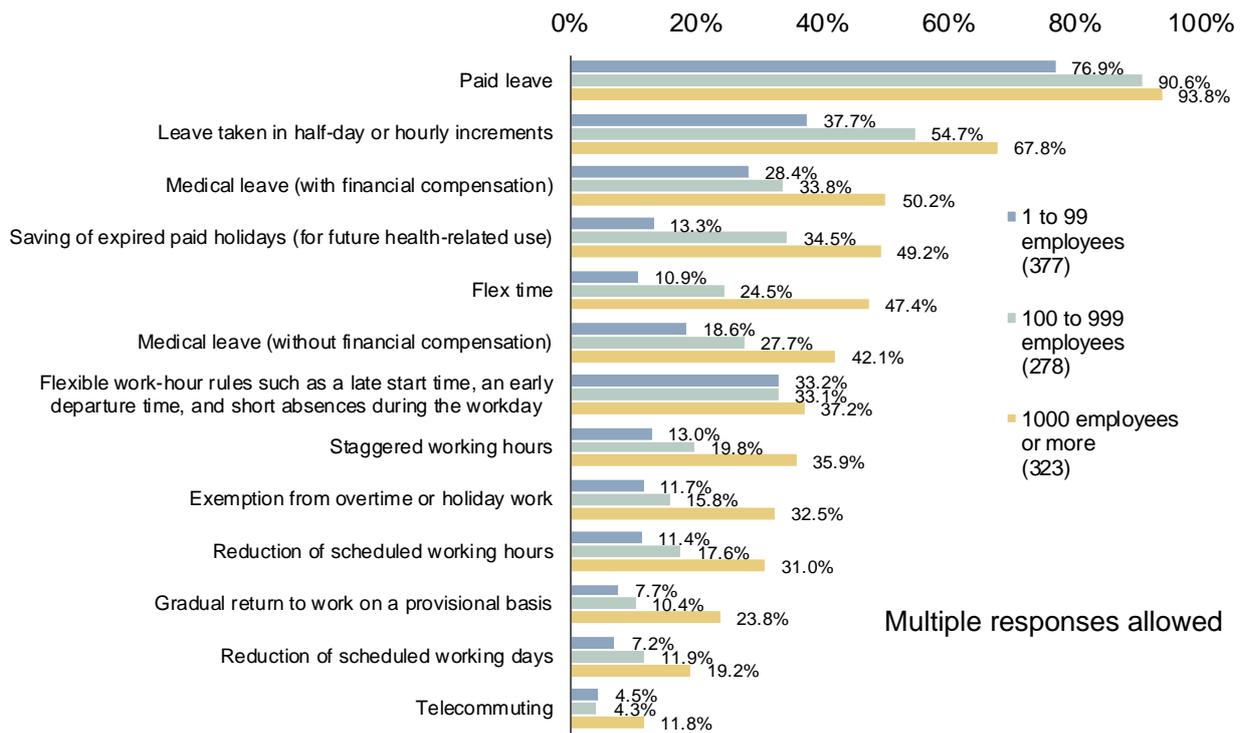
Figure 9: Duration of initial hospitalization and the longest hospitalization



3.2.2 Workplace Programs

Figure 10 describes various support programs offered by companies of different sizes to employees who continue working during cancer treatment. It can be seen that the larger the company, the more likely it offers a given type of support program.

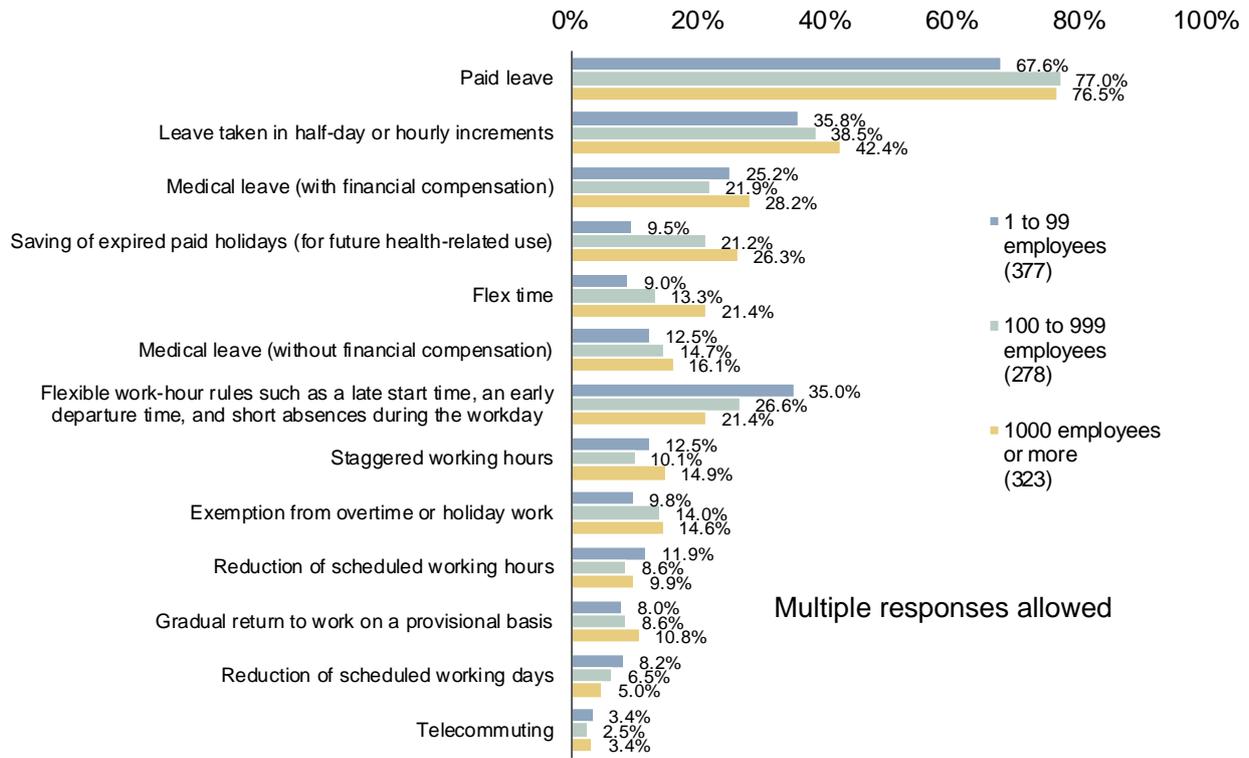
Figure 10: Corporate support programs at cancer diagnosis (by company size)



Note: Percentage indicate the proportion of respondents who answered that a program was present.

