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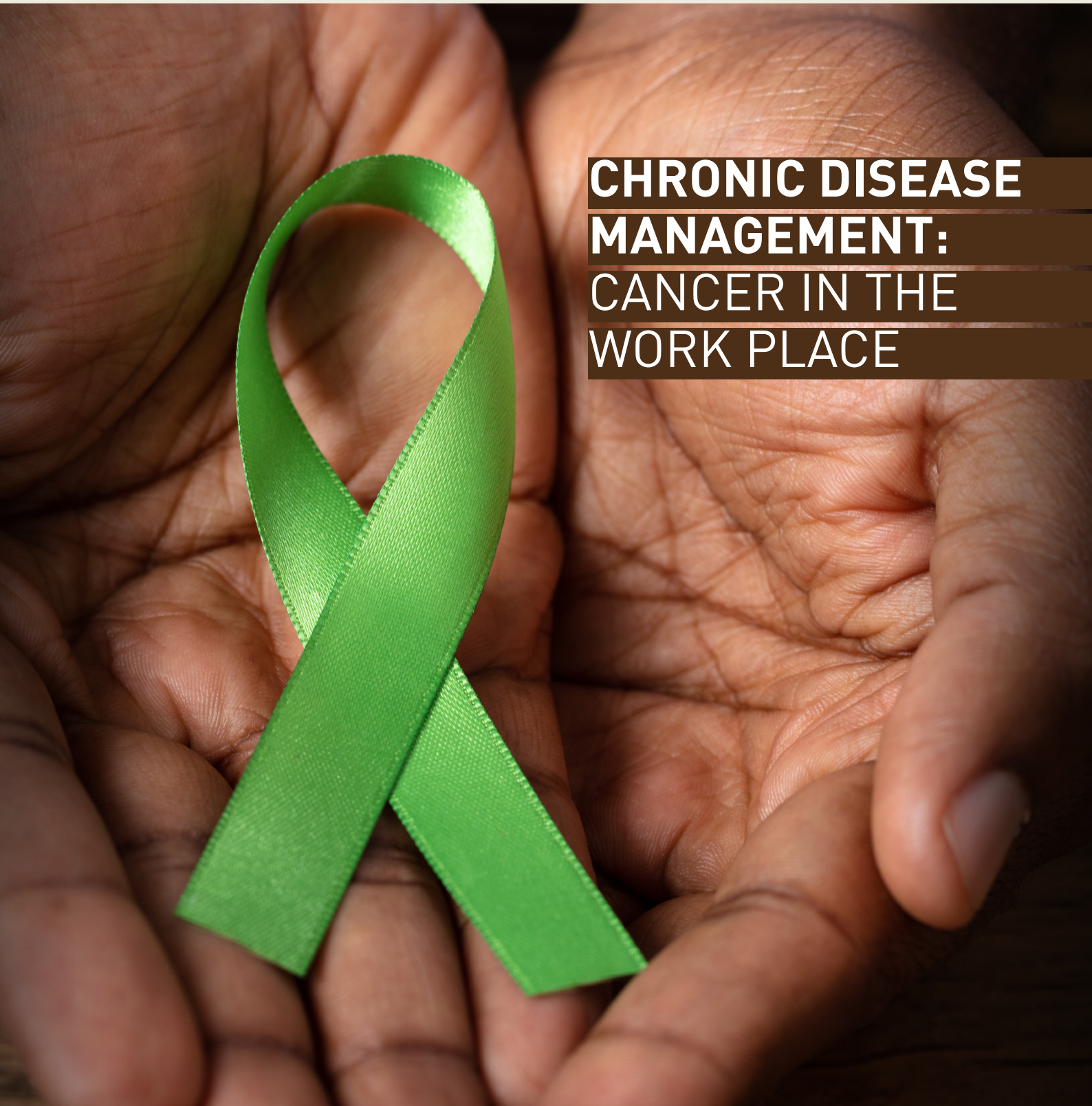
**DECEMBER 2018** · NUMBER 2018/11

# FACT SHEET



## CHRONIC DISEASE MANAGEMENT: CANCER IN THE WORK PLACE

# INTRODUCTION

Cancer has become one of the main killers and a great concern for both developed and developing countries, including South Africa. This pandemic is affecting not only families but also organisations. Although it is emphasised that a healthy lifestyle can reduce the risk of cancer, the reality remains that cancer is affecting many people and employees and has become a wellness priority, thus HR practitioners need to equip themselves better to deal with the disease in the workplace. HIV/AIDS has been given the attention needed but there seems to be a lack to handle cancer in a proficient manner.

