



CATASTROPHIC HEALTH EXPENDITURE AND IMPOVERISHMENT AMONG PATIENTS WITH CANCER SEEKING CARE IN A PUBLIC HOSPITAL IN INDIA: A CROSS-SECTIONAL STUDY

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Introduction

The cost of cancer care is known to impoverish families, especially in low-and-middle-income countries (LMICs).

Private hospitals are known to cause financial toxicity (FT). However, there is paucity of literature on FT induced by public hospitals in India. We aimed to estimate catastrophic health expenditure (CHE) and impoverishment of families of patients receiving treatment in a public hospital in Delhi, India.

Methods

The sample size was calculated to be 195 with a precision of 10% and a confidence interval of 95%.

Data consisting of socioeconomic details and out-of-pocket expenditures (OOPE) was collected using a pre-tested and validated interview schedule from patients above 18 years old receiving treatment for all stages of solid organ cancers.

The economic impact of cancer care on households was assessed using CHE and impoverishment.

CHE = Present if $\frac{OOPE}{\text{capacity to pay}} \geq 0.4$

Impoverishment = Present if

expenditure \geq subsistence spending and

Expenditure – OOPE $<$ subsistence spending

Results

Figure 1: Prevalence of Financial distress

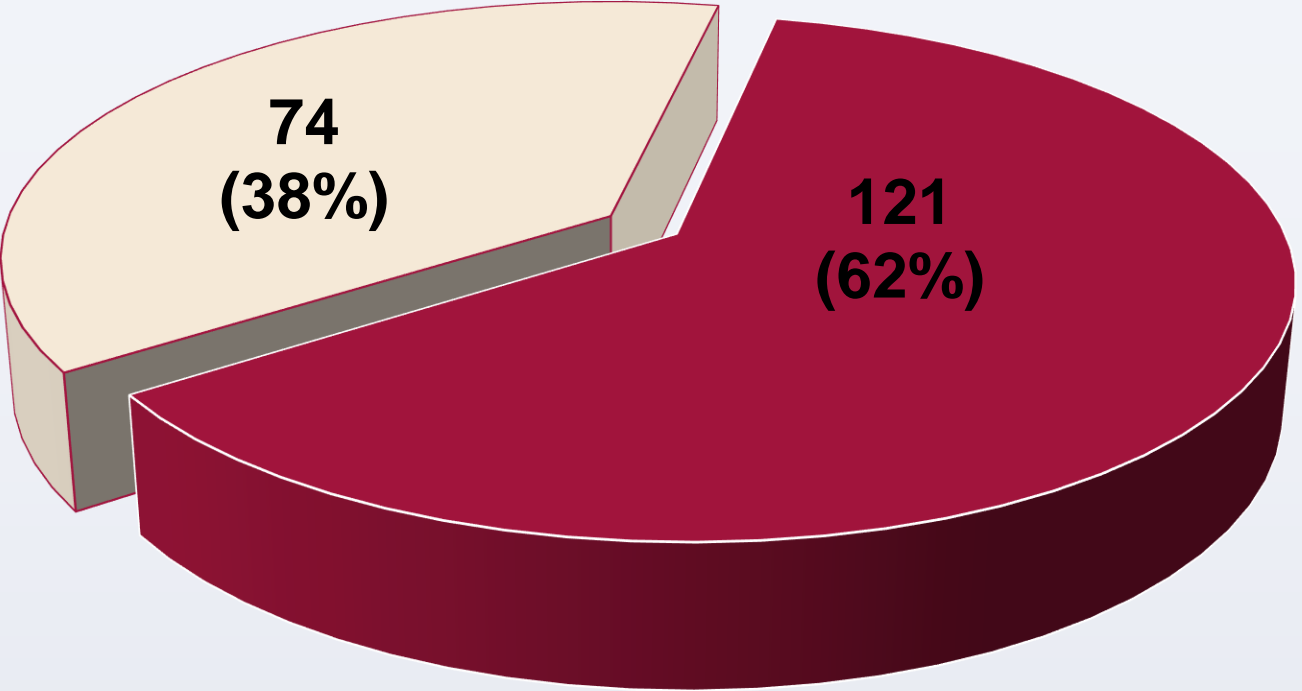


Figure 2: Prevalence of CHE & Impoverishment

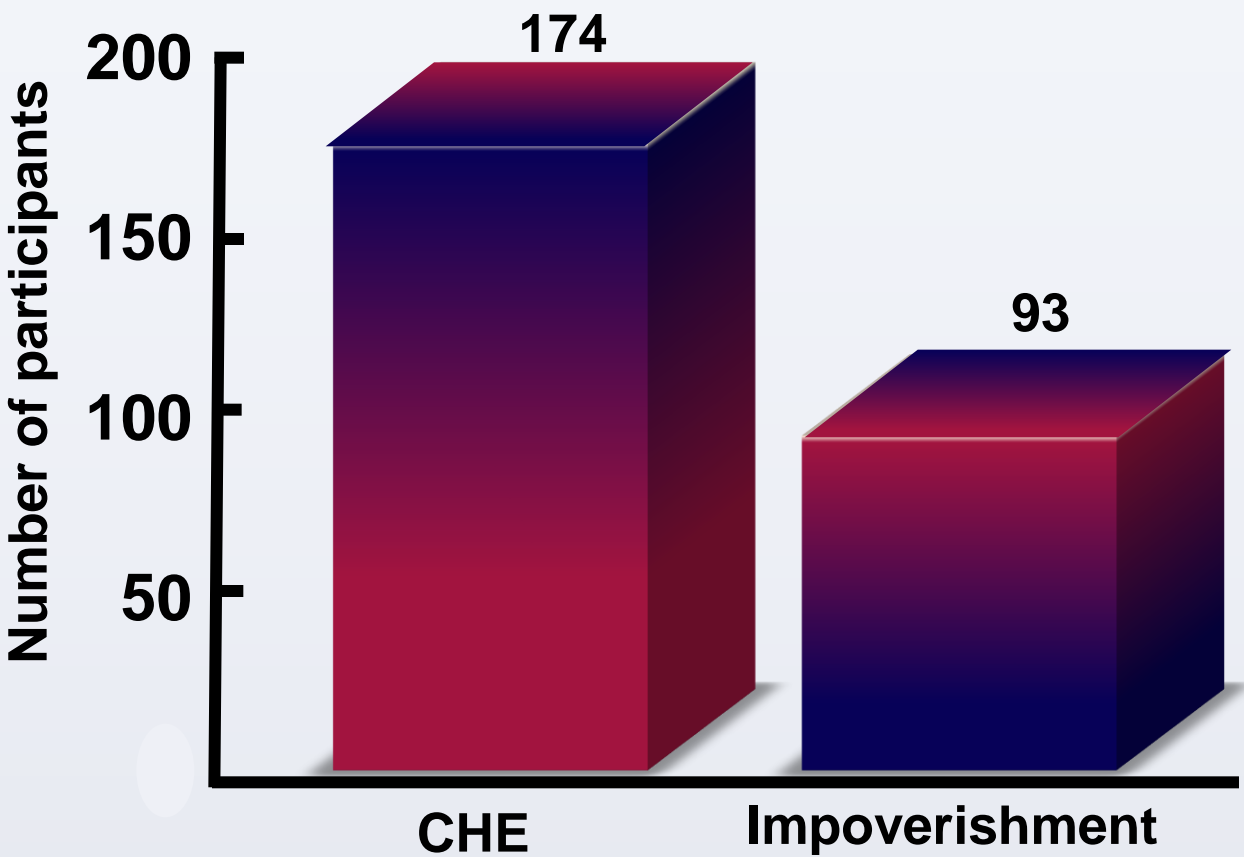


Figure 3: Median & IQR for income & Out Of Pocket Expenditure (OOPE)

