

## MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

**A new EU strategic framework on health and safety at work post 2020 (including a better protection of workers from exposure to harmful substances, stress at work and repetitive motion injuries) 2021/2165(INI)**

- [Draft report](#), 05 October 2021
- [Amendments](#), 17 November 2021
- [Compromise amendments](#), 24 January 2022
- [Report](#), 9 February 2022

### AMENDMENTS

Around 1.6 million people of working age are diagnosed with cancer in Europe every year, and projections by the European Commission estimate a 21.4% increase in cancer cases in 20 years' time.

The ECL Patient Support Working Group strives to make the patient voice heard in national and European decision-making. Since 2002, the ECL Patient Support Working Group has been connecting cancer care experts to work together on developing informational materials to improve the quality of cancer care in Europe. Amongst their topics of expertise, **our members work on the return to work issues**, offering guidance and recommendations aimed at HR departments and employers as well as employees affected by cancer.

Please see the amendments suggested by the [Association of European Cancer Leagues](#) (ECL)

For more information, please do not hesitate to contact:

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Proposed Text	ECL's suggested amendment
G. whereas Europe's Beating Cancer Plan aims to reduce the cancer burden for patients, their families and health systems; whereas cancer is the leading cause of work-related deaths, accounting for 52% of all work-related deaths in the EU15;	G. whereas Europe's Beating Cancer Plan aims to reduce the cancer burden for patients, their families and health systems; <b>whereas around 1.6 million people of working age are diagnosed with cancer in Europe each year and cancer treatments are often accompanied by long periods of sickness absence, cancer-related fatigue, and physical and cognitive impairments;</b> whereas cancer is the leading cause of work-related deaths, accounting for 52% of all work-related deaths in the EU15;
<i>Justification:</i>	

- 1) A **'health in all policies'** approach needs to be paramount. It is important to have a long-term perspective when developing policies that will affect the employment market for the next 20 years or more.
- 2) **Europeans are particularly hard hit by cancer.** The European Commission estimated that Europeans make up only one tenth of the world population, but 25% of all annual cancer cases occur in Europe. The number of cancer deaths in Europe is increasing at a slower pace than the number of cancer diagnoses. This trend cannot be disregarded.
- 3) **Cancer bears huge financial distress to the patient but also to those around him/her.** In 2020, the total number of cancer cases in Europe among people aged 64 years or less is 1.029.946. Hence they are of working age or children. If a person of working age is diagnosed with cancer, his/her diagnosis is likely to cope with a financial setback. If the patient is a child, parents are likely to ask for leave days in order to take care of the sick child. Either way, cancer heavily affects the economic and social dimensions of a family.
- 4) the current text reports that "cancer is the leading cause of work-related deaths, accounting for 52% of all work-related deaths in the EU15" but in this way, it excludes 12 EU Member States.

(Source: [Cancer in Europe: 5 things the data tells us](#), European Commission | [ECIS - European Cancer Information System](#))

Proposed Text	ECL's suggested amendment
K. whereas a good psychosocial working environment enhances workers' mental and physical well-being;	K. good psychosocial working environment enhances workers' mental and physical well-being; whereas cancer survivors can experience physical and psycho-social problems, including social exclusion and discrimination, a supportive work environment may facilitate the reintroduction of the person at work; whereas employees suffering from cancer can face misconceptions and a lack of effective communication with their management; whereas a caring work environment can facilitate the employee(s) affected by cancer to disclose to the line manager and/or colleagues his/her health status;

**Justification:**

Thanks to advances in early detection, effective therapies, and supportive care, there is estimated to be over 12 million cancer survivors in Europe\*. It is therefore critical to pave the way towards caring and non-discriminatory work environments that can encourage cancer patients and survivors to (i) continue working (upon medical advice) should he/she wish to do so, or (ii) to return to work after cancer.