In contrast, there are no substantial differences among companies of different sizes in terms of program utilization (Figure 11). However, smaller companies had higher utilization rates for flexible work-hour rules such as a late start time, an early departure time, and short absences during the workday.

Figure 11: Utilization of corporate support programs at the time of cancer diagnosis (by company size)



Note: Percentages indicate the proportion of respondents who used a given program. Even if a was not present, an equivalent measure achieved through workplace adjustments was counted.

3.2.3 Companies' Responses

Figure 12 shows companies' responses at the time of cancer diagnosis. About half of respondents (the highest proportion of respondents) received no particular response from their companies. Only about 30 percent of respondents confirmed their intention and wishes about future work with their company.

Figure 12: Companies' responses at cancer diagnosis (by company size)

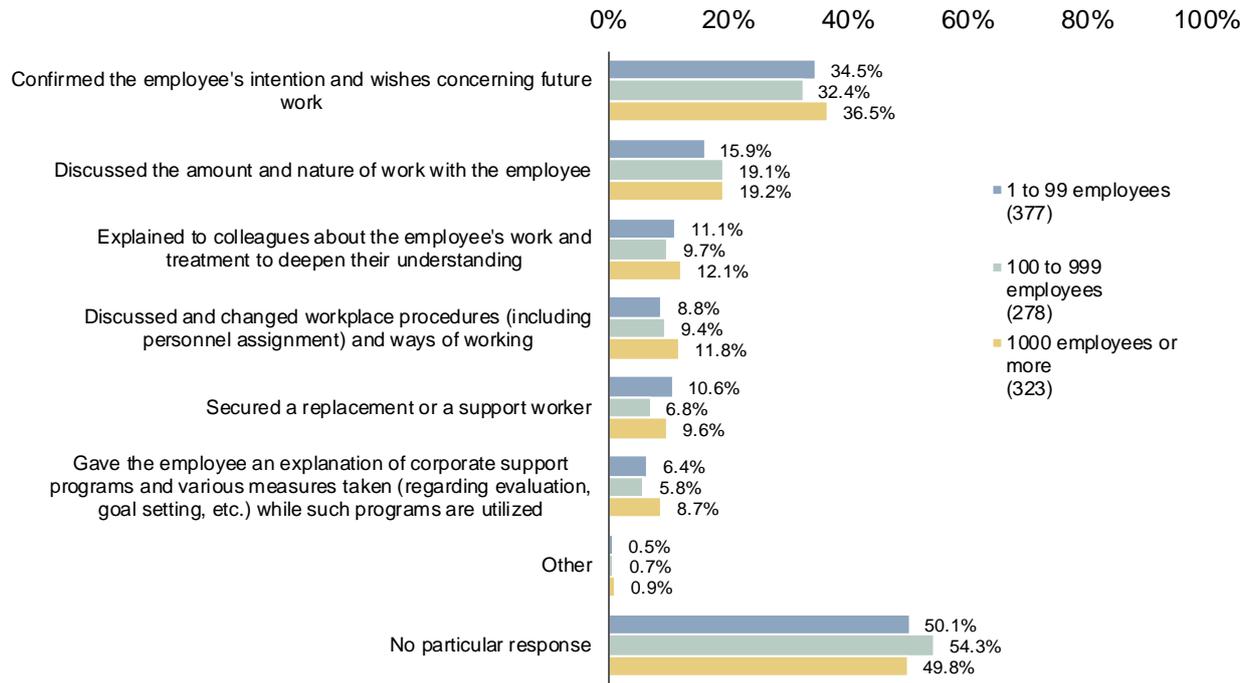
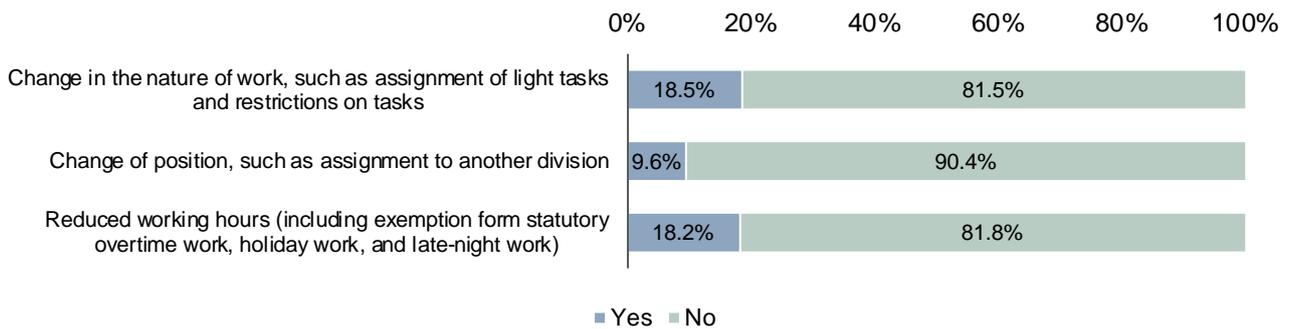


Figure 13 shows work-related changes that occurred after cancer diagnosis. About 20 percent of respondents experienced a change in the nature of their work, such as the assignment of lighter tasks and restrictions on assigned tasks. Also, about 20 percent experienced reduced working hours.

Figure 13: Work-related changes



With regard to consistency between post-diagnosis changes in the nature of work and the patient's wishes, about 30 percent (a relatively high percentage) of respondents who changed positions, such as assignment to a different division, reported that the change was against their wishes (Figure 14). This contrasts with the result that respondents who had a change in the nature of their work or in working hours generally find it consistent with their wishes.

