

The empirical analysis of employment for high-cost chronic patients:  
The case of chronic myelogenous leukaemia patients

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Abstract

Poor health inhibits a household's capacity to earn income and increases the household's medical expenses. Improvements in effective physician treatment and newly developed medicine such as anticancer drugs have improved the survival rate for sufferers of various cancers. Though such improvements in cancer treatment are worth administering to cancer patients, the difficulty of returning to work, the decrease in work productivity, and medical expenses that arise from cancer treatment may force a cancer survivor and his or her household to carry a heavy financial burden.

The aim of this study is to analyze the economic difficulty for cancer patients using original survey data. This study focuses on patients suffering from chronic myelogenous leukaemia (CML), which is a type of blood cancer. Imatinib mesylate (Glivec<sup>®</sup>) is effective for CML patients to kill leukemia cells without affecting normal white cells. Though the CML patient can survive their cancer, survivorship depends on taking Imatinib. If the patient is to live for a long time, the patient and/or household must endure paying the high medical cost of taking Imatinib.

From empirical analysis, it can be seen that out-of-pocket medical fees paid by a household with a CML patient are very expensive, even though the public medical insurance system financially supports the household through a reimbursement benefit system. In addition, approximately 20 % of CML patients quit their job and suffer a loss in income because of the pathogenesis of CML. In addition, once a patient quits his or her job, returning to work is very difficult. Especially, it is observed that patients who frequently visit hospitals have more difficulty returning to work.