

The non-disclosure of cancer in the calculation of insurance premiums – le droit à l'oubli



TYPE
STATUS

Planning for implementation
(legal texts)

LAST
UPDATE

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FRANCE • NATIONAL
Cancer survivorship

PROBLEM & OBJECTIVE

PROBLEM Even if cancer is a life threatening disease, improvement and innovation conduct to consider cancer as a curable disease for many people. In that context, social and economic actions as simple as considering the purchase of a home become of interest. However, contracting a loan can be extremely difficult due to the past history of cancer.

OBJECTIVE By consequences, in France, the AERAS (Insuring and Borrowing with Aggravated Health Risk) Agreement aims to facilitate access to insurance and borrowing for people with or having had a health problem. It applies, under certain conditions, to consumer, real estate and professional loan insurance. Briefly, 10 years after the end of the therapeutic protocol, in absence of recurrence, the loan applicant has not to declare his past history of cancer. This is the right to be forgotten.

CONTACT

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KEY COMPONENTS / STEPS

- The right to be forgotten and the associated chart were conducted under the hospice of the AERAS commission, and the French cancer plan, and translated into the law. A permanent group works on deceases that could be included into the associated chart and considers the evolution of the scientific knowledge. It evaluates data and scientific reports and makes a proposal. The latter is discussed between banker, insurer and patients deputies and thereafter validated by the core group of the AERAS agreement.
- At patient level, 10 years after the end of the therapeutic protocol, in absence of recurrence, the loan applicant has not to declare his past history of cancer.
- Before 10 years, if his decease is reported in the chart, the loan applicant has to declare the decease. The insurer has to propose an insurance at conditions that cannot overwhelmed those reported in the chart. For the other cases, this is up to the insurer.

At country level:

- Describe loan and insurance system.
- Bring together patients' associations, insurances, bankers, ministries (all relevant stakeholders).
- Identify valuable data coming from cancer registries and other sources.
- Implement in the law the right to be forgotten and its so-called reference grid.
- Update the reference grid in order to be up to date according to science and health progress.

At European level:

- Reinforce studies on time to cure.
- Develop studies on comorbidities and sick leaves.
- Make comparisons between countries in order to extend the right to be forgotten.

KEY CONTEXTUAL FACTORS

- The right to be forgotten was proposed by the French national cancer institute (INCa) and part of national Cancer plan. It was translated in the laws (Article L1141-5, code de la santé publique – https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000031923626). It was also conducted under the AERAS agreement (Insuring and Borrowing with Aggravated Health Risk), bringing together patients' associations, insurances, bankers, health and economy ministries.
- Target groups: patients' associations, insurances, bankers
- Several countries such as Luxembourg, Belgium and The Netherlands are instituting the right to be forgotten in their respective law.
- Cancer registries are of interest as well as data on sick leaves and comorbidities.

MAIN IMPACTS / ADDED VALUE

- The right to be forgotten allows insurances for a loan for cancer survivors.
- It has also a major impact on cancer considerations, and quality of life for those who underwent a cancer. Cancer survivors are no longer considered as survivors, they are like everyone in the society (without considering the disease).
- This right to be forgotten has a strong social impact, rehabilitating patients in the society (capacity to buy your own house like everyone and giving a peaceful message to survivors). This is even more important for children. The right to be forgotten is true and real second chance.
- One pitfall concern the assessment of the right to be forgotten. How that right is "not have to declare the cancer", it is not possible to know how many persons had benefit from it. Opinion studies and patients deputies can also help.

LESSONS LEARNED

- The right to be forgotten is the conjunction of national policy and implementations proposed by all the actors (patients advocacy / deputies, insurances, bankers, ministries, national agencies).
- The right to be forgotten is effective in France, including the so-called grid of reference.
- Cancer registries are of interest, reporting data on incidence, net survival and also time to cure models. Incidence and prevalence allow to define the number of persons to be considered by the measure. Net survival allows to define the risk of death. Time to cure models allow, at a statistic point of view, to define the delay between the diagnosis and the end of excess risk of death. These data should be stratified by gender, age and cancer types. Stage at diagnosis could also be considered.
- Data on comorbidities and sick leaves are mandatory.

REFERENCES & DOCUMENTATION

- Reference table for the right to be forgotten

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