Figure 14: Consistency between post-diagnosis work-related change and the employee's wishes

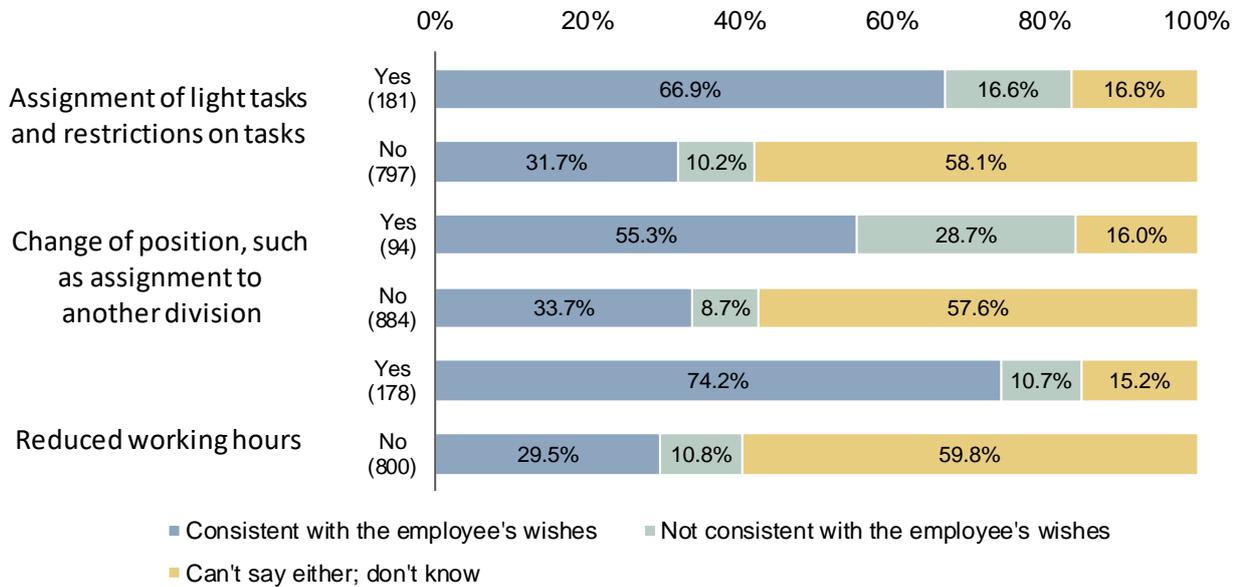


Figure 15 presents difficulties that respondents experienced in continuing to work during treatment. The top three difficulties were as follows: serious anxieties about cancer recurrence (27.2%), difficulty taking leave or sick days for treatment, follow-up examinations, or outpatient treatment (17.0%), and reduced income due to absences from work or changes in their way of working (16.9%).

Figure 15: Difficulties experienced in continuing to work during treatment

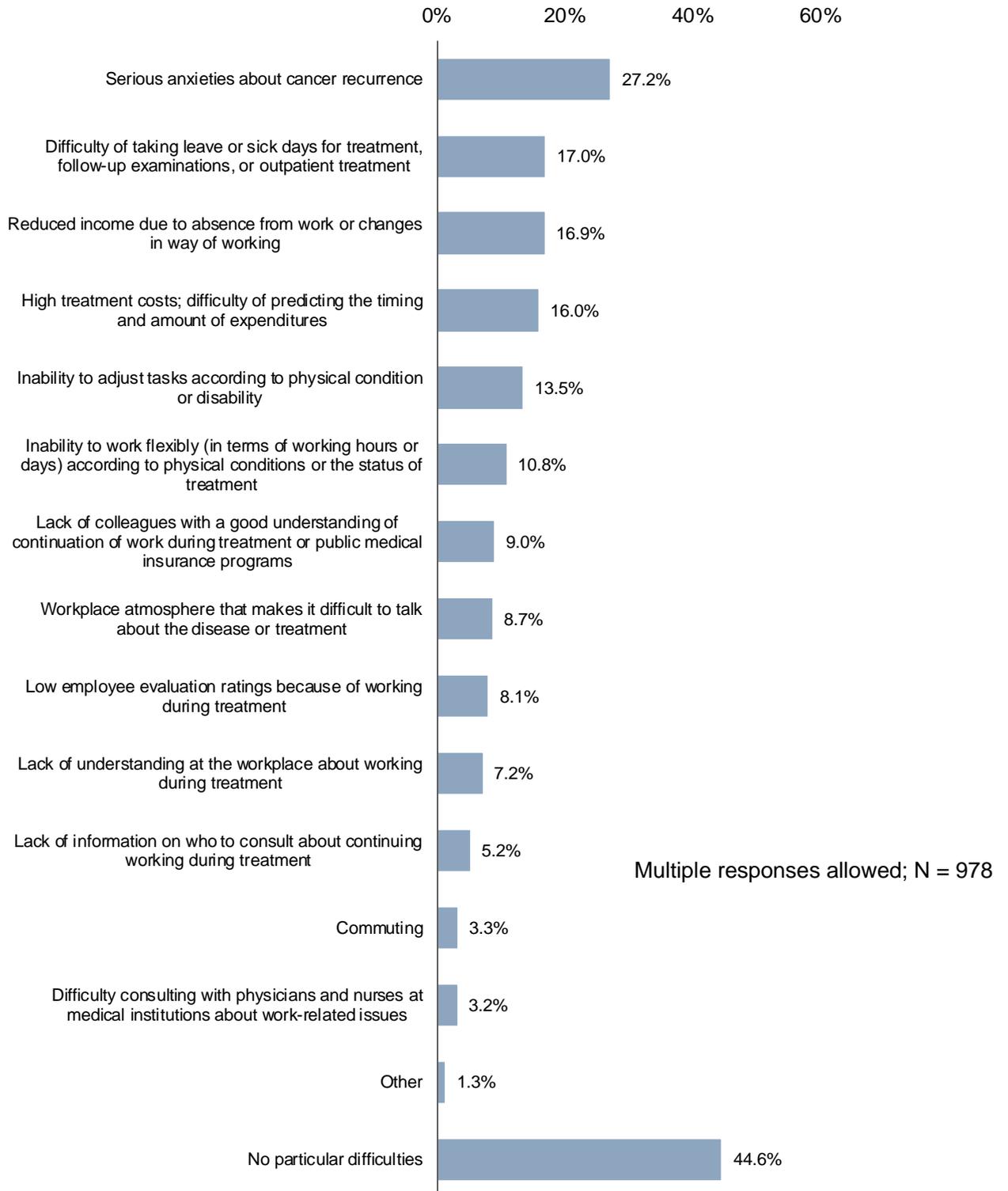
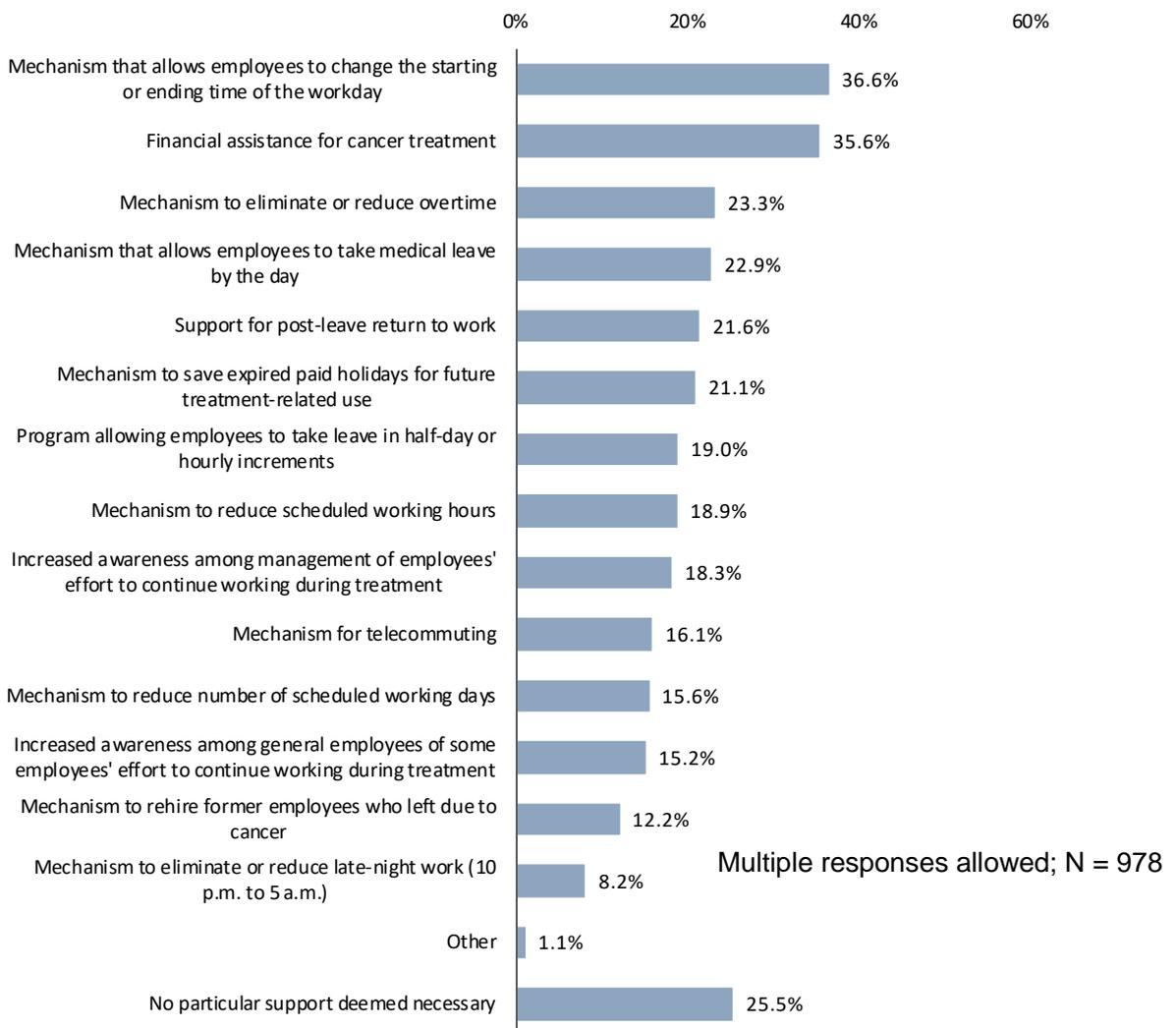


