

# Professional reassignment and protection of employees with cancer against dismissal





TYPE STATUS

Fully implemented policy

LAST UPDATE

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LUXEMBOURG • NATIONAL
Survivorship & rehabilitation

# OBJECTIVE & RATIONALE

Rationale is to adequately cover and protect cancer patients and former cancer patients from a professional point of view. Measures taken are described below.

Provide cancer patients with protection against dismissal during their sick leave.

Provide cancer patients with financial security during their sick leave (i.e.: financial support by the employer then by the National Health Fund).

Facilitate professional reintegration of former-cancer patients following recovery (e.g.: gradual return to work, adaptation of working environment, internal or external professional position reclassification etc.).

## **CONTACT**

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### **KEY COMPONENTS / STEPS**

- Background: the social security law and the labour law already addressed the sickness of employees in general, including those suffering from cancer.
- A multidisciplinary working group on professional reinsertion was created in 2017 in the context of the first National Cancer Plan (2014-2018). This working group developed a set of recommendations aimed at improving professional protection and professional reassignment of cancer patients.
- Considering these recommendations, the corresponding law was enacted (the Law of the 10th August 2018 « en matière de maintien du contrat de travail et de reprise progressive du travail en cas d'incapacité prolongée »).

#### **KEY CONTEXTUAL FACTORS**

- Target group: employees in long-term sick leave, not limited to cancer.
- Entity responsible for bearing costs associated with the sick leave of the employee: employer (77 days in the course of 104 weeks), and thereafter the National Health Fund (Caisse Nationale de Santé) (78 weeks in the course of 104 weeks).
- At the end of a long-term sick leave (more than 6 weeks), before going back to work, the Social Security Medical Board (Contrôle Médical de la Sécurité Sociale) contacts the patient for a medical exam. If the patient can not return to work on the same basis as before, he has several options (gradual return to work, adaptation of the working environment i.e. working time/ place of work, internal or external professional position reclassification or getting the disabled employee status).
- Entities responsible for gradual return to work: the referring physician submits a request to the National Health Fund, after approval by the employer.
- Entities responsible for adaptation of the working environment: the occupational medicine formulates proposals according to the medical exam of the patient. This is then applied in the company.
- Entities responsible for internal or external professional position reclassification process: the Social Security Medical Board assesses the situation and launches the reclassification process. The occupational physician and the "joint commission" of the Board decides for internal or external professional position reclassification process, or even for incapacity to work.
- Internal professional position reclassification is done in the company (e.g. adaptation of the job function of the employee, reduction of working hours, temporary work incapacity, definition of the time intervals for reevaluation of the employee's medical condition etc.)
- In case of an external position reclassification or in case of a disabled worker status, the Job Centre (Agence pour le Développement de l'Emploi - ADEM) is responsible. The patient can search for a new job at another orgnisation and get an unemployment support from the Job Centre. In case of disabled worker status, he/she can benefit from support measures of ADEM, such as trainings, adaptation of the working place or supplementary vacation days.

#### MAIN IMPACTS / ADDED VALUE

- · Helped to reorganize and reinforce the overall protection of cancer patients, specifically in the context of employment.
- Promoted social cohesion by supporting cancer patients during and after their disease (societal value).
- Supported cancer patients in achieving their personal life goals (personal value).
- Supported cancer patients in their working life reintegration.
- Helped employers in adapting workplaces according to the capacities of the cancer patient.

#### **LESSONS LEARNED**

- Creation of a multidisciplinary inter-institutional working group was essential for establishing a national consensus on a set of recommendations.
- Recommendations developed by the working group were supported in their implementation by a legal act.
- The patient has dedicated contact people, which is important to ensure continuous care and support for him/her, all along his illness and employment pathway (see above).

### **REFERENCES & DOCUMENTATION**

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