

EORTC

3rd EORTC Cancer Survivorship Summit

1 - 2 March 2018

Radisson Blu Royal Hotel, Brussels, Belgium

Survivorship (Financial Discrimination)

PRINCIPAL RESOLUTION - PASSED

By 2025, in respect to accessing financial services*, the right of cancer survivors not to declare their cancer 10 years after the end of the active treatment and 5 years if they had cancer under 18, should be codified across European countries.**

* For the purposes of this resolution, “financial services” are understood to refer to services and products provided to consumers and businesses by financial institutions such as banks, insurance companies, brokerage firms, consumer finance companies, and investment companies (Source: investorwords.com).

** For the purpose of this resolution, “active treatment” does not include maintenance treatment with hormonotherapy, immunotherapy, targeted therapy or other therapies based on sound and increasing evidence.

** This amendment was proposed and agreed by delegates at the Summit

SUPPORTING ACTIONS

- By September 2019, European level patient organisations, healthcare professional and research associations and other stakeholder organisations should express a single consensus view on further measures to reduce the financial discrimination of those who survive cancer and/or live with cancer as a long term condition. Along side financial services, this examination should include consideration of any financial discrimination evident within national welfare systems.
- By the end of 2020, the European Insurance and Occupational Pensions Authority should issue guidance to insurers about the ethical principles that should apply in respect to cancer patients and cancer survivors insurance applications. This should include travel insurance, critical illness policies and definitions of cancer used by insurance companies.
- By 2021, an EU level comparative study of EU member states approaches towards ensuring the rights of cancer survivors to access financial services in a fair manner should be conducted.
- By 2022, national Governments should recognize the inequities and disparities that exist within the financial service landscape in respect to cancer survivors, have assessed their national legal frameworks accordingly, and proposed remediating measures, learning from the experience of France in this respect. This recognition could be expressed via a set of European Council conclusions.