(\*Source: [A Cancer Plan for Europe](#), European Commission)

Proposed Text	ECL's comment
<p>Z. whereas EU citizens, according to Eurofound, are unequal in their ability to return to work during or after an injury or illness with only one in three workers in the EU whose daily activities are severely or somewhat limited by a chronic disease are reporting that their workplace has been adapted to accommodate their health problem; whereas Eurofound also pointed out that workers with low educational attainment and those in low-skilled occupations are not only more likely to have a chronic disease and experience limitations in their daily activities but are also less likely to benefit from workplace accommodation;</p>	<p>ECL strongly suggests adding specific references to the most vulnerable groups, namely <b>self-employed workers and women</b>. <b>Self-employed workers</b> are generally more vulnerable and less protected by national social and employment laws. If an independent worker gets sick, this person faces immediate financial distress. This suffering can be exacerbated if the person lives alone and nobody can take care of him/her or if this person is the main source of income for a family.</p> <p><b>When it comes to women</b>, since parental leave is more likely to be taken up by women, this may weaken women's foothold in the labour market and reinforce gender inequalities both in the workforce and in the household. When this is coupled with a cancer diagnosis, the economic equilibrium in families is broken.</p> <p>Member States are called to:</p> <ul style="list-style-type: none"> <li>- issue adequate social and employment policies that protect these fragile categories.</li> <li>- put in place communication campaigns to inform the community where to find the information they needed.</li> </ul>
<p><b>Justification:</b></p> <p><i>"In the world of work, compared to men, women continue to face higher unemployment, informality, working poverty and precariousness in employment across countries. Though many countries now see a higher share of women with a university degree, this has not necessarily translated into a better labour market outcome for women, both in terms of quantity and quality of employment"</i></p> <p>(Source: <a href="#">Gender in employment policies and programmes: What works for women?</a>, International Labour Office)</p> <p>The article "<a href="#">Work-Related Outcomes in Self-Employed Cancer Survivors: A European Multi-country Study</a>" found out that self-employed survivors more often continued working during treatment and had, in general, worse financial outcomes than salaried cancer survivors. ECL therefore points out that cancer patients should not be in the position of putting their health in danger because they must continue to work.</p>	

Proposed Text	ECL's suggested amendment
<p>7. Stresses the fact that female workers face increased challenges to occupational health and wellbeing, particularly in the health and care sector.</p>	<p>7. Stresses the fact that female workers face increased challenges to <b>their own</b> occupational health and wellbeing <b>but also those of family members</b>, particularly in the health and care sectors. <b>Women are often those that need to strike a balance between work and family duties, and when they are affected by cancer or if somebody from the family is diagnosed with cancer, this equilibrium is jeopardized.</b></p>
<p><b>Justification:</b>  <i>"particularly in the health and care sector." should be deleted. Female workers are female workers no matter in which sector they work.</i></p>	
Proposed Text	ECL's suggested amendment
<p>8. Calls on the Commission and Member States to develop strategies to prepare for an ageing workforce, higher prevalence of employees with chronic diseases and the need to adapt the workplace to the employees with disabilities, and actively support reintegration, non-discrimination and the adaptation of working conditions of persons with disabilities, with chronic diseases, or recovering from a disease; stresses the need to define and implement tailored and individualised strategies to facilitate the worker's recovery and rehabilitation process; underlines that such strategies should include the promotion of education, training and lifelong learning for persons of all ages, as well as a better work-life balance and the promotion of intergenerational exchanges in the workplace; stresses that special attention should also be given to caregivers;</p>	<p>8. Calls on the Commission and Member States to develop strategies to prepare for an ageing workforce, higher prevalence of employees with <b>cancer</b>, chronic diseases and the need to adapt the workplace to the employees with disabilities, and actively support reintegration, non-discrimination and the adaptation of working conditions of persons with disabilities, with chronic diseases, <b>cancer</b>, or recovering from a disease; stresses the need to define and implement tailored and individualised strategies to facilitate the worker's recovery and rehabilitation process; underlines that such strategies should include the promotion of education, training and lifelong learning for persons of all ages, as well as a better work-life balance and the promotion of intergenerational exchanges in the workplace; stresses that special attention should also be given to caregivers <b>and family members that often act as carers</b>;</p>
<p><b>Justification:</b>  <i>It is essential that Labour Ministries at national level develop and implement policies to support cancer patients and survivors. Indeed, these two categories have different needs.</i></p>	

