AN INTERPRETIVE PHENOMENOLOGICAL ANALYSIS OF FINANCIAL TOXICITY IN INDONESIAN CANCER PATIENTS

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INTRODUCTION

- Financial toxicity is an important adverse effect of cancer.
- Recent systematic reviews have shown financial toxicity to be related to the decline of health-related quality of life.
- More investigations in low- and middle-income countries are warranted.

OBJECTIVES

This qualitative study aimed to explore how cancer patients experienced financial toxicity in Indonesia.

METHODS

- Semi-structured in-depth individual interviews with 8 patients (aged 27-69, five females) on Zoom (Jan – May 2022).
- Inclusion: i) at least 23 years old, ii) fluent in Indonesian language, iii) diagnosed with any type of cancer at least five years prior to the interview, iv) possessed health insurance at time of diagnosis, and v) signed informed consent.
- Data was analyzed using interpretive phenomenological analysis (IPA).

RESULTS

THEME 1: FINANCIAL TOXICITY OCCURRENCE

Underinsurance

"I kept using JKN [national insurance scheme]. It helped a lot, even though it did not cover every medical treatment."
(P1, 62, male, lung cancer)

Out-of-pocket non-healthcare costs

".. but we have to think about transport, accommodation, and others. As a patient, it is really a burden. Every three months I have to prepare funds, mostly allocated for transportation and accommodation."
(P4, 36, female, thyroid cancer)

Employment disruption

"I switched jobs because of cancer. I felt working in a corporation with a high workload with at least eight hours of work, and sometimes doing overtime. My body does not agree with this."
(P2, 30, female, thyroid cancer)

THEME 2: FINANCIAL ADJUSTMENT STRATEGY

Budget reallocation

"I divided my money into living, investments, zakat [Muslim charity], and entertainment, too. Only now my healthcare funds have larger portion. It even goes to 40%!"
(P2, 30, female, thyroid cancer)

Family support

"My husband handles every treatment. I gave [control] to him. If he says that there is no money left and this is where I should get treated, then I would obey him."
(P8, 69, female, lung cancer)

Treatment rationalization

"After discussing with my family about costs, we chose the more expensive medicine because it is said that my hair would not fall, no nausea, no tingling, no baldness. The cheaper one, they say, has more side effects"
(P1, 62, male, lung cancer)

Insurance top-up for family

"Now, after I got cancer, the insurance did not want to cover me. It is possible for heart diseases, but when it comes to cancer, they suddenly have all these provisions."
(P3, 62, male, lung cancer)

CONCLUSION

This is the first IPA study on financial toxicity as well as the first qualitative financial toxicity study in Indonesia. We provide an insight into the financial toxicity experiences and coping strategies used by Indonesian cancer patients. The subjective lived experiences of the patients may be considered to further improve oncology care and support.