The right to be forgotten

To end financial discrimination
against Europe's cancer survivors

**Join the discussion on the
17th of October, 2018 at 17:00
in the European Parliament**

**YOUTH
CANCER
EUROPE**

Event: The Right To Be Forgotten For Cancer Survivors



The Right to be Forgotten - from an insurance perspective

John Turner
Swiss Reinsurance Company

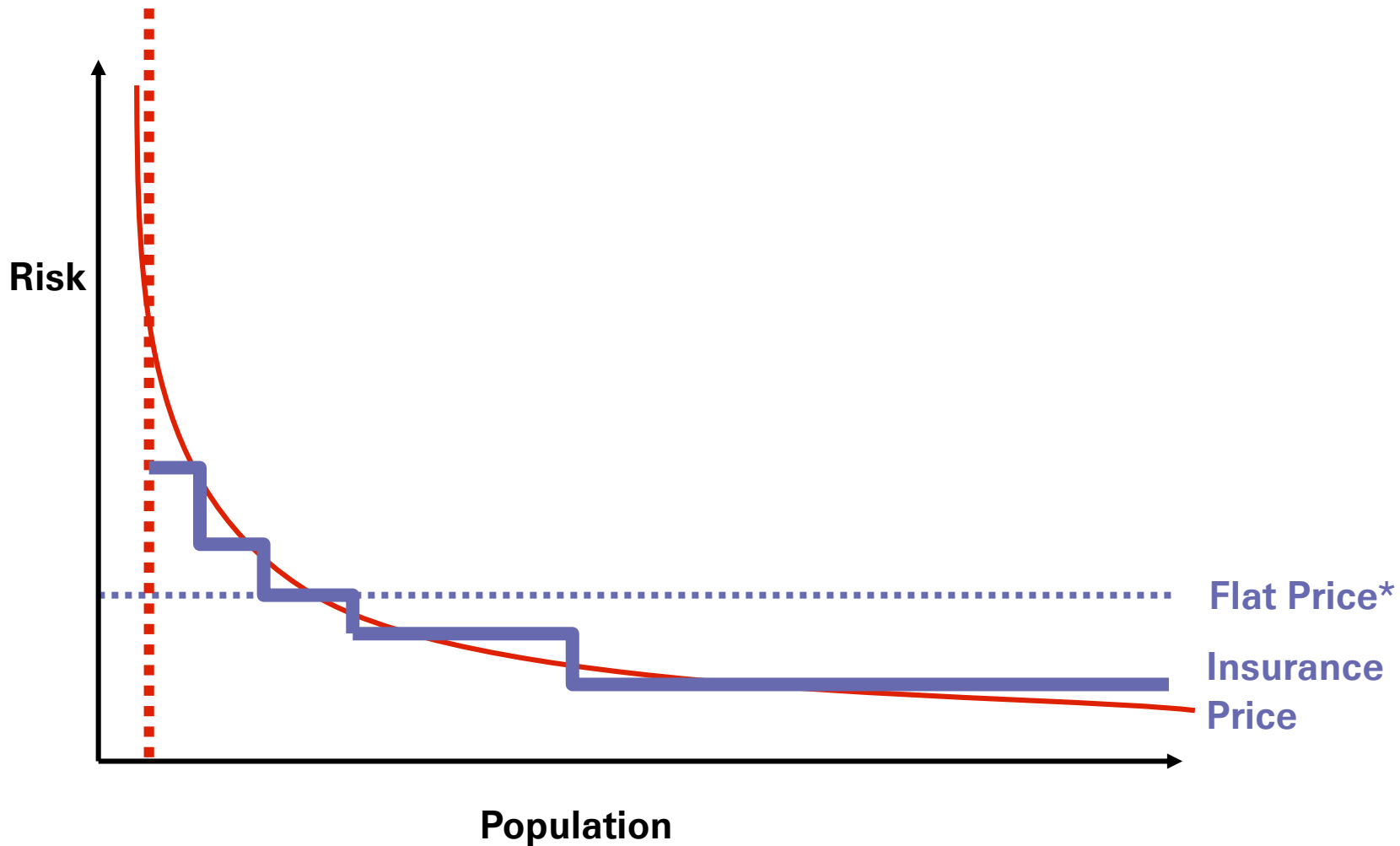
Agenda

Understanding risk selection

How Right to Forget impacts that

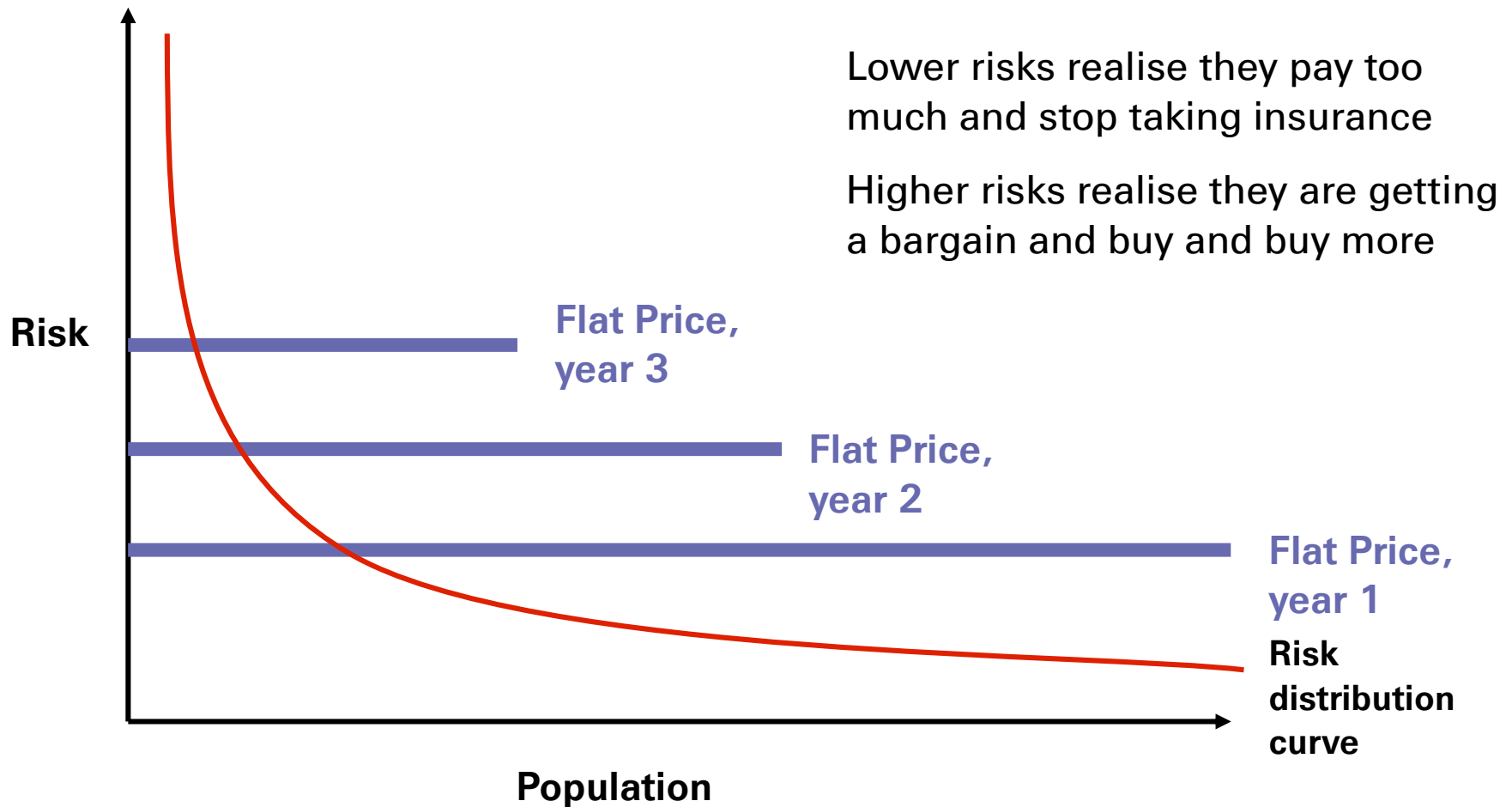
What are the consequences?

The voluntary private insurance system



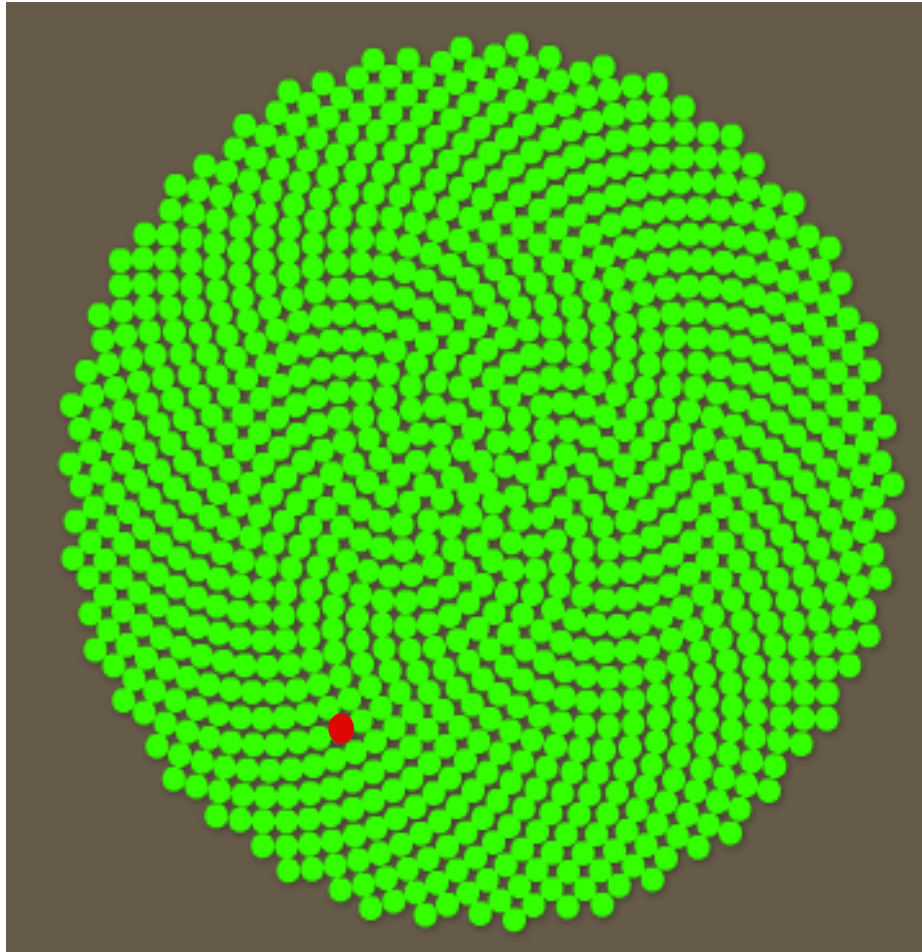
*Notional only - assumes whole population are forced to buy same amount of insurance