*Cancer patients may suffer from fatigue, concentration issues, request several days off for medical appointments and chemotherapy. On top of these issues, they are unsure when and how to notify their condition to their line manager. All this increases stress and anxiety to a person that already has to face an unsettling diagnosis.*

*Cancer survivors can experience physical and psycho-social problems, including social seclusion and discrimination.*

*Examples of accommodations are (i) being able to gradually return to work by starting part-time, (ii) working from home, (iii) having shorter or flexible working hours, (iv) being allowed time for medical appointments, etc.*

*ECL cancer leagues developed two short guidance documents to handle cancer at work, one aimed at employees with cancer and the other aimed at employers.*

[ECL Employers leaflet](#) | [ECL Employees leaflet](#)

*The leaflets stem from the Handbook '[How to manage cancer at work](#)' that was published in 2020.*

Proposed Text	ECL's suggested amendment
<p>9. Calls on the Commission, in the framework of the Strategy for the Rights of Persons with Disabilities 2021-2030, to offer clear and ambitious guidelines to Member States and employers on the provision of workplace adjustments and reasonable accommodation in the workplace for persons with disabilities;</p>	<p>9. Calls on the Commission, in the framework of the Strategy for the Rights of Persons with Disabilities 2021-2030, <b>to conduct a study to better understand the current support services for employers and employees coping with chronic conditions, cancer, and other debilitating diseases. This background knowledge would be of help</b> to offer clear and ambitious guidelines to Member States and employers on the provision of workplace adjustments and reasonable accommodation in the workplace for persons with <b>physical and mental</b> disabilities;</p>
<p><b>Justification:</b>  <i>It is important to have a clear overview of the guidelines that may exist already at the national level. Then, the European Institutions should facilitate information sharing and exchange of best practices to harmonise national protocols and possibly achieve a single document to refer to for supporting cancer patients and survivors across Europe. This strategy could tackle the widening of inequalities in cancer care and healthcare service provision.</i></p>	
Proposed Text	ECL's comment
<p>20. Considers that in cross-border regions, joint cross-border trainings and sharing of best practices for healthcare staff and public health staff should be promoted;</p>	<p><b>ECL encourages the sharing of best practices and informative material. ECL calls on institutions and authorities to promote training aimed at employers and training aimed at employees on how to manage chronic diseases, cancer, and</b></p>

	<p>other debilitating conditions in the workplace. Yet, ECL notes that the language can be a barrier for joint cross-border trainings. As a first step, ECL suggests (i) nation-wide trainings in all EU countries to be included in management curricula so that employers and HR departments are informed of the laws that protect their employees and their organisation, and (ii) trainings tailored on employees so that they know their rights and duties should they fall ill.</p>
<p><b>Proposed Text</b></p>	<p><b>ECL's suggested amendment</b></p>
<p>28. Calls on the Commission and Member States to ensure that managers and workers with responsibility of personnel receive or have completed relevant training, including training in psychosocial risks prevention and anti-harassment courses, prior to taking up their duties at the work-place; calls on the Member States and social partners to take initiatives to upgrade the health and safety training of representatives and managers in accordance with national law and practices; calls on the Member States to support the active involvement of employees in implementing preventive OSH measures and ensuring that health and safety representatives are able to receive training beyond the basic modules;</p>	<p>28. Calls on the Commission and Member States to ensure that managers and workers with responsibility of personnel receive or have completed relevant training, including <b>dealing with cancer at the workplace</b>, training in psychosocial risks prevention and anti-harassment courses, prior to taking up their duties at the work-place; calls on the Member States and social partners to take initiatives to upgrade the health and safety training of representatives and managers in accordance with national law and practices; calls on the Member States to support the active involvement of employees in implementing preventive OSH measures and ensuring that health and safety representatives are able to receive training beyond the basic modules</p>