Figure 16 shows the kinds of workplace support that respondents consider necessary. The top four in order of popularity are as follows: a mechanism that allows employees to change the starting or ending time of the workday; financial assistance for cancer treatment; a mechanism to eliminate or reduce overtime; and a mechanism that allows employees to take medical leave by the day. The result shows that employees with cancer seek not only financial assistance, but also mechanisms that allow them to flexibly adjust their working hours according to their treatment schedule and to take short leaves as the need arises.

Figure 16: Kinds of workplace support deemed necessary to continue working during cancer treatment



3.3 Workplace Factors Contributing to Employees' Sense of Being Needed

3.3.1 Method of Analysis

This section performs a cross-tabulation analysis of factors that potentially make employees who continue working during cancer treatment feel that they are needed at their workplace. This sense of being needed is focused on here because it is a prerequisite for truly achieving balance between work and treatment. What are the characteristics of workplaces where cancer patients can work with a sense of being needed despite limitations due to their treatment?

The factors considered in this analysis can be divided into three main categories: working hours, use of support programs, and workplace attributes. Four workplace attributes were considered: management methods that take into account constraints on employees; a system in which colleagues cover work when a cancer patient's is absent; discretion, training, and evaluation; and workplace culture. Table 1 explains the variables used in the analysis.

Table 1: List of variables

■Explained variable	
○Sense of being needed at the workplace	"Applicable" and "Somewhat applicable" are interpreted as "Needed." "Not really applicable" and "Not at all applicable" are interpreted as "Not needed."
■Explanatory variables	
○Current actual working hours per week	Average actual working hours per week during the most recent 1-year period
○Support programs	
Flexible ways of working	1 if one of the following is used: staggered working hours; flextime; telecommuting; gradual return to work on a provisional basis; exemption from overtime or holiday work; reduced scheduled working hours; reduced scheduled working days. 0 if "Do not use but want to" or "Do not use and do not want to."
Various types of leave	1 if one of the following is used: leave taken in half-day or hourly increments; saving of expired paid holidays (for future health-related use); medical leave (with financial compensation); medical leave (without financial compensation). 0 if "Do not use but want to" or "Do not use and do not want to."
○Workplace attributes	"Agree" and "Somewhat agree" are interpreted as "Applicable." "Somewhat disagree" and "Disagree" are interpreted as "Not applicable."

The respondents considered in the analysis are limited to those who had a cancer diagnosis more than 1 year prior to the survey. This timing was chosen because, immediately after diagnosis, employees may not be certain about the possibility of continuing working while receiving treatment. More specifically, since the survey was conducted in August 2015, respondents who received a cancer diagnosis in 2013 or before are considered in the analysis. Consequently, the sample consists of 808 observations. It should be noted that the sample included former patients who had completed treatment. Thus, this analysis concerns not only the continuation of work by current patients during treatment, but also the continuation of work by cancer survivors and their concerns about recurrence and the aftereffects of cancer.

3.2.2 Results

Figure 17 shows the connection between employees' sense of being needed and their current working hours per week. The proportion of respondents who did not feel needed is relatively high among respondents who work 60 hours or more a week.