> "Regardless of whether you work in the formal or informal sector, or whether its outside or indoors, both employers and employees, working in South Africa, should understand the cancer threats, risks and responsibilities associated with their occupation"
>
> **CANSA**


**This Fact Sheet will cover prevalence statistics, definitions, key facts, policies, the legal framework and HR role.**

# CANCER PREVALENCE AND STATISTICS


## Every year **14 million** people world-wide hear the words:

## "You have cancer"

- **1/4** of South Africans are personally diagnosed or have a loved one, family, friend or colleague with cancer
- **100 000** South Africans are diagnosed with cancer each year
- Environmental and lifestyle factors including smoking, diet and lack of exercise cause **90%** of all cancers
- **6/10** is the cancer survival rate

## Top 5 cancers among SA Men & Women

National Cancer Registry (2013)

**SA Men**
**Lifetime risk 1:6**

1. Prostate
2. Colorectal
3. Lung
4. Origin Unknown*
5. Kaposi Sarcoma

**SA Women**
**Lifetime risk 1:9**

1. Breast
2. Cervical
3. Origin Unknown*
4. Colorectal
5. Uterus

* 'Origin unknown' means that it is not possible to determine where the cancer originated in the body

Source: https://www.cansa.org.za/south-african-cancer-statistics/

According to the World Health Organisation (http://www.who.int/) cancer has been on the rise over the past decades. In 2012 alone, 8.2 million people world-wide were estimated to have died from cancer and more than two-thirds of these deaths occurred in low and middle-income countries. The WHO also stated that common cancers in the African Region are cervix, breast, liver, prostate, Kaposi's sarcoma as well as non-Hodgkin's lymphoma. In South Africa, the number one cancer diagnosed in males is prostate, followed by lung, oesophagus, colon and bladder cancer; and in women the number one cancer is breast followed by cervical, uterus, colorectal and oesophageal cancer. This warrants the fact that organisations should not only concentrate on breast cancer (although it is statistically high) but on cancer in general.

The medical journal (Lancet) predicts that South Africa might face a 78% increase in cancer cases by 2030 (https://www.health24.com/Medical/Cancer/Facts-and-figures/South-Africa-78-increase-in-cancer-by-2030-20120721). And in the global perspective there could be an increase of 75%, which will increase the total of all new cancer cases from 12.7 million in 2008 to 22.2 million by 2030. With this alarming rate, South Africa is ranked 50th on the World Cancer Research Fund's list of countries with highest cancer prevalence.

The Minister of Health, Dr Aaron Motsoaledi, passed new regulations on 26 April 2011. These regulations require all medical practitioners and health facilities to report their cancer confirmation findings to the National Cancer Registry (NCR). NCR is a division of the National Health Laboratory Service and is the most extensive repository of cancer data in South Africa. The legislation allows NCR to establish a population-based cancer registry that will pick up all cancers regardless of the diagnostic method. Its database contains over 1.2 million cancer records, and they receive 80 000 new cases of cancer each year.

For more information on National Cancer Registry, you can click on the link:
www.nicd.ac.za/wp-content/uploads/2017/03/2014-ncr-tables-1.pdf


(Dr Aaron Motsoaledi: Minister of Health)

# DEFINITION OF CHRONIC ILLNESS AND CANCER

"The term chronic as explained by Wikipedia, is applied when the course of the disease lasts for more than three months. Common chronic diseases include arthritis, asthma, cancer, HIV/AIDS, COPD, diabetes and viral diseases such as hepatitis C"( https://en.wikipedia.org/wiki/Chronic_condition).

Cancers can spread or come back later in other parts of the body, for example, breast cancer and prostate cancer can become chronic cancers. Doctors use the term controlled when the tests show that the cancer is not changing over time. In simple terms, a chronic disease is a condition that can be controlled with treatment for longer periods of time; often it cannot be cured but a person can live with it whilst managing the symptoms.

