



People with cancer from rural areas undergoing treatment in metropolitan hospitals: Rural-urban differentials and the impact of cancer treatment

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Abstract

Discrepancies in health outcomes between rural and urban populations are well documented in broad health categories but less clear in relation to cancer care and outcomes. Those living in a rural or remote area are faced not only with the trauma of the diagnosis but may also need to have treatment at a specialist metropolitan centre, entailing relocation for at least some of the treatment time. This study was conducted in three phases to examine and clarify the issues of concern to patients from rural and remote areas undergoing cancer treatment in a metropolitan setting.

Secondary data analysis of cancer registry and government reports showed that the incidence of cancer was 4% lower for rural residents compared with metropolitan residents. A significant survival advantage was demonstrated for urban residents in 10 types of cancer. There were differences in the prevalence of some risk factors that appeared to favour the rural population, with rural residents indicating a higher participation in Pap smear screening and greater use of precautions against sun damage.

A focused literature review was conducted to investigate research on rural and remote patients receiving cancer treatment in the metropolitan setting. This identified potential issues related to rural residents with cancer including: the need for travel; psychosocial concerns; information and communication; financial costs; and accommodation while away from home. Overall the research in the Australian setting was limited in number and mostly conducted with disease specific groups.

In the third phase, a survey of 96 patients from rural and remote areas undergoing cancer treatment in the metropolitan setting showed that participants were satisfied with their treatment but there appeared to be a tendency to understate problems related to treatment. This study identified that for many participants, attending for treatment without their partner or spouse was inconceivable and the lack of routine financial support for this was problematic. In relation to health care, participants being treated in the private sector were less likely to see a dietician or a social worker. Barriers were also seen in the lack of coordination of treatment, lack of reimbursement for psychosocial support, inadequate information provision and lack of appropriate practical support in accommodation and transport. Interviews with health care professionals complemented these findings and showed support for strategies to improve psychosocial support.

This study showed that the lack of financial support for a companion during treatment was an important contributory factor affecting satisfaction with care. To ensure an equitable and acceptable degree of quality of care, financial support should be routinely provided to enable rural residents to be accompanied by a support person when travelling to access cancer treatment. Investigation of the process of treatment itself is also needed to ensure that all the supports designed to ensure access for rural residents are appropriate and suited to their needs.

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Declaration

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Kate Cameron

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Abbreviations used

RAH	Royal Adelaide Hospital
TQEH	The Queen Elizabeth Hospital
AIHW	Australian Institute of Health and Welfare
ABS	Australian Bureau of Statistics
AACR	Australasian Association of Cancer Registries