Figure 17: Connection between employees' sense of being needed and their current working hours per week

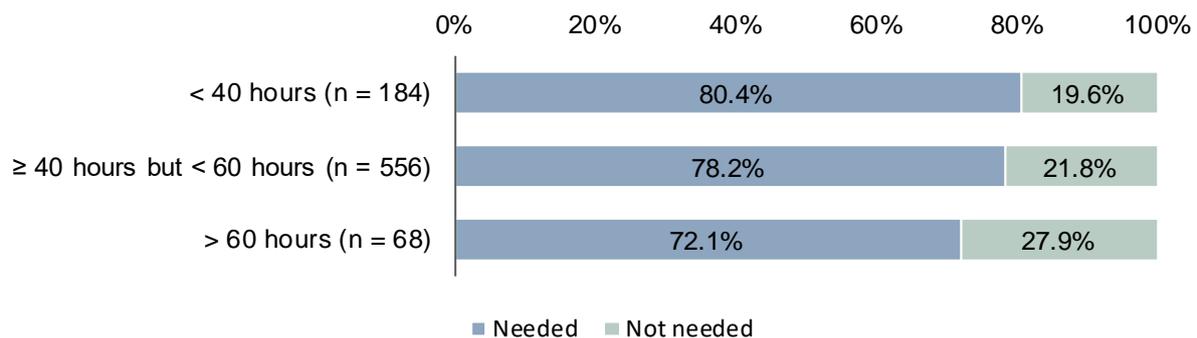
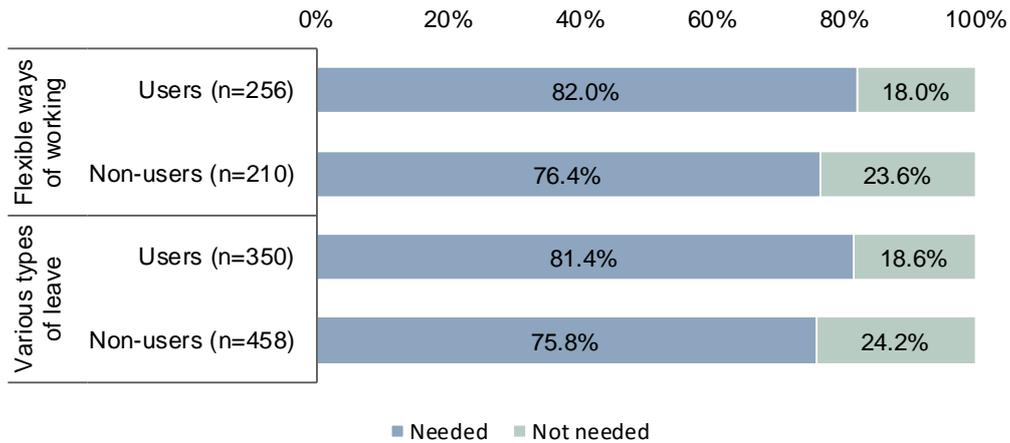


Figure 18 depicts the connection between employees' sense of being needed and their use of corporate support programs. For each of two types of support—flexible ways of working and various types of leave—there is no substantial difference between program users and non-users in terms of the proportion of those who feel needed.

Figure 18: Connection between employees' sense of being needed and their use of corporate support programs



Let us now turn to the role of workplace attributes. Figure 19 focuses on management methods that take into account employees' constraints. The proportion of respondents who feel needed is relatively high for each method if it is implemented at the workplace. In particular, for two methods—work assignment that takes into account employees' lives and careers and encouragement to complete daily tasks within regular working hours—there is a relatively large gap in the proportion of employees who feel needed between when the method is implemented and when it is not.

Figure 19: Workplace attributes, part 1: Management methods that take into account employees' constraints (and their connection with employees' sense of being needed)

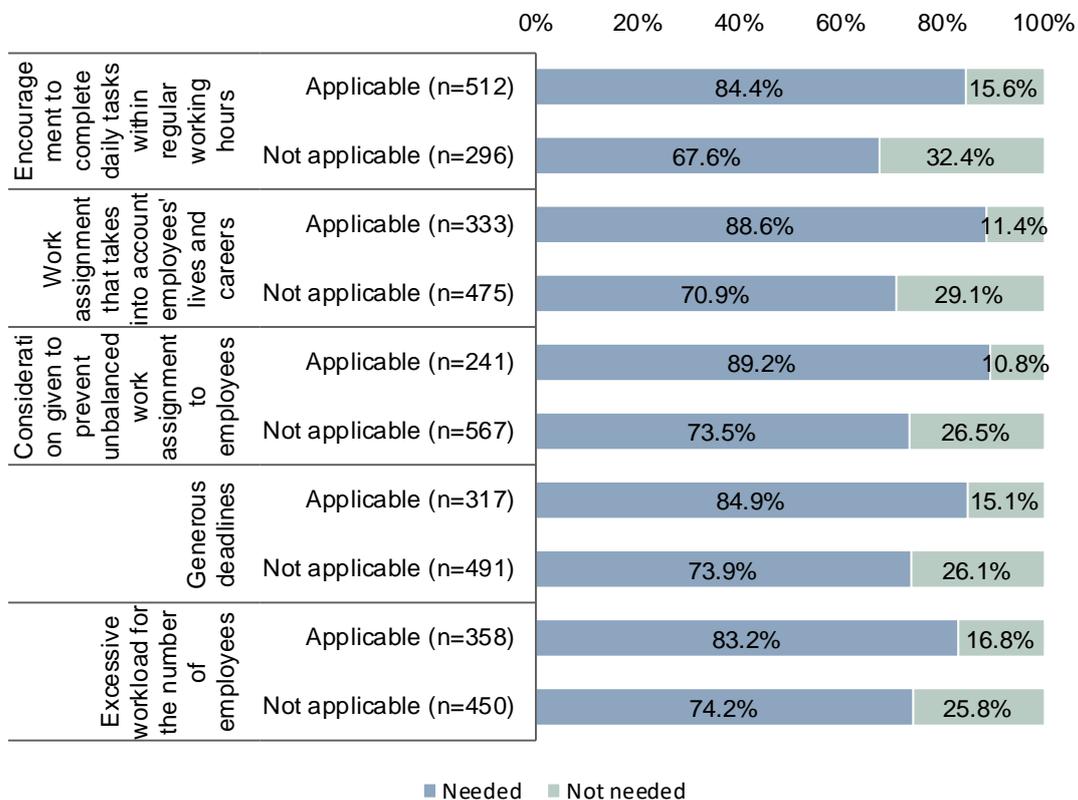


Figure 20 shows the connection between employees' sense of being needed and the presence of a system in which colleagues cover work when a cancer patient is absent. The proportion of respondents who feel needed is about 20 percentage point higher when such a system is implemented than when it is not.