Cancer can affect any part of the body. It can also be referred to as malignant tumours or neoplasm. It is further defined as the rapid creation of abnormal cells that grow beyond their usual boundaries and can then invade adjoining parts of the body and spread to other organs; when it spreads its then referred to as metastising. It is also indicated that metastases are the major cause of death from cancer (WHO).

# KEY FACTS

- Cancer is one of the world's leading causes of death and has the greatest economic impact
- 14 million cases were reported in 2012
- It is one of the world's leading cause of morbidity and mortality
- It is the second leading cause of death globally
- 8.8 million deaths reported in 2015
- The economic impact of cancer is significant
- Only one in 5 low and middle-income countries have the necessary data to drive cancer policy
- Around one third of deaths from cancer are due to the 5 leading behavioural and dietary risks
- 22% of cancer deaths are caused by tobacco use
- Late-stage presentation and inaccessible diagnosis and treatment are common.

(Sources: http://www.who.int/news-room/fact-sheets/detail/cancer; http://www.who.int/cancer/prevention/en/; https://www.cdc.gov/mmwr/preview/mmwrhtml/su6304a2.htm; www.iarc.fr/en/media-centre/pr/2013/pdfs/pr223_E.pdf )

# SUPPORTING PEOPLE WITH CANCER

Although the word cancer is often heard, often people find it difficult to relate to those who suffer from the illness. The following are some guidelines/tips on how to be supportive to a staff or family member who has just been diagnosed with cancer or is undergoing treatment. These guidelines were provided by two women who have breast cancer, and this is what they had to say:

## Comments from the first survivor:

"Yeah, my aunt had that, and she died a horrible death" or "Look on the bright side, you could get hit by a bus tomorrow!"

"Are comments like this meant to be hurtful? Absolutely not. But they can be, especially when someone is at the shaky, shell-shocked start of their cancer "journey," a phrase I heard so often after diagnosis I began to wonder if breast cancer came with a free cruise, along the "journey".

People make comments that are well intended, but often come from a place of awkwardness, discomfort, and even fear. I try to remember they mean well, even if they say something insensitive. Cancer patients know that their loved ones are worried too. And that none of us is exactly profound when we're confused, stressed and scared. Wondering what NOT to say to someone who's received a breast cancer diagnosis or is currently undergoing treatment? Here's a short primer, along with a few suggestions on what you might think of saying instead:

**1.** They're just boobs. It's not like you need them; your kids have all grown! No, breasts are not essential to survival, but they are part of our bodies and for some women, they can be much more: a huge part of their femininity, their sexuality, even their identity. Losing one or both breasts via mastectomy is devastating — it's both physically and emotionally painful — and the aftermath is known to affect self-image, intimacy, relationships with others (including your children) and day-to-day life. Mastectomy can also trigger both mobility issues and chronic pain and if some or all lymph nodes are removed at the same time (a common practice), patients also have to deal with lymphedema. More pain, more chronic problems. Minimising mastectomy by telling someone they're "just losing boobs" implies they're being shallow. They're not. So instead of coming across innocently, as insensitive, what do you say instead? I am so sorry that you have to go through this. I can only imagine that a mastectomy must be very difficult to go through. I'm here to support you.

**2.** It's just hair. It'll grow back in no time! Think of all the money you'll save on shampoo! Believe it or not, remarks like this are intended to make cancer patients feel better. Instead, they come off as glib or callous because the folks who say them have never lost their hair to chemo, don't have a clue how long it takes for hair to grow back and would never dream of shaving their own head in solidarity. Here's the deal: hair, eyelashes and eyebrows (yes, breast cancer patients often lose them all) don't hold the same value for everyone. But for some BC patients, losing yet another aspect of their femininity, their individuality, and for some, their defining look, can be extremely difficult. What to do/say instead? Would you like to talk about the hair loss and what can be done to help you through it? And "I can't imagine how hard that must be".

**3.** You get a free boob job! I don't know a breast cancer patient who hasn't heard some version of this. Sure, people who say this are often just trying to put a positive spin on a bad situation, playing up what they feel is the "fun" part of breast cancer (as if any part of cancer could be "fun"). But others simply don't know the difference between augmentation (putting an implant behind breast tissue) and reconstruction (rebuilding a breast from scratch using implants and/or chunks of tissue from other parts of your body). Whether it's ignorance or insensitivity, telling a breast cancer patient how lucky they are to be getting "bigger and better boobs" is right up there with telling a sarcoma patient how lucky they are to lose a leg because now they can become a "blade runner." What to say instead? What are your thoughts about having or not having reconstruction?

