

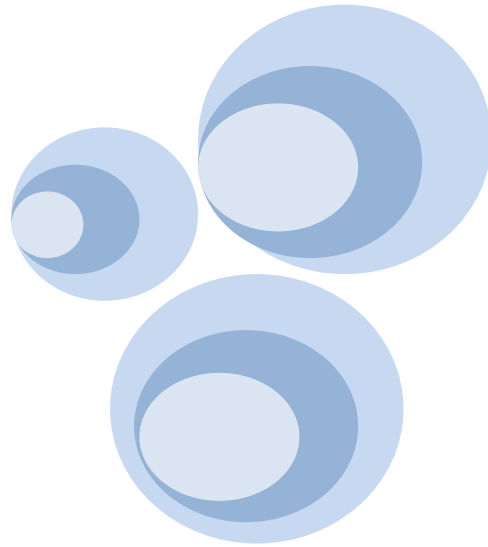
# CANCER INFORMATION

From Cancer Support France

## Cancer and welfare services

An adaptation from the original  
French

April 2013



**CSF**

## FOREWORD

### ▪ PARTNERSHIP WITH CANCER INFO

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In 2010, associations supporting people affected by cancer were invited to become partners with *Cancer info* and help support their work by sharing all available information resources. *Cancer info* was created by *l'Institut National du Cancer* - INCa (The French National Cancer Institute), a national health and science agency responsible for co-ordinating activities in the fight against cancers in France.

Developed with the support of *la Ligue nationale contre le cancer* (National League against cancer), *Cancer info* works to provide accessible, accurate and up to date information about cancer for patients, their families and specialists. This information is made available via a dedicated website, printed booklets and a telephone helpline.

Cancer Support France (CSF) is pleased to be actively involved with *Cancer info* and is the only English-speaking association in this partnership. In January 2011, INCa gave CSF the right to translate and adapt the information produced in their publications. This work is our unique contribution to the partnership and has been warmly welcomed by all concerned. We look forward to its evolution.

The original French document, *Démarches sociales et cancer* (Cancer and welfare services), forms part of the collection *Cancer info* References Guides (*Cancer info* patient information booklets) published by INCa.

The information contained in this volume is subject to revision as changes in the social security system take place; it is therefore recommended that the *Cancer info* website is checked to ensure that the most current information is to hand. As soon as we are aware of updates, these will be notified on our own website: [www.cancersupportfrance.info](http://www.cancersupportfrance.info)

Cancer Support France would like to thank INCa for their permission to translate, adapt and circulate this text.

Linda Shepherd  
President, Cancer Support France-National  
January 2012

## Disclaimer

This English text is an adaptation of the original, and as such *INCa* does not accept any responsibility for its content. We have endeavoured to render as accurate a translation as possible, but in case of any doubt we recommend reference to the original text. In accordance with the agreement made on January 14<sup>th</sup> 2011, we include the following statement: **“Ouvrage librement adapté du guide *Cancer info* de l’Institut National du Cancer. Avec nos remerciements”** (Text freely adapted from the National Cancer Institute’s Cancer info booklet. With our thanks.)



All the booklets produced by *Cancer info* may be freely downloaded from their website or ordered online : <http://www.e-cancer.fr/cancer-info>  
Alternatively you can order copies by ringing the *Cancer info* helpline: 0810 810 821  
Monday– Saturday from 9am – 7pm (cost of a local call).

The complete list of guides available in French and English is on page 96.

## INTRODUCTION

When a cancer is diagnosed, there are a number of administrative steps that need to be taken.

This is because the disease may affect your family and social relationships, interfere with your work, confront you with financial problems, and cast doubt on your present and future plans.

It is not always easy to find your way among the multiple resources available. The aim of this text is therefore to help you and your friends and family identify your welfare entitlements and guide you in obtaining these both during and after your illness.

**Each situation is unique. Social workers are familiar with the full panoply of resources. They can help you and your family navigate the system. Do not hesitate to make contact with them.**

The booklet *Démarches sociales et cancer* (cancer and welfare services) was originally published in 2004. The current version is the July 2009 update. Because French law on welfare entitlements is in a state of constant evolution, you are advised to check regularly for any changes.

**Throughout this text, 'he' should be understood to mean 'he or she' as appropriate.**

Information specifically relevant to English-speaking patients, together with additional notes not found in the original text, have been inserted as an aid to understanding. These inserts use this blue text.