Figure 20: Workplace attributes, part 2: System in which colleagues cover work in a cancer patient's absence (and its connection with employees' sense of being needed)

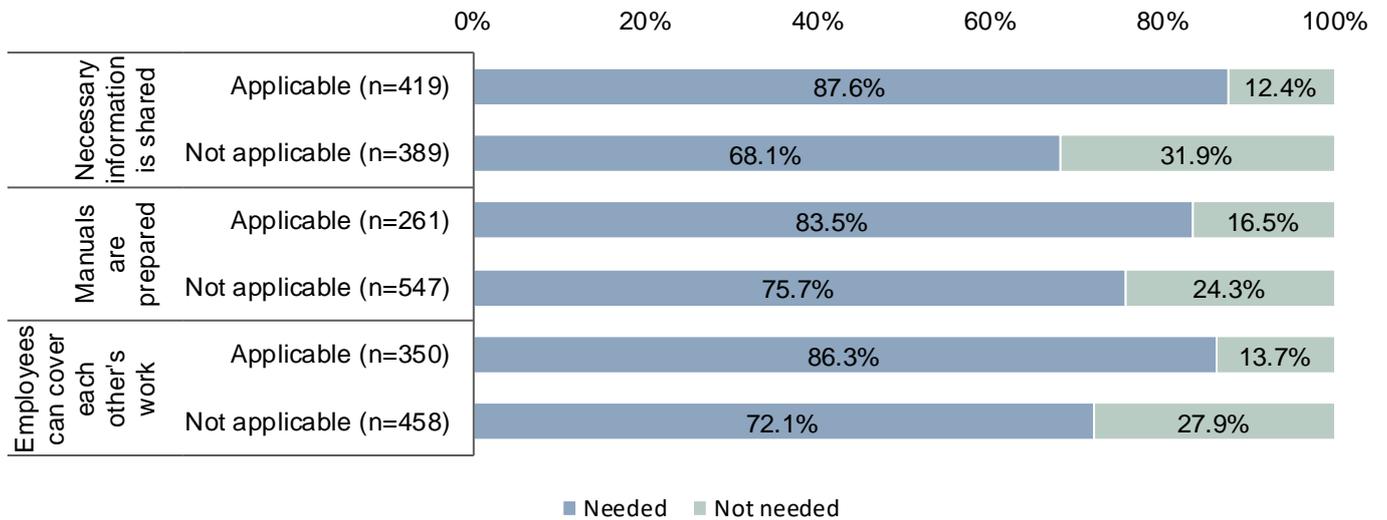
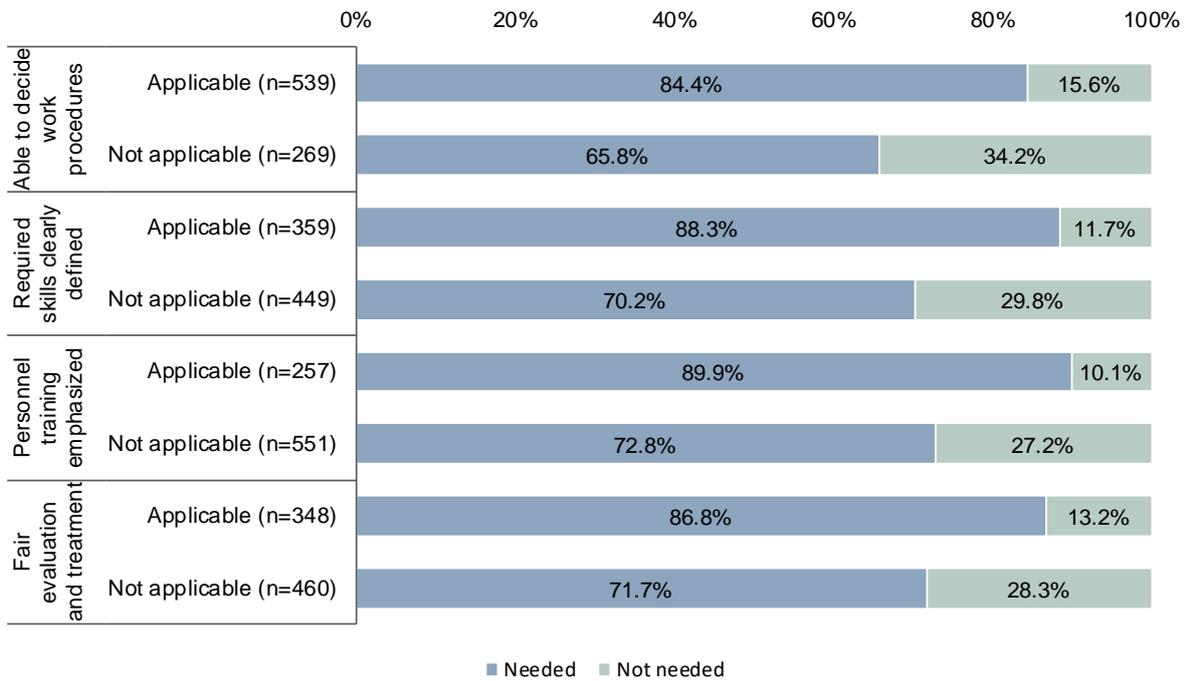