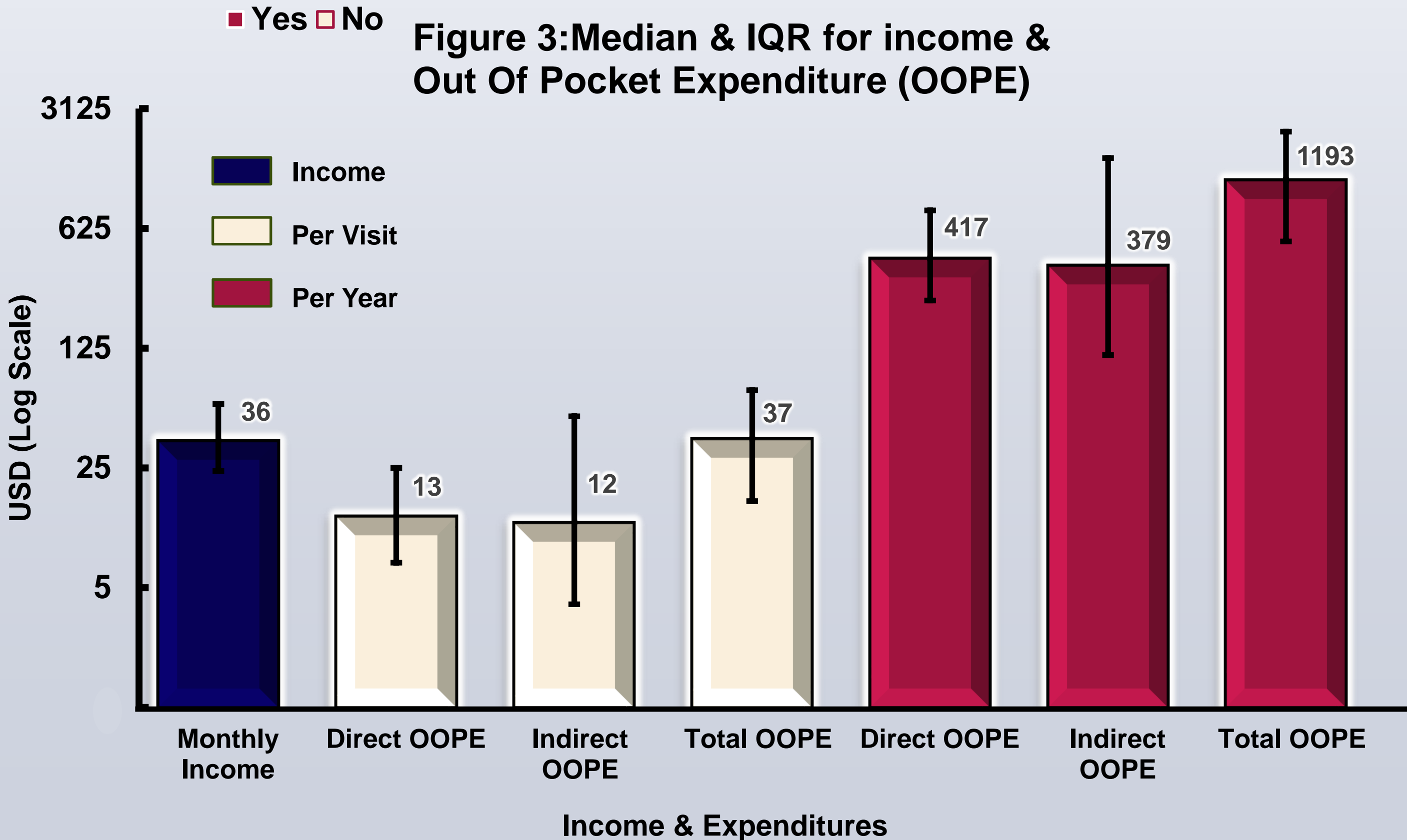
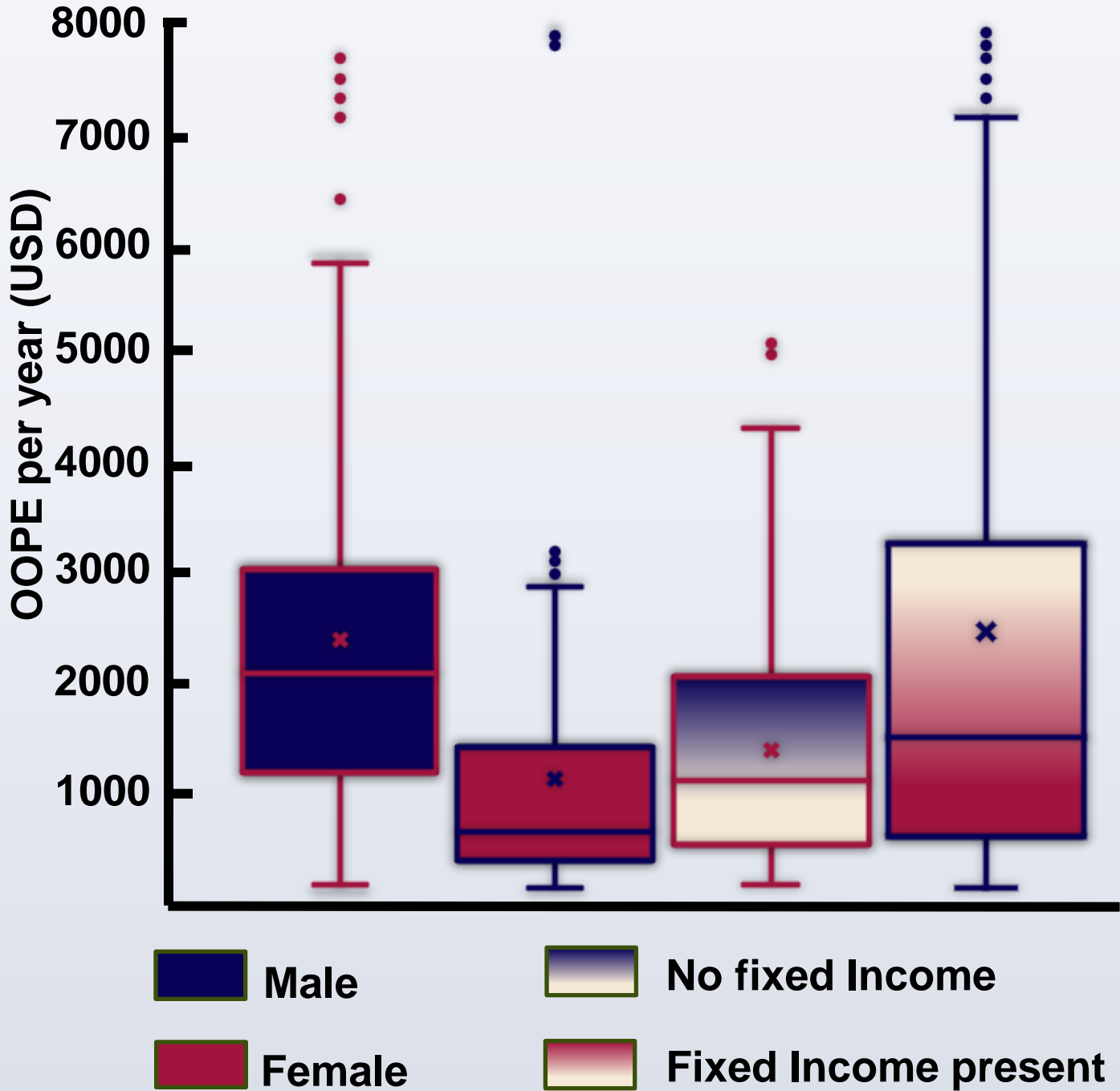


Figure 4: Distribution of OOPE per year by Gender and Income type



Discussion

The prevalence of CHE and impoverishment among the study population was high. The level of impoverishment was higher among educated and employed individuals, emphasizing the need for better cancer care policies in LMICs. Further research is needed to explore measures that can reduce the financial toxicity of cancer care.

References

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