What happens to voluntary insurance if limit risk selection?



Understanding risk and pricing

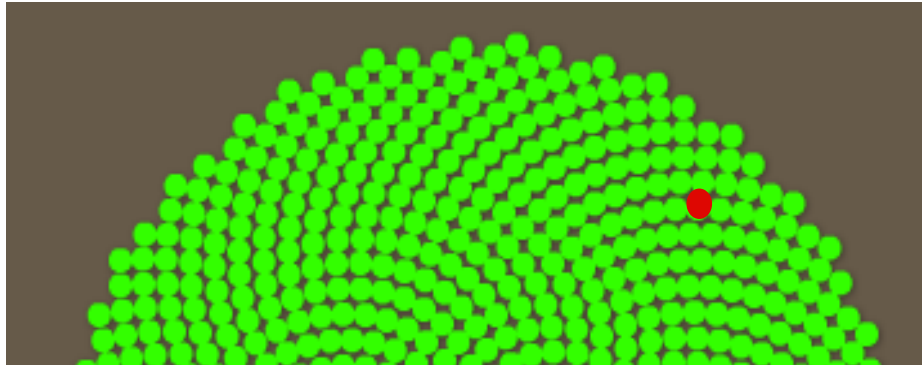
Population of 1000 males age 32



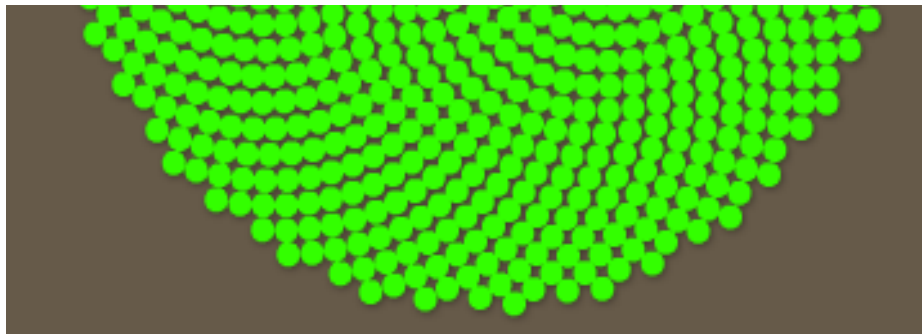
<http://understandinguncertainty.org>; Prof D Spiegelhalter