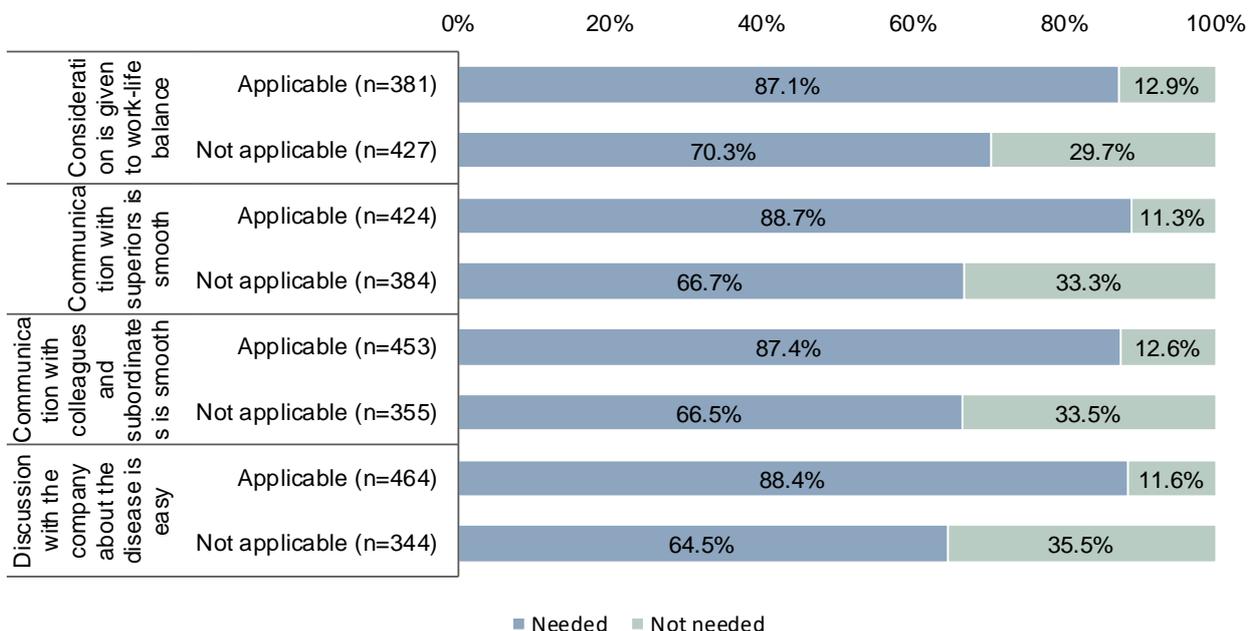
Figure 21 shows the connection between employees' sense of being needed and factors related to discretion, training, and evaluation. For each factor, the proportion of respondents who feel needed is more than 15 percentage point higher when the given factor applies to the workplace than when it does not. This result implies that a workplace can enable employees with cancer-related constraints to play an active role if they have substantial discretion, if they are evaluated and treated fairly, if required skills are clearly defined, or if personnel training is emphasized.

Figure 21: Workplace attributes, part 3: Discretion, training, and evaluation (and their connection with employees' sense of being needed)



Lastly, Figure 22 shows the connection between the employee's sense of being needed and workplace culture. The proportion of respondents who feel needed is 20 percentage point higher when communication with superiors is smooth (or communication with colleagues and subordinates is smooth, or discussion with the company about the disease is easy) than when it is not. For cancer patients, it seems important for the workplace to have an atmosphere that makes it easy to communicate with others or talk about the disease.

Figure 22: Workplace attributes, part 4: Workplace culture (and its connection with employees' sense of being needed)



To summarize the above results, Table 2 lists the factors for which the proportion of respondents who feel needed is 15 percentage points higher when the factor applies to the workplace. The size of the increase is particularly large for three factors: smooth communication with superiors; smooth communication with colleagues and subordinates; and ease of communication with the company about the disease. Therefore, ease of communication is crucial for a workplace to be a place where employees with constraints can work with a sense of satisfaction that they are needed. In contrast, the increase is not large for factors related to working hours or corporate support programs.

Table 2: List of results (factors with 15-percentage-point gap)

Factor	Gap
(1) Management methods that take into account employees' constraints	
Encouragement to complete daily tasks within regular working hours	16.8%
Work assignment that takes into account employees' lives and careers	17.6%
Consideration given to prevent unbalanced work assignment to employees	15.7%
(2) System in which colleagues cover work in a cancer patient's absence	
Necessary information is shared	19.5%
(3) Discretion, training, and evaluation	
Able to decide work procedures	18.6%
Required skills defined clearly	18.1%
Personnel training emphasized	17.1%
Fair evaluation and treatment	15.0%
(4) Workplace culture	
Consideration is given to work-life balance	16.9%
Communication with superiors is smooth	22.0%
Communication with colleagues and subordinates is smooth	20.9%
Discussion with the company about the disease is easy	23.8%

Note: The factors listed are such that for each of them the proportion of respondents who feel needed is 15 percentage point higher in the case where the given factor applies to the workplace than otherwise. Factors with a gap of 20 percentage points or more are highlighted.

In sum, the results imply that in terms of making employees feel needed, factors related to the management and culture of the workplace as a whole are more important than individual-level factors such as those related to working hours and corporate support programs.

In passing, Yajima (2016) uses the same data to perform an analysis with future possibility of continued employment as the explained variable. The result shows that factors related to the workplace environment—namely, consideration given to prevent unbalanced work assignment and seamless communication with superiors—are positively associated with future possibility of continued employment. This present paper's analysis cannot be directly compared with Yajima's analysis because of methodological differences. Nevertheless, the common result is that communication with superiors is an important factor but the use of corporate support programs is not. Also, while factors such as encouragement to complete daily tasks within regular working hours and an atmosphere that makes it easy to talk about the disease are not significantly associated with future possibility of continued employment, they are important factors in terms of making

employees feel needed at the workplace. Therefore, in order for employees to work with a sense of satisfaction while undergoing cancer treatment, it is important that the company as a whole facilitates their efficient work and provides an atmosphere that promotes honest conversation.

4. Summary

Taking into account the measures taken by various entities and the reality revealed by various surveys, this final section considers future measures that companies and medical institutions should take.