## CONTENTS

<b>1</b>	Getting your bearings	6
<b>2</b>	Administrative services	9
<b>3</b>	While you are in hospital: patient rights and information	17
<b>4</b>	Benefits relating to illness and treatment	22
<b>5</b>	After leaving hospital	29
<b>6</b>	Income while on sick leave	37
<b>7</b>	Returning to work	44
<b>8</b>	Cancers associated with occupational exposure and recognized as occupational disease	48
<b>9</b>	Bank loans	52
<b>10</b>	Legal procedures for protecting the sick person	55
<b>11</b>	Leave available to the relatives of a sick person	59
<b>12</b>	When a child is sick	61
<b>13</b>	What to do when a relative dies	68
<b>Appendix</b>		
	List of acronyms and abbreviations	72
	Glossary	76
	List of websites	82
	List of useful telephone numbers	85
	Members of the French Work Group	87
	Proofreaders for the 2009 French text update	88
	Translators and English proofreaders	92
	Cancer Support France	95
	Cancer Information booklets	96

## 1. GETTING YOUR BEARINGS

- THE SOCIAL WORKER
  - SOURCES OF INFORMATION
- 

### THE SOCIAL WORKER

*Who can help me with my family, social and financial difficulties? When can I go to a social worker? Where can I find her? At the hospital, near my home?*

A social worker can assist you and your family during the course of your illness and afterwards. She will work to establish a relationship of trust with you, based on listening and acceptance. With your agreement, she will take any action aimed at preventing or surmounting possible difficulties. She can thus help to improve your quality of life on the social, health, family, financial and occupational fronts.

You can contact a social worker during or after your stay in hospital. She will respond to your questions or problems associated with cancer in the following areas:

- ❖ Access to treatment
- ❖ Family organization
- ❖ Financial aspects
- ❖ Your situation at work
- ❖ Acknowledgement of your cancer as an occupational disease
- ❖ Administrative problems
- ❖ Preparing for your return home and adaptation thereof
- ❖ Arranging support in the form of people and technical aids
- ❖ Legal protection of persons
- ❖ Arranging a convalescent home after a stay in hospital

You can contact a social worker through your:

- ❖ Hospital
- ❖ *Régime d'Assurance Maladie* (health insurance scheme)
- ❖ *Caisse d'allocations familiales* (family allowance office)
- ❖ *Caisse de retraite* (pension fund)
- ❖ *Centre communale d'action sociale* - CCAS (local welfare service)
- ❖ Company's welfare service (if one exists)

A social worker will intervene if requested by you or by a third party with your agreement. Social workers are trained to respect the patient and his life choices without discrimination. They are bound by professional secrecy: any information to which they may have access is confidential.

## SOURCES OF INFORMATION



Various reception and information facilities have been set up in and outside hospitals: *les Espaces de rencontres et d'information* - ERIs (encounter and information centres), *les kiosques d'information sur le cancer* (cancer information kiosks), *les Espaces Ligue Info* - ELIs (league info centres), *les Accueils cancer de la ville de Paris* - ACVPs (Paris cancer reception centres), *les Centres locaux d'information et de coordination* - CLICS (local information and co-ordination centres), *Cancer info*, [Cancer Support France \(CSF\)](#).

The main purpose of these organizations is to listen to, inform and advise patients and their relatives. To find out whether they meet your information needs, you can contact them directly or discuss them with the health professionals at your hospital, who can advise you.

Access to these organizations is free. They do not offer medical consultations nor any diagnosis or prognosis of your illness.

### **Encounter and information centres (ERIs)**

Some cancer centres and hospitals (public and private) provide ERIs. Within hospitals, ERIs organize activities around two themes: information and encounter. Information is available in various forms, such as brochures, videos, Internet access, and there are also meetings for discussing subjects of concern to patients and their relatives (diet, information about a treatment, etc.). The programmes are supervised by a committee of carers' representatives. Details of ERIs near your home can be obtained by consulting the website of *la Ligue nationale contre le cancer*: [www.ligue-cancer.net](http://www.ligue-cancer.net) or by making a request on their website *Action pour les malades* (action for patients): [action-malades@ligue-cancer.net](mailto:action-malades@ligue-cancer.net)

### **League info centers (ELIs)**

ELIs are run by volunteers trained by *la Ligue nationale contre le cancer*. They may be situated in or outside hospitals. Their objectives are to welcome, inform, listen to, support and advise patients and their relatives. You will find additional information about them on *la Ligue's* website: [www.ligue-cancer.net](http://www.ligue-cancer.net)

### **Cancer information kiosks**

These are for patients and other people wanting information about cancer. They are intended for both patients and their friends and relatives, irrespective of the stage of the disease. They are situated in places which are easy to access, such as town centres. They serve as a link between the hospital, the independent sector and patient associations. They can improve patients' quality of life and give advice on benefits. You can find details of these facilities on INCa's website: [www.e-cancer.fr/cancer-info/ressources-utiles](http://www.e-cancer.fr/cancer-info/ressources-utiles)

### **Paris cancer reception centres (ACVPs)**

ACVPs are situated outside hospitals and near residential areas. These organizations have links with the cancer departments of Paris hospitals, *Ligue* centres in the Paris region and patient associations. They provide psychological, social, personal and family support. Paris has four ACVPs. You can obtain additional information by telephone on 01 49 96 75 75 and on the Paris website: [www.paris.fr](http://www.paris.fr) > search for “Accueils cancer”.