Understanding risk and pricing

Population of 1000 males age 32

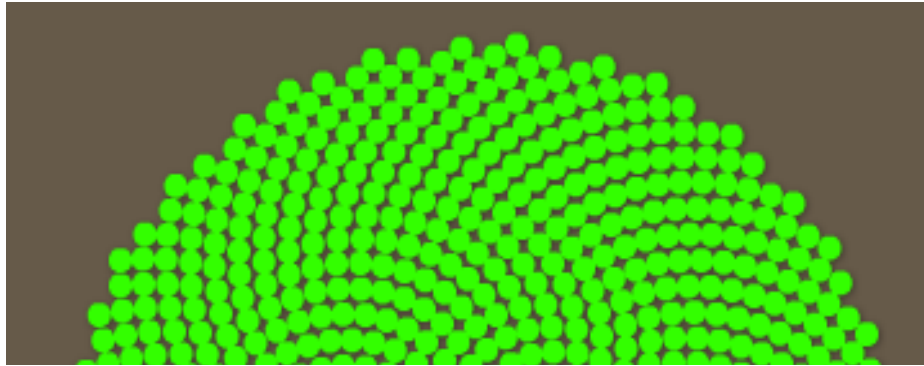


Each member of the shared risk pool has to contribute €1 for each €1000 of life insurance in order to cover the payment of the sum assured

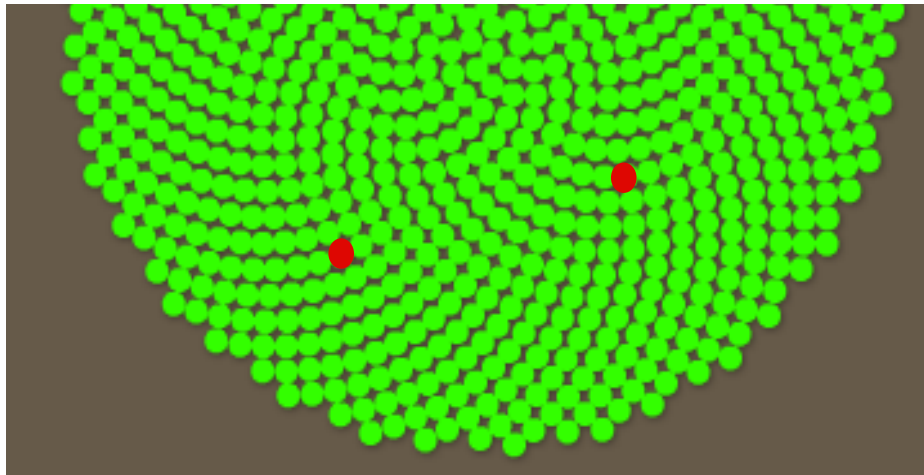


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But what happens if an extra claim gets into the pool?

