Family financial toxicity of cancer in the United States: implications beyond the individual

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Financial toxicity is increasingly recognized globally as a multifaceted element of the burdens of cancer, manifesting in limited access to care, lower treatment adherence, higher psychological distress, lower quality of life, and worse clinical outcomes.[1] While significant attention has been given to the impact of financial toxicity on the individual with cancer, we write to draw attention to a less recognized consequence: family financial toxicity.

The impacts of financial toxicity on patients with cancer often reverberate throughout the household. Family members may forego or delay medical care of their own, sacrifice on basic necessities like food, and experience challenges in affording housing and transportation.[2,3] Such challenges may be intensified by the vulnerable emotional and economic state caregivers may be in and persist following the death and bereavement of the patient. Caregiving has been linked to psychological morbidity equal to or greater than the patient's own with downstream adverse impacts on work.[4] These effects may be exacerbated among cultures with family-centered care approaches, where family members disproportionately bear the burden of home caregiving instead of relying on facility care.

The negative impacts of financial toxicity extend to children within the household, with potential intergenerational consequences. Cancer treatment costs for parents with cancer may result in less available resources for childcare and/or delays in medical care for children, potentially negatively impacting children's mental and physical health.[3] Further evidence from global studies mirrors these findings — in India and other low-middle-income country settings, children may halt their education to support family income and care needs, exacerbating the cycle of generational poverty.[5]

Future research must recognize the unique financial toxicity-induced needs of specific populations within culturally relevant frameworks and develop tailored interventions such as financial navigation and psychosocial care to address needs of both the patient and family. In the US for example, state and federal efforts to promote paid family leave and paid home family caregivers would also provide large benefits to family finances. Lastly, addressing medical debt itself by regulating debt collection practices, preventing hospitals from suing patients, and pausing payments while on active treatment may also decrease family financial toxicity. While universal healthcare coverage can reduce financial toxicity from the direct costs of care, indirect costs often serve as significant drivers of family financial toxicity. A study conducted in Malaysia found that despite universal healthcare, within one year of cancer diagnosis, half of the patients and families surveyed experienced financial catastrophe.[6]

Ultimately, financial toxicity must be recognized not only as a considerable burden to individual patients, but also to families, households, and communities, with lasting consequences over time. Policy solutions can help mitigate these effects so that more patients and families recover fully from what was previously a catastrophic diagnosis.

Contributors

S.W. and E.C.D. wrote the manuscript. K.L., F.C., K.K., and E.C.D. contributed to literature search and manuscript revision. E.C.D. conceptualized the idea.

Declaration of interests

The authors declare no conflicts of interest.

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