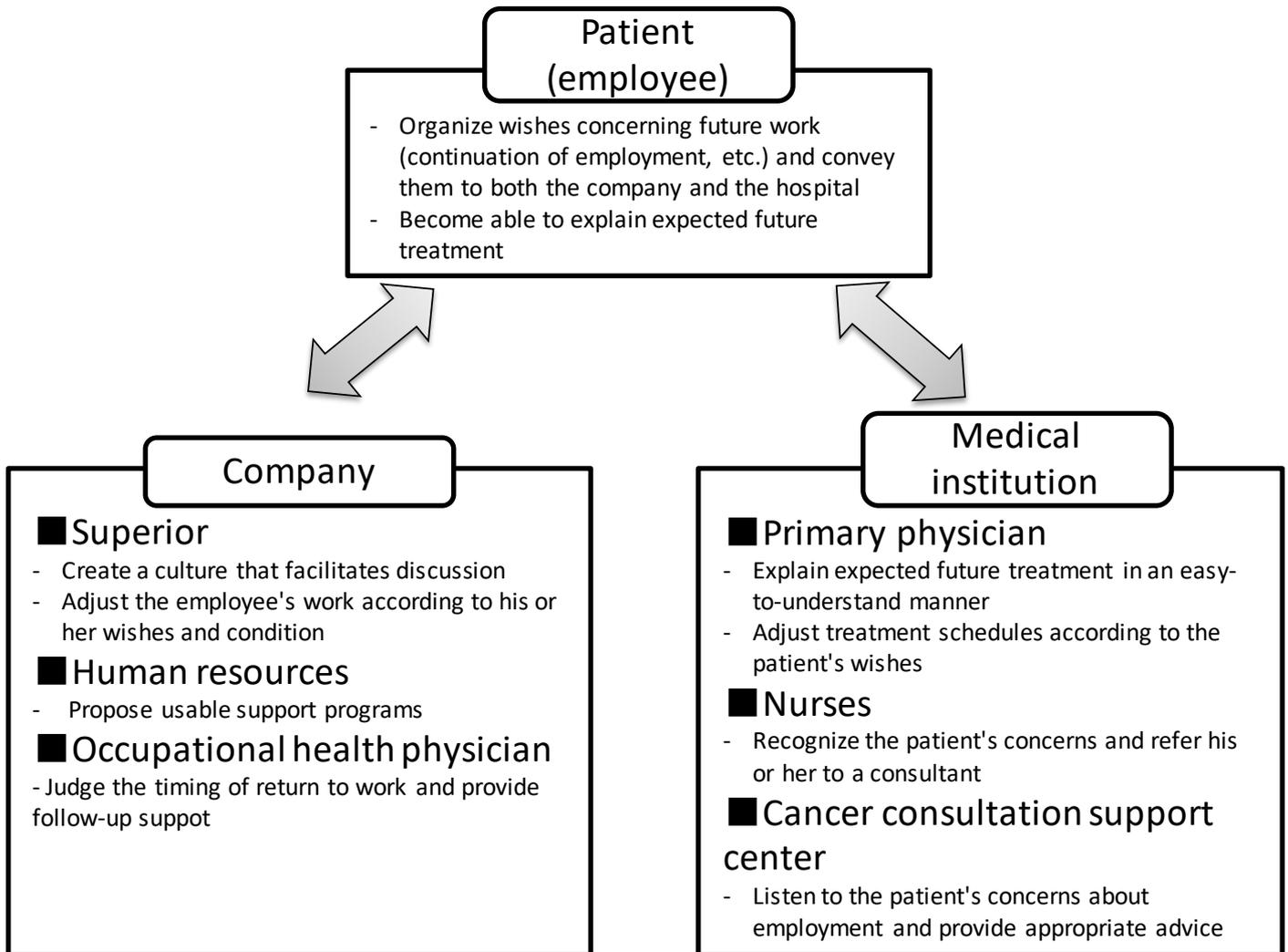
For companies, it is important to shift away from long working hours (not only for employees who continue to work during cancer treatment, but for all employees) to more efficient ways of working. In responding to the needs of employees with constraints, some companies might only create support programs, but not change management methods or employees' ways of working. In that case, employees with cancer may have difficulty playing an active role given their constraints, and may consequently lose their motivation, thinking that they are not needed at the workplace. A similar observation was made for maintaining balance between work and childrearing or family caregiving: the way in which work is performed must be reexamined for the entire workplace in order to encourage employees with constraints to play an active role. Also, in order to create an atmosphere that facilitates discussion about cancer, companies need to hold training sessions that provide correct information about the disease and announce their intention to support employees who continue working during treatment. When an employee reports their cancer to the company (or discusses it with the company), it is important that the company creates an opportunity for the employee, his or her superiors, and human resources to hold a discussion, and that the company responds appropriately based on the employee's explanation of the prognosis and his or her wishes.

To facilitate seamless communication between patients and their companies, medical institutions need to provide information about expected future treatment and its potential effects on the patients' work. The important role of medical institutions is not only to provide easy-to-understand medical information about the necessary length of medical leave, the expected frequency of outpatient visits after hospitalization, and the expected side effects and potential complications, but also to ensure that the patient understands the information well enough to be able to explain his or her future course of action to the company. However, physicians may not have enough time to have detailed discussions with their patients. The cancer consultation support centers are therefore expected to facilitate communication between patients and their primary physicians.

Figure 23 illustrates the roles played by the different actors discussed above. The key to enabling employees with cancer to continue working during treatment is communication among the employees (patients), companies, and medical institutions. However, patients may be so preoccupied with dealing with the emotional impact of their cancer diagnosis that they cannot think about how they can continue working. This is why support provided by both companies and medical institutions is extremely important. They must convey to patients the possibility of continuing to work during treatment and must be willing to respect the patients' decisions.

Creating a society where cancer patients can easily work and realize their potential means that people with other issues can also live their lives without difficulties. Efforts to make it possible to live well with cancer have just started, and the national and local governments, companies, and medical institutions must continue to actively make relevant improvements.

Figure 23: Continuation of work during cancer treatment



Endnotes

1. The estimation was performed by the Ministry of Health, Labour and Welfare based on the 2010 Basic Survey on People's Daily Lives and is published in the Guideline for Businesses Supporting Employees' Treatment and Work.
2. According to data collected by the National Cancer Center, the 5-year overall survival rate (the proportion of cancer patients surviving 5 years after diagnosis) increased from 53.2 percent for those who diagnosed with cancer during the 1993-96 period to 62.1 percent for those diagnosed during the 2006-08 period. (Source: National Cancer Center, Center for Cancer Control and Information Services. (2016). The Survival Rate Report for 2006-08 Diagnoses Based on National Cancer Incidence Monitoring Data)
3. According to the FY 2014 Survey of Patients conducted by the Ministry of Health, Labour and Welfare, the average duration of hospitalization for cancer patients declined from 40 days in 1999 to 20 days in 2014.
4. The former survey was conducted by a joint research group on the sociology of cancer (led by chief researcher Ken Yamaguchi and supported by a Kakenhi grant and a cancer research grant from the Ministry of Health, Labour and Welfare). The result was published in 2004. A similar survey was conducted in 2011. There was no substantial difference in the percentage between the two surveys.
5. The latter survey is the Multicenter Survey on the Timing of Leaving Work conducted by the Takahashi research group (supported by a Kakenhi grant from the Ministry of Health, Labour and Welfare). Its result is discussed in On the Current Situation Involving Cancer Patients and Support for Their Employment (Specific Disease Control Division, Health Service Bureau, Ministry of Health, Labour and Welfare, 2016).
6. The information is based on the Current Situation and Issues Involving Cancer Consultation Support Centers (a reference material submitted by guest expert Tomoko Takayama at the eighth meeting of the Committee on Cancer Treatment Service Systems).
7. Results from two survey companies were used in order to have a sufficiently large sample. In cases where two observations were possibly from the same person (i.e., a person who responded to both survey companies' questionnaires), one of them was dropped from the sample.

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