



SOCIOECONOMIC SECURITY FROM FINANCIAL TOXICITY IN PATIENTS RECEIVING HOME-BASED PALLIATIVE CARE IN KERALA, INDIA - A RETROSPECTIVE ANALYSIS.



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Introduction

The financial toxicity of chronic disease care, especially cancer, leads to impoverishment in a large number of patients in India.¹ Home-based palliative care (HBPC) is known to improve health outcomes, reduce healthcare costs, and improve access to palliative care.²

However, little is known about the profile and socio-economic security of patients requiring HBPC in India. We aim to study the socio-economic profile and financial security among HBPC recipients in Kerala, India.

Methods

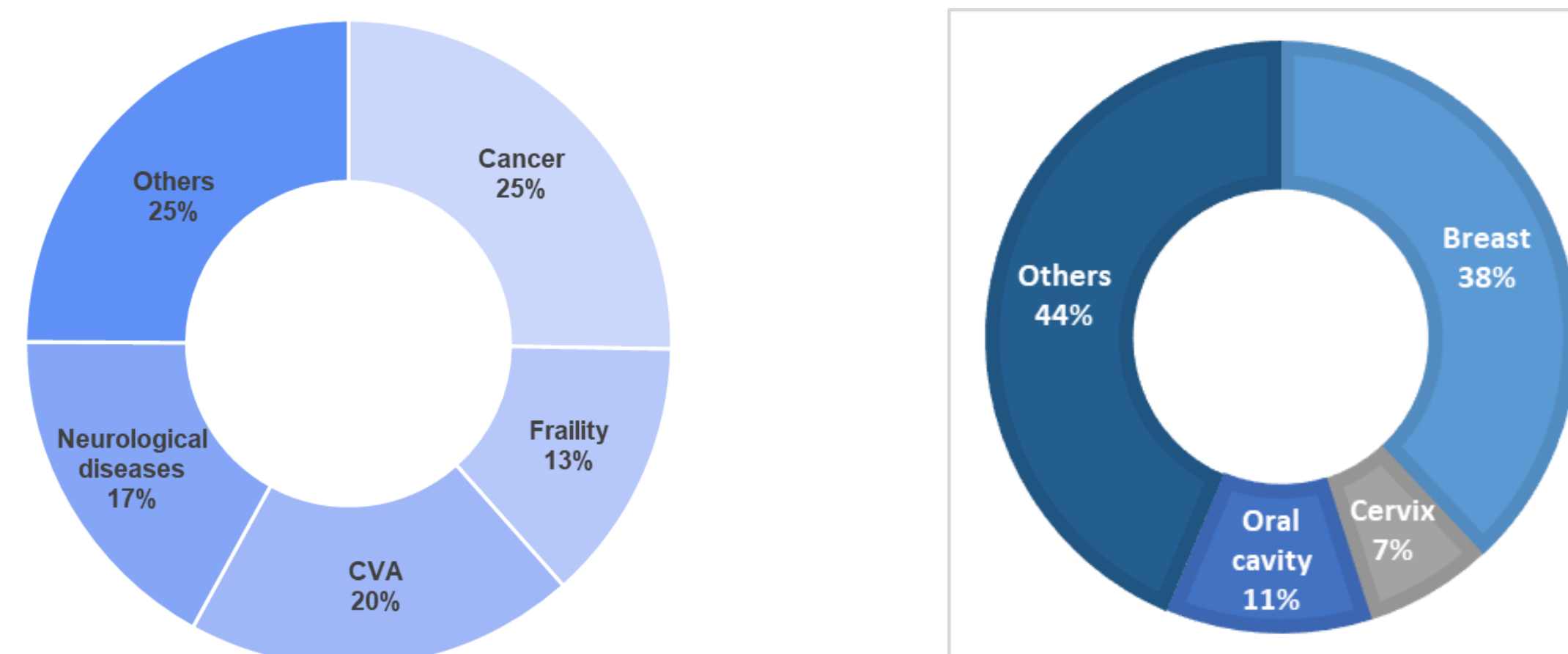
A retrospective analysis of data from 281 patients receiving HBPC was done using their health records maintained by Pallium India.

Data on characteristics related to socio-economic profile were extracted and a descriptive analysis was done. Univariate analysis was done to identify factors associated with presence of debt in patients requiring HBPC. A p value less than 0.05 was considered to be significant.

Results

The mean (SD) age of the study population was 63.6 (16.6) years and **54.4%** were females. The median(IQR) family size was **4(2-5) members**, and **72.2%** resided in rural areas.

Figure 1 – Disease profile of patients receiving HBPC.



Economic hardships in patients

Not able to afford		Debt	
Food	Medicines	Present	Median
7.8%	60.9%	30.2%	1204(271-2408) USD

Impact of disease on the family

Another family member lost employment	Anyone in the family discontinued education
2.5%	2.5%

Socioeconomic security of patients

No breadwinner in family	5.5%
Not receiving pension	34.9%
Receiving support from another organization	6%
Living in rented house	5.7%

Male gender, patients from **rural areas**, and **non-availability of pension** were factors associated with the presence of debt among patients requiring HBPC. Families with debt were more likely to have a child who discontinued education.

Conclusion

Patients with end stage diseases are socially and economically vulnerable. Health was the major cause of debt with many recipients unable to afford medicines. There is a need to strengthen social and economic security measures to safeguard this vulnerable population.

References

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2. Roberts, B., Robertson, M., Ojukwu, E. I., & Wu, D. S. (2021). Home Based Palliative Care: Known Benefits and Future Directions. Current geriatrics reports, 10(4), 141–147. <https://doi.org/10.1007/s13670-021-00372-8>