Inside the equity gap: 7 barriers that stand in the way of cancer care

Where you live. Who you are. Where you come from. What you do. Who you love. These are called the social determinants of health, and they represent the many factors that can unfairly stand between you and cancer prevention, diagnosis and treatment.

1. Gender norms and discrimination

Around the world, women and girls suffer from discrimination as a result of misogyny, stereotypes and expected gender roles. Certain cultural and religious contexts may further limit access to timely cancer care. Stigma and ostracisation surrounding cervical and breast cancers can make women reluctant to seek cancer screening. In some parts of the world, a woman may need tacit approval or explicit permission from the male head of household to visit a doctor.

Men also face the negative effects of gender discrimination and societal and cultural taboos. Social norms surrounding masculinity may make them less willing to discuss health concerns and consider certain life-saving procedures, such as surgery for early-stage prostate cancer, out of concern for the possible side effects, which can include incontinence or impotence.

2. Barriers for minority populations

Racism has a profound effect on a person's ability to access cancer care and minority populations often face serious barriers in accessing their countries' basic health services.

For example, indigenous people living in over 90 countries represent 6% of the world population but account for 15% of the extreme poor. Indigenous people face worse health and poorer outcomes. These factors, combined with systemic discrimination, human rights abuses, language and cultural differences and many other factors, are worsened by a higher exposure to poor nutrition, substance abuse and other behaviours that constitute high-risk factors for cancer.

3. Poverty and socioeconomic status

Poverty seriously limits access to quality cancer care. In high- and lower-income countries alike, lower socioeconomic status means less access. Countless obstacles tied to one's financial means include transport to hospital from remote locations, inability to take time off work or find childcare to accommodate screening or treatment and a lack of health insurance or other financial means to manage the high monetary cost of care.

Regardless of where you live, if you are diagnosed with advanced cancer and are a low-income patient, have primary education only or lack health insurance, you are more likely to experience financial catastrophe or die within 12 months of a cancer diagnosis.

4. The rural-urban divide

People living in rural areas face many obstacles standing between them and their chances of surviving cancer. A lack of prevention, screening and treatment services likely means travelling long distances to access the necessary resources. The financial burden of this travel, alongside the need to secure childcare and time off work, can be insurmountable.

As a result, where you live too often determines if you live. Rural patients are frequently diagnosed at later stages and are less likely to receive appropriate treatment, receive follow-up or supportive services or be included in clinical trials that may represent their best chance at survival. These challenges can

lead to interrupted treatment, and these barriers are compounded by the significant overlap between rural and indigenous, lower-income and older populations.

5. Age discrimination

How old you are shouldn't decide the quality of cancer care you receive, yet this is the reality for many. Cancer can develop at any age, but the risk of that happening rises dramatically with age. In fact, more than half of people who have cancer are 65 or older. Because early cancer symptoms can be mistaken for everyday pain or minor illnesses associated witho old age, many cancers in older patients are diagnosed later. This is exacerbated by a lack of programmes and services designed to respond to the needs of older adults. Also, while more older people are diagnosed with cancer than younger people, older patients are vastly underrepresented in the research that sets the standards for cancer treatments. Ageism that pervades cultures and institutions is one major contributing factor to these imbalances.

Cancer and ageing

Studies highlight how older populations are denied equitable cancer care.

- A high proportion of older women with a particular form of breast cancer receive less chemotherapy than their younger counterparts – despite evidence of the treatment's efficacy.
- More than 70% of deaths caused by prostate cancer occur in men aged over 75, who usually have more aggressive disease. Few older patients, however, receive treatment for localised prostate cancer, and in most cases they are denied access to chemotherapy for advanced disease.
- Colorectal cancer is another disease disproportionately affecting older people, yet the evidence suggests that optimal treatment is not being provided to older patients.

6. Refugee status and forced displacement

In countries facing political, financial and social instability – from war, social upheaval or natural disaster – cancer organisations must deal with harrowing shortages of resources or even a complete breakdown in basic health services. The majority of people with advanced stage cancer in war-affected areas, for instance, are simply unable to get appropriate care, as regions become inaccessible, hospitals and health centres are damaged or destroyed and health workers are injured, killed or displaced.

Beyond this, cancer patients in conflict and post-conflict areas, as well as refugees fleeing these regions, experience a unique set of obstacles, including emotional or physical trauma, limited financial resources and language or cultural barriers that can dramatically impact access to effective cancer care.

7. Homophobia, transphobia and related discrimination

Around the world, lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) people face hostility and discrimination by the people around them. They are also more likely to face ignorance or outright prejudice from health practitioners. Furthermore, fear of poor treatment by the medical establishment understandably drives many people away from timely and effective cancer care.

Such discrimination takes an insidious toll and can lead to behaviours known to increase cancer risk – such as drinking, smoking or illicit drug use – as people seek ways to self-medicate and cope with a world that is far too often hostile to one's very existence.