

Fight against cancer and protection of workers with oncological conditions: the Community framework

One in three Europeans is diagnosed with cancer during their lifetime and one in four Europeans dies from the disease. In 2006 there were nearly 2,3 million new cancer cases and over 1 million cancer deaths within the European Union. Death rates from cancer in the new Member States are higher than in the EU-15. Moreover, the number of Europeans with cancer is set to increase dramatically by 2015 due to the ageing population.

That's why a new guideline has recently emerged at EU level: to make fight against cancer a European priority, to pursue through an overall strategy involving European institutions, Member States, researchers, health officers and, of course, the patients and their families. The new priority has been evident in the program of the German, Portuguese and Slovenian Presidencies of the EU and the first steps have already been discussed during the round-table on cancer included in the "Health Strategies in Europe" meeting in Lisbon in July 2007 and during the conference "The Burden of Cancer - How Can it be Reduced", in Brdo in February 2008, addressing the topics of prevention, screening, cure and research.

What is the current situation in the European Union in terms of fight against cancer?

According to the first research done to look at recent trends in European cancer incidence, mortality and survival together, cancer prevention and management is moving in the right direction.

The research is published in a special issue of the European Journal of Cancer (the official journal of ECCO – the European CanCer Organisation) on cancer control and coincides with the start of work by the European Commission to draw up a new EU Cancer Action Plan and with the idea launched by the European

Parliament about an interinstitutional EU Cancer Task Force (composed of Members from the Commission, the Council and the European Parliament) which shall meet on a regular basis to collect and exchange best practices for prevention, screening and treatment.

The current EU health policy approach to fight cancer focuses on primary and secondary prevention as well as on information to address lifestyle-related health determinants such as tobacco, alcohol, nutrition and physical activity.

In addition to encouraging people to adopt healthier lifestyles to avoid cancer, the Council of Health Ministers adopted a recommendation on cancer screening in 2003.

Effectively, it appears urgent to focus on prevention and screening, especially considering that an average of only 3% of the OECD countries' total budget for health is spent on prevention as against 97% spent on healthcare and treatment and that big disparities, also from this point of view, divide EU Member States.

Furthermore, the Commission is managing a lot of research programmes and funds to help European research to go ahead (we are going to speak about these programmes and funds later on) and preparing a Communication on cancer (which will be adopted later this year).

The Commission is also monitoring the developments of the Community Strategy 2007-2012 on health and safety and work, closely related to the issue of cancer because, according to a recent study by the trade unions, at least 8% of annual cancer deaths are directly caused by exposure to carcinogens at the workplace.

On its side, the European Parliament has adopted a lot of important Declarations and Resolutions on the fight against cancer, like the Resolution of 25th October 2006 on breast cancer in the enlarged European Union, the Declaration of 11th

October 2007 on the need for a comprehensive strategy to control cancer and the Resolution of 10th April 2008 on combating cancer in the European Union.

All these documents recognise that cancer is caused by many factors in multiple stages and therefore requires a new “cancer prevention program” that addresses lifestyle causes and occupational and environmental causes. They also insist on the fact that dealing with cancer means to consider not only healthcare and treatment, but also prevention and screening and to help people to have the best conditions to live with the disease. For example, psychosocial care of cancer patients can improve their quality of life and improved communication between the many and various actors involved is essential to spread information about research and cares. Interestingly, these documents also shed light on the issue of the (difficult) reintegration in the labour market and of the protection of cancer patients in the workplace.

Actually, the most recent studies show that one fifth of former breast cancer patients do not return to work, although they are deemed fit to do so and that women who return to work are often faced with reductions in their income.

This situation is common to many workers affected by cancer, who often suffer many forms of discrimination (which in some cases can be considered as mobbing) after their return to work.

Therefore, in its Resolution of 10th April 2008, the Parliament invites the Member States and the Commission to work towards the development of guidelines for a common definition of disability that may include people with chronic illnesses or cancer and calls on the Commission to draw up a Charter for the protection of cancer patients and chronically sick people in the workplace with a view to requiring companies to enable patients to continue in employment during their treatment and to return to their normal professional activities. This request had already been launched, with specific reference to patients affected by breast cancer, with the Resolution of 25th October 2006 on breast cancer in the enlarged European Union.

There is here a remarkable convergence between the Resolution of the Parliament and the research project carried out by Adapt, thanks to the co-financing from the European Commission. Adapt's project, by anticipating the Parliament, is aimed indeed at drafting a protocol agreement between the social partners for the protection of workers with cancer and at improving the implementation in the Italian case of the right to part-time work for employees with an oncological condition, as provided by The Biagi Law.

Significantly, in its Resolution of 10th April 2008, the Parliament also exhorts the Commission to take legislative action, where appropriate, and to ensure that Community legislation contains incentives for industry and researchers to engage in ongoing research and to keep on with deploying funds from the Structural Funds and the Seventh Framework Programme for Research with a view to pushing research ahead.

There are a lot of possibilities to get funds from the EU to carry out projects on cancer.

First of all, there is the Seventh Framework Programme for Research (FP7), which allocates funds to health research in the framework of the *Cooperation* programme and of the *Capacities* programme.

The Health theme is a major theme of the Cooperation programme and the EU has earmarked a total of € 6.1 billion for funding this theme over the duration of FP7. Priority is given to biotechnology, generic tools and technologies for human health; translating research for human health (making sure that basic discoveries have practical benefits and improve the quality of life); optimising the delivery of health care to European citizens.

Special attention is given to communicating research outcomes and engaging in dialogue with civil society, in particular with patient groups, at the earliest possible stage, of new developments arising from biomedical and genetics research.

Third Health call expected to be published in two parallel calls on 3 September 2008.

Concerning the *Capacities* programme, it is provided with a budget of almost € 4.1 billion to operate in seven areas, like research infrastructures, regions of knowledge, science in society, support to the coherent development of research policies. For example, The overall objective of the 'Research infrastructures' part is to optimise the use and development of the best research infrastructures existing in Europe. Furthermore, it aims to help to create new research infrastructures of pan-European interest in all fields of science and technology.

Secondly, there is the Second Programme in the field of health 2008-2013. Its financial envelop is more than € 321 million and its objectives are to improve citizens' health security; to promote health, including the reduction of health inequalities; to generate and disseminate health information and knowledge.

Thirdly, there are the Structural Funds, and especially the European Regional Development Fund (ERDF) and the European Social Fund (ESF).

The ERDF can be used in the new Member States for the development of health care structures.

The ESF could provide further training for medical personnel and finance actions aimed at improving information and education activities during the return to work phase.

Lastly, the Competitiveness and Innovation Framework Programme (CIP) aims at promoting all forms of innovation in the enterprises. In this context, it would be

interesting to support innovative projects of corporate social responsibility (CSR), aimed at improving working conditions for people affected by cancer.

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