

Disability in cancer care: time for change?

In the past few decades, numerous studies have found that provision of timely cancer screening for individuals with physical disabilities is inadequate. Indeed, a report by the UK charity Jo's Cervical Cancer Trust, which surveyed 335 women with diverse physical disabilities and conditions, ranging from spinal muscular atrophy to cerebral palsy, found that a high proportion of respondents (63%) said that they had previously been unable to attend a cervical screening appointment because they could not access screening services or did not have the option for home visits. Moreover, nearly 40% stated that their general practice surgery did not provide wheelchair access, with just 1% of respondents reporting that their surgery provided a hoist. Approximately 13.9 million people in the UK are considered to have a disability, of whom 56% are women and most have impaired mobility. These findings are worrying in terms of equality of access to cancer care, especially in the context of global issues of overall health-care access for people with disabilities.

These findings are not confined to the UK. A study from the USA in 2017 investigated how many people with and without disabilities received recommended breast, cervical, and colorectal cancer screening tests, stratified by disability type (hearing, vision, cognitive, and mobility). According to data from the 2013 National Health Interview Survey, individuals with disabilities, irrespective of type, reported fewer cancer screening test visits than those without disabilities, including pap tests, mammography, and colorectal cancer screening. The most frequent barriers to accessing screening services were difficulty in scheduling an appointment, long waiting times, and a lack of transportation to appointments. Although these barriers to access are common across many patient populations, these findings show that logistical difficulties can compound a situation in which people with disabilities are already disproportionately disadvantaged in terms of adequate health-care coverage. These disadvantages can include insurance cover (despite legal requirements to protect people with disabilities by the Americans with Disabilities Act), provider misperception about how to screen people with disabilities, insufficient experience

with assistance for screening examinations, lack of equipment such as height-adjustable couches, geographical variation in the types of services offered, and lack of available outreach and education programmes.

What both reports clearly show is that disparities persist among people with disabilities in need of preventive services and health-care access. Not only is increased awareness needed to identify gaps in accessing cancer screening services for those with disabilities, but also robust, comprehensive, and equitable interventions to ensure that such individuals are not overlooked for cancer screening. Moreover, incorrect assumptions are often made about people with disability—the result of common stigmas perpetuated by society—which include inability to recognise long-term health conditions or debilitating symptoms that are not visible, or a belief that people with disabilities are not sexually active and therefore do not need health-care information about sexually transmitted infections, cervical cancer, or HIV. Given the diversity and complexity of disabilities that exist, it is imperative that health-care practitioners recognise that individuals with disabilities are a heterogeneous group with needs and requirements that will vary depending on the nature of their disabilities.

These prevailing issues can be addressed by some immediate and modest measures to increase the use of cancer care services for people with disabilities: increasing education in medical training on treating people with disability, both from a clinical perspective and regarding practical issues around medical procedures; improving accessibility to screening services in the primary-care setting; developing better education and outreach programmes that specifically target people with disabilities; and ensuring fair and equal access to cancer services, regardless of geographical location. These policy interventions will be even more important given the existing shift from acute to chronic illnesses in high-income countries and their growing ageing populations. Effective solutions are urgently needed to meet the health-care needs of individuals with disabilities and other vulnerable populations. ■ *The Lancet Oncology*



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For more on Jo's Cervical Cancer Trust report see https://www.jostrust.org.uk/sites/default/files/jos_physical_disability_report_0.pdf

For more on the issues of health-care access experienced by people with disabilities see [Editorial Lancet 2019; 394: 187](#)

For more on the US study on Cancer Screening Prevalence Among Adults with Disabilities see [Prev Chronic Dis 2017; 14: E09](#)