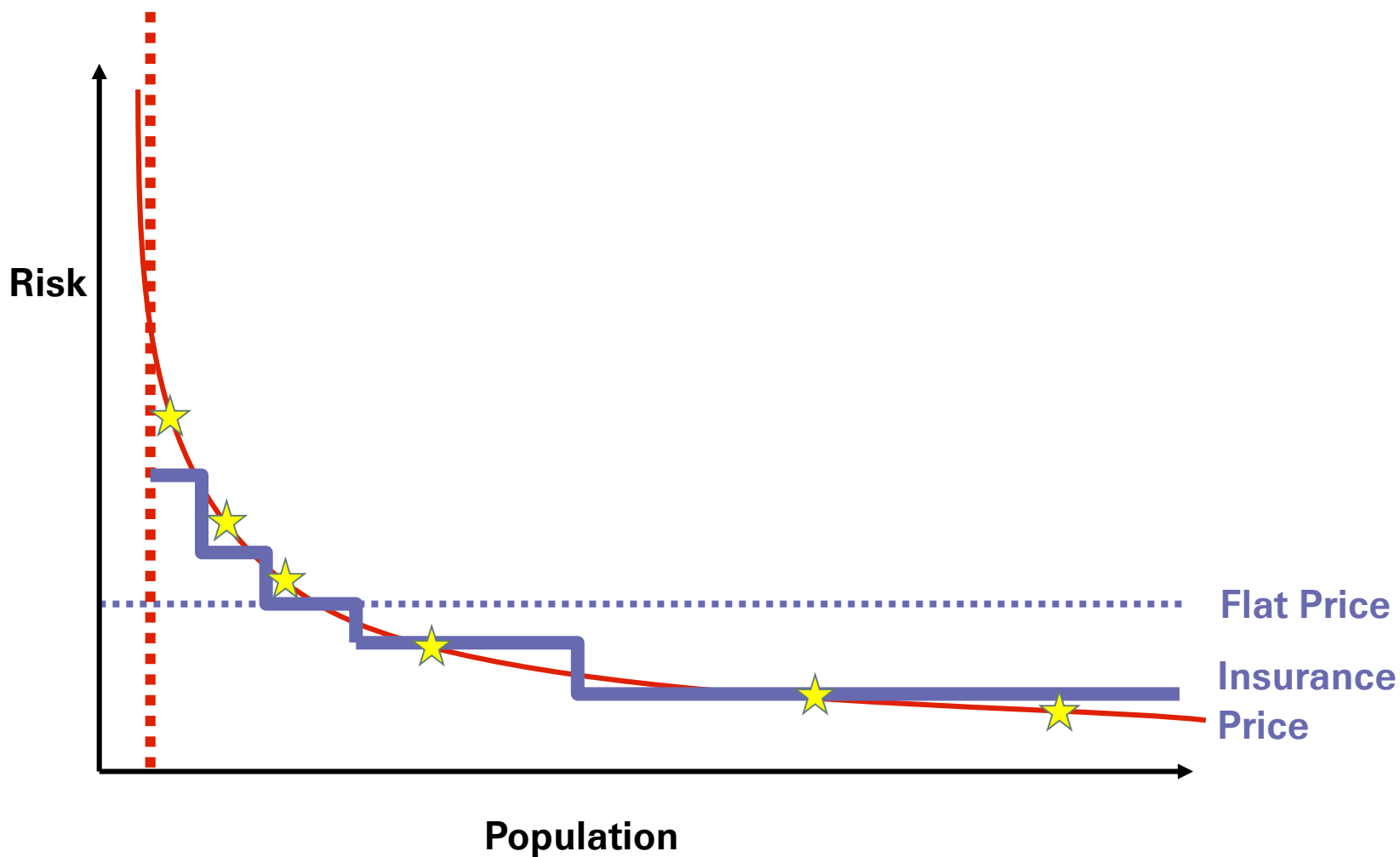


The cost for all doubles



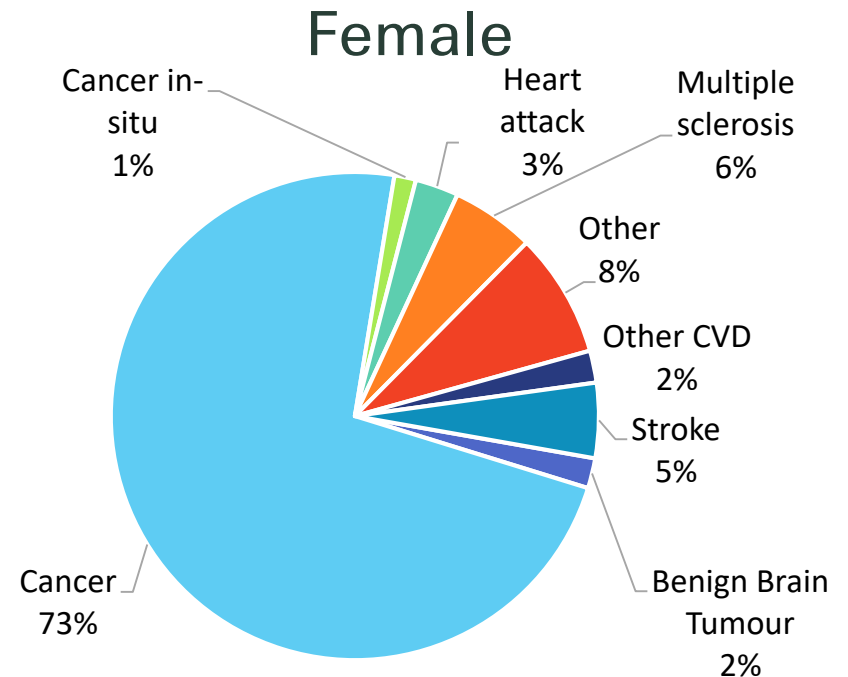
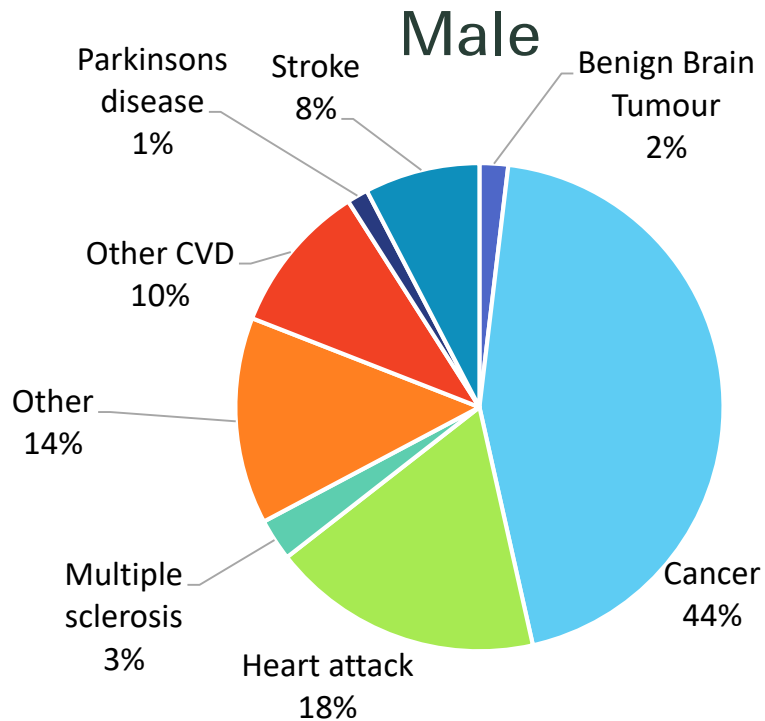
<http://understandinguncertainty.org>; Prof D Spiegelhalter

So what does Right to Forget mean in this context?



★ Cancer survivors can be anywhere along this risk curve

Critical Illness Claims by Cause - Key illnesses



Source: Swiss Re Life & Health UK

Matches Aviva (62%) and L&G (64%) of all CI claims are for cancer

So why does cancer dominate the insurance claim numbers (for all products) more than population incidence would suggest?

- Primarily because insurers have few tools to predict cancer risk, other than:
 - History of cancer, smoker status, and family history
- Compare that to the EU wide main cause of death: cardio-vascular disease
 - History of disease
 - Smoker status
 - Family history
 - BMI
 - Blood pressure
 - Cholesterol levels
 - ECG results
 - etc

Summary

- Cancer is the main cause of claim in all forms of life insurance except disability (number 3 but even here growing)
- Insurers have few tools to predict cancer
- Losing the only main tool, a history of cancer, will result in:
 - Withdrawal of CI products (of which cancer patients are the main beneficiary)
 - Increased price of all other products
 - A disparity between fairness of risk assessment between cancer patients and those with other risk relevant diseases
- Lack of ability to price based on risk will rapidly destabilise the whole private insurance system



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