**4.** Are you in remission? NO, the word simply does not exist, the correct terminology is NED-No Evidence of Disease, at the time of the blood tests....SO What to say instead? Tell me about your treatment plan. When is your next doctor's appointment? Can I drive you there?

**5.** Did you ever use deodorant? Forget to have kids? Take birth control pills? If you're a member of the cancer club, you're already beating yourself up for something: the super stressful job you didn't quit or those 10kgs that you didn't lose. The last thing you need is extra blame and shame from a well-meaning bystander who thinks they've cracked the code on your cancer. The bottom line: cancer does not discriminate, cancer knows no boundaries and cancer affects us all, young and old. Breast cancer even strikes men. Research has given us clues about how to reduce our risk of the disease but that's about it. Don't contribute to a patient's burden by telling them what they should or shouldn't have done to prevent the disease. "Shielding" all over a cancer patient is never helpful. What to say instead? I am so sorry to hear about your diagnosis and am here for you which ever treatment you decide on.

**6.** You can't be sick, you look great. Are you sure you have cancer? I saw pictures of you on Facebook and you looked fine to me. Just because a warrior doesn't "look sick," i.e., bald, thin, pale, doesn't mean that they're not very sick. Indeed, patients who are terminal commonly hear this because they undergo low dose, long-term treatment which may not cause hair loss. It may, however, cause nausea, severe bone pain, gastrointestinal issues, skin rashes and constant fatigue, on top of whatever pain the cancer itself is causing. So, a night out with friends might be followed by three days of bed rest (a much less common Facebook share)." What to say instead? How about I come by on the weekend and clean your house or take your children for an outing? What do you need help with?

**7.** Get over it! You need to let go and just move on! Quit dwelling on it. This comment is more about the person saying it than about you. They want you to move on because cancer is super scary, and they don't want to think about it anymore. Unfortunately, it's never really over for most cancer patients. We have to keep thinking about it and/or dealing with it for a number of reasons. Firstly, treatment is brutal and can cause collateral damage: "little" things like lymphedema, neuropathy, fatigue, joint pain, anxiety, depression, sexual dysfunction and even other cancers. Secondly, reconstructing new breasts can involve multiple surgeries over months or even years, just because someone's out of treatment, it doesn't mean they're out of the woods. They need to go back to their oncologist every few months for check-ups and tests because there's always a chance the cancer will return. For most, there's no moving on – ever. Cancer and its treatment will be part of their daily reality until they die. What to say instead? I can see that cancer changes everything. Help me understand what you're going through.

**(Addi Lang: Forever Changed Global Awareness Campaign)**

## Another cancer patient said this:

"At 14:05 pm on the 1st of March 2018 I became unemployable.
My surgical biopsy had come back as stage 3 breast cancer that had spread to my lymphatic system under my right arm. I remember the fading of the surgeon's voice as my mind clicked over into denial. I got up and walked out of the meeting I was in to phone my husband with the news. This was supposed to be a routine biopsy as my first biopsy had come back as benign. I calmly walked back in, shared the news and asked if we could complete the meeting. I now know that I was in shock.

On the 2nd of March, I met with my oncologist to discuss the way forward. I am a practical person; my personality requires facts and process to function. She reassured us that with the correct treatment my prognosis was a 100% recovery. So, what is the treatment? 8 cycles of chemo every three weeks followed by a surgical procedure to remove the affected breast and lymph nodes, 6 weeks of radiation and then breast reconstruction. A quick calculation made it clear that I will spend a year fighting cancer. I started my first chemo session on the 29th of March after several tests. A PET scan to see if cancer has spread to any other organs, a heart function test to see if my heart is strong enough to handle the dosage of chemo that will be administered, a marker in my right breast to mark the affected area, and a chemo port.

With my first session that started on the 29th of March, I ended up in hospital in isolation for 5 days. My body was not strong enough for my protocol and my very competent oncologist adjusted it. From there the sessions went as planned. Nausea and fatigue "become a new normal". You get a new perspective and respect for people living with immune compromised systems as you become paranoid about germs. Suddenly hand sanitiser appears everywhere in your house, car and handbag.

