

Challenges faced by elderly patients with cancer in low-and-middle-income countries during the COVID-19 pandemic

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Abstract

Studies have shown that elderly people with co-morbidities are at a higher risk of dying from the SARS-CoV-2 virus. The situation is worse for the 70% of the elderly population who reside in low-and-middle income countries (LMICs) with poor access to good healthcare systems. Elderly patients with cancer in LMICs face numerous barriers to accessing quality health information and services. These barriers have been further exacerbated by the ongoing COVID-19 pandemic. It is therefore necessary that solutions to these barriers are proffered and appropriate measures are put in place to mitigate these barriers. This article outlines not only some of the challenges faced by elderly patients with cancer living in LMICs in the wake of the COVID-19 pandemic, it also provides reliable and evidence-based solutions that would be useful to the government and other stakeholders in the health system. This would help to achieve a compassionate, comprehensive and inclusive healthcare for elderly cancer patients in the COVID-19 pandemic era.

Keywords: Cancer, COVID-19, elderly patients, low-and-middle-income countries, pandemic

Elderly people with cancer- the challenges

While many aspects of the novel coronavirus are still being debated, we are certain about one thing – elderly people aged over 60 years, especially those with co-morbidities like cancer, have an increased chance of dying from the SARS-CoV-2 virus.^[1] It is imperative to note that the elderly population accounts for more than 50% of cancer patients globally which may imply that a large number of elderly people with cancer are vulnerable to COVID-19 infection and death.^[2] This is further evident in a report which showed that 55% of COVID-19 deaths in South Africa occur among the elderly.^[3] Unfortunately, this situation is worse in low- and middle-income countries (LMICs) which account for almost 70% of the world's elderly population with poor access to healthcare, weaker healthcare systems and poor health insurance.^[4]

According to a Nigerian study, 33.7% of all cancer cases occur in the elderly population and this is associated with a higher death rate as opposed to that of the younger population.^[5] Prior to the COVID-19 pandemic, many elderly patients with cancer in Africa and LMICs already faced many physiological, economic and social challenges.^[6] They are often prone to other chronic conditions, lack adequate social support from caregivers and also experience financial insufficiency resulting from long-term cancer management.^[6] Despite being at higher risk of mortality, the elderly cancer patients are faced with significant barriers to quality health information and services, including rehabilitation facilities and are usually less prioritized during health interventions and campaigns.^[7]

The lack of inclusion of this population in cancer research prior COVID-19 and in previous pandemics resulted in the lack of documented experiences of

elderly cancer patients and unavailability of evidence-based data for the treatment and care of this population during the pandemic further creating a gap in their care and management.^[6] With the onset of the COVID-19 pandemic and the disproportionate effect it has had on older people, these barriers to access healthcare, marginalization of elderly people and other forms of inequity have been exacerbated.

There have been several reports of public hospitals discharging older patients due to fears that they might contract the COVID-19 virus.^[8] Consequently, many chemotherapy sessions and surgical procedures have been postponed, leaving many elderly patients with cancer with two options – to pay exorbitantly higher prices in private centres or ‘die silently’. Treatment interruptions may be prolonged due to the strains on the fragile healthcare systems of many LMICs as a result of the pandemic. Lockdowns or curfews placed restrictions in mobility for elderly people in many LMICs.^[9] The prevalence of cancer among the elderly increases with age and this may be further complicated by the COVID-19 pandemic. Hence there is a need to proffer solutions to the challenges that elderly people with cancer face during pandemics.

Some solutions

A solution to mitigate the impact of the COVID-19 pandemic on cancer care for elderly patients in LMICs has been proposed by Gay and colleagues who suggested a four-pronged system named “Prepare, Communicate, Operate and Compensate” for reducing the impact of a natural disaster on patients.^[10]

There is also a need for public health institutions and ministries in LMICs to develop national technical reports and operational guidelines for healthcare during COVID-19, taking age and vulnerable groups such as cancer patients into consideration. Similar approaches have been conducted in high-income countries such as France. LMICs need to create urgently a similar set of guidelines in the context of their economic, health, social and geographical circumstances.^[11] In addition, economic and social welfare services should be provided for the elderly during pandemics.^[12]

Government and health professionals in LMICs should prioritise cancer care for the older patients during and after the COVID-19 pandemic, and more research should be conducted to develop protocols for the management of elderly patients with cancer during the pandemics.^[12] This is required to develop evidence-based interventions that are specific to the elderly and tailored to the cancer needs of this population which can be utilised in future pandemics or disasters.

For patients, there should be targeted pandemic risk communication messages that focus on prevention,

countering misconceptions and misinformation about COVID-19 and support for mental health. This should be shared in the local languages for better comprehension, as many of them do not understand English or French. An example of this is the COVID-19 infographics translated into over 70 African local languages by Slum and Rural Health Initiative (SRHIN).^[13]

Decisions on whether to continue with cancer treatment in elderly patients must be on a patient-by-patient basis, founded on sound clinical judgement that delicately weighs the immediate risk of COVID-19 and prognosis. Delayed treatment or home management may be appropriate knowing that COVID-19 is an immediate threat to elderly patients. For some with a higher risk and very malignant tumours such as those of the head and neck and pancreatic cancers, there will be need for immediate intervention as the long-term risk outweighs the risk of acquiring COVID-19.

Furthermore, there is a need to identify or create cost-effective therapies and innovative medical interventions such as telemedicine and mobile health that caters for the unique needs of elderly cancer patients to prevent the risk of infection from the COVID-19 virus. In cases where digital healthcare is not possible, home care may be appropriate for elderly patients in urgent need of cancer treatment. Mobile drug delivery services can be employed using couriers to deliver essential medicines and services to patients at home.

Challenges facing elderly patients with cancer in LMICs who bear a ‘double risk’ of having severe complications and even death if infected with the COVID-19 virus while accessing healthcare should be promptly addressed. There is a need for compassionate, comprehensive and inclusive healthcare during the COVID-19 pandemic for elderly cancer patients without throwing caution to the wind.

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