

Virtual Cancer Care Equity in Canada: Lessons From COVID-19

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The COVID-19 pandemic radically shifted healthcare delivery to patients with cancer. Virtual cancer care, or the remote delivery of health care, has become an important resource for patients in Canada to maintain access to cancer care during the pandemic. With an increased number of people regularly accessing the internet and smartphones being ubiquitous for nearly all ages, technology in health care has grown. Virtual cancer care has been referenced as the fourth pillar of cancer care and it appears it may be here to stay. This article explores the benefits and challenges associated with virtual cancer care and outlines the importance of ensuring it is safe and equitable. Oncology nurses can identify where virtual care can be used to mitigate inequities and call attention when these tools exacerbate inequities.

AT A GLANCE

- The COVID-19 pandemic has affected cancer-care delivery with an increased shift toward virtual care.
- Virtual cancer care is associated with a number of potential benefits and challenges for patients and healthcare providers alike.
- Oncology nurses can help ensure that virtual cancer care is accessible and equitable for all.

KEYWORDS

virtual care; access and equity; technology; telehealth; teleoncology

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The global COVID-19 pandemic caused by the novel SARS-CoV-2 virus has affected cancer care in many notable ways. People with cancer are at a higher risk of adverse outcomes, including death, after a COVID-19 infection (Sharafeldin et al., 2021). One systematic review reported an overall COVID-19 case fatality rate of 22.4% (95% confidence interval [17.3, 28]) for patients with cancer (Zhang et al., 2021), compared to 1.1% among the general Canadian population as of February 28, 2022 (Government of Canada, 2022). The COVID-19 and Cancer Consortium reported a 28% increased risk of COVID-19 severity and a 61% increased risk of 30-day mortality with cytotoxic agents (Grivas et al., 2021). Even people who have been treated for cancer in the past may be at an increased risk of adverse outcomes from a COVID-19 infection, particularly those with history of hematologic malignancies (Williamson et al., 2020).

Radical changes to cancer screening programs and care delivery occurred early in the pandemic, and the impacts of these changes persist today (Basu et al., 2021; Brugel et al., 2020). In early 2020, many cancer centers around the world shifted the delivery of cancer care from predominantly in-person to virtual (Bakitas et al., 2021; Jazieh et al., 2020).

Virtual cancer care, or the remote delivery of health care, was present before the pandemic, but it became an important avenue to address the challenges brought on by the COVID-19 pandemic. According to Statistics Canada (2021), approximately 88% of Canadians aged 15 years or older owned a smartphone in 2018. However, the 2018 Canadian Internet Use Survey found that 9% of Canadians were internet non-users and 16% were basic users, with approximately 24% reporting no or very limited engagement with the internet and digital technologies in 2018 and 2019 (Wavrock et al., 2021). About 63% of seniors identified as either non-users or basic users (Wavrock et al., 2021).

This article explores the benefits and challenges associated with virtual care and outlines the importance of ensuring safe and equitable care. Oncology nurses can be leaders in identifying where virtual care mitigate inequities and calling attention when these tools exacerbate existing inequities.

Virtual Cancer Care

The adoption of virtual care into routine cancer care has been slow and may be related to concerns with privacy, reimbursement, cost, and access