When you have cancer, you go through the seven stages of grief. Shock, Denial, Anger, Guilt, Sorrow/Depression, Acceptance and Engaging Life. There is no hard or fast how quickly you work through these stages. I spent a very long time in denial. Maybe a week or two in Anger and Guilt. Depression is always in the background. Acceptance and Engaging Life happened in one moment.

Financially it added another layer of stress to an already very stressful situation. No one budgets for having cancer and losing their income. Palliative cancer care is extremely expensive and most medical aids only cover a small amount of the cost. Emotionally it also added frustration as 90 % of the time my side effects were of such a nature that I was fully functional and capable.

As a project manager that has managed million-Rand projects, I suddenly became unemployable"!
Sonet Clarke, Vegvisir: O.D. Learning and Development

# CANCER POLICY

In South Africa, there is no policy that covers cancer broadly. However, in 2017, the Minister of Health Dr Aaron Motsoaledi launched two cancer policies, namely, Cervical and Breast Cancer policies, aimed at addressing the high mortality caused by these cancers. As indicated by the Department of Health, the aim of the policies is to manage and control cancers and thus improve the quality of life of women in South Africa. Breast and Cervical cancers have been identified amongst the leading cause of deaths among South African women, especially women aged 30 years and older.

According to the report by the Department, the policy will further enable the introduction of a new screening technique called liquid-based cytology which is an improvement from the papsmear technique, it is more comfortable and produces reliable results. The breast cancer control policy will allow women who are diagnosed early to have access to treatment such as Trutusumab which will prolong life if treatment is completed and minimise the recurrence of the disease in women.
www.health.gov.za

*"The Breast Cancer Prevention and Control Policy is an important document aimed at prioritizing breast cancer awareness, prevention, treatment and care in South Africa. It provides the clinical support for women, who are both at risk of developing the disease later in life and are currently undergoing treatment, to survive and live healthy lives.*

*Breast cancer along with cervical cancer, has been identified as a national priority in South Africa. Breast cancer is the most prevalent cancer and a leading cause of death among South African women. The increasing incidence of breast cancer is a major health concern with 19.4 million women aged 15 years and older at risk of contracting the disease. Per the National Cancer Registry in 2012, 8203 new cases of breast cancer were observed. Given the recent advances in medicine and technology, however, we have a tremendous opportunity to attack breast cancer energetically and effectively with a revised national programme".*

Health Minister: Dr Aaron Motsoaledi

# THE ROLE OF LEGISLATION

The Constitution of the Republic of South Africa, Act no. 108 of 1996 clearly states the rights of the citizens of this country, as enshrined in the Bill of Rights.

Section 23 of the Constitution clearly states that "everyone has the right to fair labour practices". Is this the reality in every work place, public and private sector?

The South African Bill of Rights enshrines the rights of everybody in the country. One of the values is human dignity. Cancer patients need the privileges of their dignity to be respected and protected. How they are treated at the work place should speak to their citizenship rights in the country.

The environment that they work in should also not be harmful to their wellbeing. With the alarming rate of cancer statistics, every employee needs to be in a safe working environment that will not be harmful to their health, as stated in the Occupational Health and Safety Act no. 181 of 1993 (as amended).

Cancer patients ought to be treated with dignity and respect in the work place. However, often they face situations that at times lead to unfair decisions which can amount to unfair labour practices. As one example, cancer patients might terminate their work contract unwillingly – they are scared to tell their employer of their diagnosis and prognosis and worry that they will not be able to perform at work as a result of the after-effects of the illness or treatment. They end up being frustrated and take this harsh decision. This only worsens the situation as they may face high medical bills during this phase and by leaving employment may no longer be able to afford their Medical Aid.

# THE ROLE OF HUMAN RESOURCES MANAGEMENT

In terms of the SABPP's HR Competency Model, HR practitioners need the skills to ensure that:

- Relevant legislation is adhered to.
- An appropriate wellness strategy and policy are in place.
- Occupational Health and Safety requirements are adhered to.
- A policy on chronic disease management is developed and implemented
- There is appropriate management of opportunities for people with disabilities.
- Quality of work life and wellbeing is maintained for all employees.
- Appropriate support is offered to cancer sufferers, which includes:
    - a safe and supportive working environment;
    - review of the duties of such an employee during the phase of treatment and recovery;
    - employees with cancer should be treated with dignity and respect and this should be communicated to staff members.

