

Environmental Exposure Assessment: Considerations for Oncology Nurses

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Certain patients with cancer are eligible for exposure-related cancer compensation through federal programs, class action lawsuits, or employer programs. However, clinical tools for oncology nurses often do not include prompts to assess patients' environmental and occupational exposure history. The integration of routine environmental and occupational assessment items into existing clinical assessment tools can enhance the opportunity to link all eligible patients with cancer to resources that could affect their psychological, physical, and financial health outcomes.

AT A GLANCE

- Many Americans who develop malignancies after being exposed to workplace or other environmental carcinogens are eligible for compensation payments and targeted support services through national government programs.
- Without navigation assistance to access their entitlement, patients with a new cancer diagnosis are at risk of being targeted by predatory firms offering claims navigation services for a hefty fee.
- Routinely assessing every patient newly diagnosed with cancer for potential environmental or occupational exposure allows nurses to quickly screen, identify, and connect eligible patients with legitimate and cost-free compensation resources.

KEYWORDS

environmental cancer; occupational cancer; exposure compensation funds

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An estimated 80%–90% of all cancers have, at least in part, environmental causes (Lewandowska et al., 2019). The National Institute for Occupational Safety and Health (2022a) recognizes 131 compounds as carcinogens linked to occupational cancers, and it is possible that 3%–6% of all cancers can be traced back to carcinogen exposure in the workplace (American Cancer Society, 2019). Although there is no accurate count of how many people in the United States develop exposure-related malignancies, certain historical events are well recognized for their connection with cancer induction. The federal government has acknowledged that cancer clusters observed in some communities are environmental, distributive, legal, or racial injustices. These communities include people who live downwind of nuclear weapons testing sites (Yan, 2020), uranium workers and millers (Richardson et al., 2022), U.S. Department of Energy (DOE) employees (National Institute for Occupational Safety and Health, 2022b), as well as firefighters, victims, and rescue and recovery workers in the September 11, 2001, attacks (Li et al., 2022) (see Table 1).

The U.S. Congress has authorized several compensation funds for cohorts with defined exposures who were harmed in the pursuit of national interests or who were victims of national disasters. Government exposure funds cover medical expenses, provide exposure-specific monitoring and case management, and generally deliver restitution for qualifying claimants or their survivors. However, the prospects of large government payouts have created an entire industry of law firms and case management agencies that feed off of claims benefits. Without proper navigation into free government-provided assistance services, patients are at risk of unknowingly engaging for-profit services that can take a cut of the compensation payments as much as the regulatory limit of 2%–12% (Public Health and Welfare, 2001). Even oncology nurses who are aware of the available compensation benefits for their patients are challenged to navigate the thicket of legal and predatory service offers. To protect their patients from potential exploitation, oncology nurses can ask all patients about their environmental or occupational exposure history at the time of diagnosis and promptly link them to free claims services through government-administered resource centers. The purpose of this article is to provide oncology nurses with an overview of the largest federally available exposure compensation funds and to provide a model for how to quickly screen, identify, and connect potentially eligible patients to resources that could affect their psychological, physical, and financial health outcomes.