# CONCLUSION

Cancer is becoming more common and South Africa is no exception. With information available on non-communicable diseases and chronic illnesses, employers can deal better with the situation. Employee well-being as the priority in the workplace should not be exclusive of cancer management. HR practitioners need to understand the challenges and what needs to be done so that they can advise management on best practices. A policy that covers cancer in general can be a good start.

Breast Cancer Awareness month was in October, but awareness effort should not be reserved for specific days but as an on-going practice. This Fact Sheet aims to bring awareness that this is an on-going struggle. Being a pro-active HR community is a vital role for the profession.

**This Fact Sheet was written by Kgomotso Mopalami: SABPP Head of Research and Innovation**

**A special gratitude to the two cancer survivors, who contributed to this edition:**

1. Addi Lang: Forever Changed Global Awareness Campaign; and
2. Sonet Clarke, Vegvisir: O.D. Learning and Development

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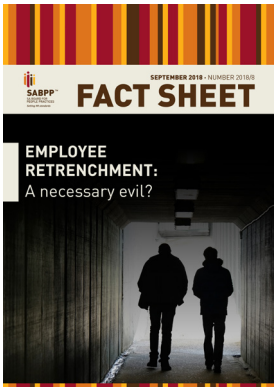


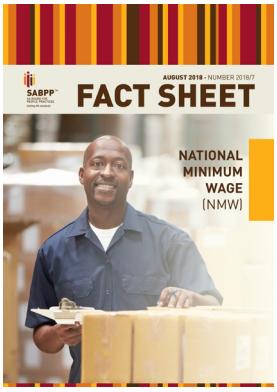



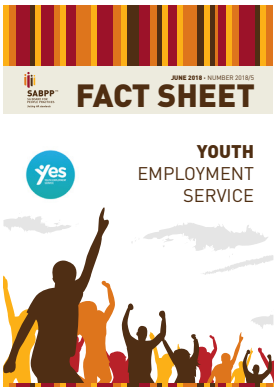


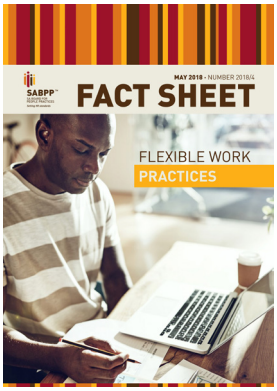


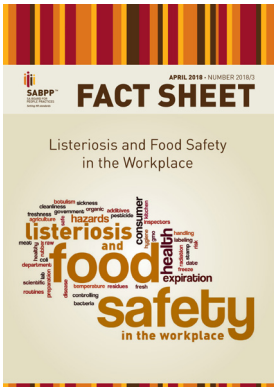

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|---|---|---|
| **2013** | | |
| February | 1 | **GAINING HR QUALIFICATIONS** |
| March | 2 | **ETHICS, FRAUD AND CORRUPTION** |
| April | 3 | **NATIONAL DEVELOPMENT PLAN** |
| May | 4 | **BARGAINING COUNCILS** |
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| August | 7 | **HR MANAGEMENT STANDARDS** |
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| May | 4 | **WORK-INTEGRATED LEARNING** |
| June | 5 | **RECRUITMENT – SCREENING OF CANDIDATES** |
| July | 6 | **HR RISK MANAGEMENT** |
| August | 7 | **BASIC HR REPORTING (1)** |
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| November | 10 | **SEXUAL HARASSMENT** |

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| **2015** | | |
| February | 1 | **AMENDMENTS TO LABOUR LEGISLATION 2014** |
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| April | 3 | **LESSONS LEARNED FOR EMPLOYERS FROM CCMA CASES** |
| May | 4 | **EMPLOYEE WELLNESS SCREENING** |
| June | 5 | **CHANGING THE EMPLOYMENT EQUITY LANDSCAPE** |
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| March | 2 | **PENSION LAW FOR EMPLOYERS** |
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| May | 4 | **HR GOVERNANCE** |
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| October | 9 | **PEOPLE WITH DISABILITIES** |
| November | 10 | **RETRENCHMENT** |
| December | 11 | **THE SOUTH AFRICAN LEADERSHIP STANDARD** |
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| August | 7 | **NATIONAL MINIMUM WAGE (NMW)** |
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