### **Local information and co-ordination centres (CLICs)**

CLICs are reception, information and advice facilities. Set up for the elderly and their helpers, they provide information and help, depending on the particular situation. A team of professionals working within the CLIC advises people as to the steps they should take. One or more CLICs exist in each region. They are generally situated in towns. For further information, consult the CLIC website: <http://clic-info.personnes-agees.gouv.fr>

### **Cancer info**

Cancer info was developed by the French National Cancer Institute with the support of *the Ligue nationale contre le cancer*, *Cancer info* works to provide accessible, accurate and up to date information about cancer for patients and their families. This information is made available via :

- ❖ A dedicated website: [www.e-cancer.fr/cancer-info](http://www.e-cancer.fr/cancer-info)
- ❖ Printed booklets (freely downloaded or ordered)
- ❖ A telephone helpline: 0810 810 821, Monday to Saturday 9am – 7pm, at the price of a local call

### **Cancer Support France (CSF)**

CSF provides a wide range of services and information for English-speaking people suffering from or concerned about cancer. Visit their website: [www.cancersupportfrance.org](http://www.cancersupportfrance.org)  
(See page 94).

***Un annuaire des associations de santé***<sup>®</sup> (directory of health associations): Regional and departmental reception and information facilities have been set up by numerous associations. We cannot cite them all here, but you can consult the directory of health associations, which lists the main patient associations and those which provide help and support in the field of health. This directory gives information about all the activities of these associations as well as the documents they make available: [www.annuaire-aas.com](http://www.annuaire-aas.com)

## 2. ADMINISTRATIVE SERVICES

- SOCIAL SECURITY SCHEMES
  - BASIC AND COMPLEMENTARY UNIVERSAL MEDICAL INSURANCE
  - FAMILY ALLOWANCE OFFICE
  - LOCAL WELFARE SERVICE
  - LOCAL DISABILITY OFFICE
  - DISABILITY BADGES
- 

During and after your illness, a certain number of administrative formalities will be necessary. Depending on your personal, professional and medical situation, you will need to determine which social security scheme will cover part of your medical expenses. You will also have to identify which organizations to contact to claim other benefits: housing allowance, adult or child disability allowance, etc.

The main administrative services you will be dealing with during and after your illness are: *l'Assurance Maladie* (health insurance) and its three main schemes: *le régime général des salariés* (general scheme), *le régime agricole* (agricultural workers' scheme) and *le régime social des indépendants* (scheme for the self-employed); *la Caisse d'allocations familiales* - CAF (family allowance office); *le Centre communale d'action sociale* - CCAS (local welfare service); *la Maison départementale de la personne handicapée* - MDPH (local disability office).

### SOCIAL SECURITY SCHEMES

***Le régime général des salariés*** (general scheme) covers people employed in industry, trade and the like, those who do not work and those who receive certain benefits (unemployment benefit, pensions, allowances, etc.). The organization in charge of this scheme is *la Caisse Primaire d'Assurance Maladie* (CPAM).

Foreigners covered by a reciprocal agreement also come under CPAM.

*L'Assurance Maladie* has set up a dedicated phone line for obtaining information on your personal situation: 3646 (cost of a local call from a landline). If you are calling from abroad, you should dial +33 811 703 646 (cost will depend on the foreign operator concerned). Alternatively, you can consult the *Assurance Maladie* website: [www.ameli.fr](http://www.ameli.fr)

***Le régime agricole*** (agricultural workers' scheme) covers both farmers and farm workers and is run by *la Mutualité Sociale Agricole* (MSA). Information on your situation may be obtained on the website [www.msa.fr](http://www.msa.fr)

***Le régime social des indépendants*** - RSI (scheme for the self-employed) looks after other self-employed workers (craftsmen, tradesmen, professionals), as well as certain directors or partners of businesses.

Information on your situation can be found on the website [www.le-rsi.fr](http://www.le-rsi.fr)

**People employed by SNCF, RATP, EDF, GDF, civil servants, sailors, soldiers, teachers, etc.** have their own social security schemes. For information on your situation, consult the special schemes' website: [www.regimesspeciaux.org](http://www.regimesspeciaux.org)

You should contact your own social security scheme for all claims relating to your health: reimbursement of medical expenses, sick leave, sick pay, declaration of occupational accidents and illnesses.

If you are not in any health insurance scheme, you may, in certain circumstances, be eligible for CMU and CMUC (see below). If you are an illegal immigrant, you may be eligible, in certain circumstances, for cover by *l'Aide médicale de l'Etat* - AME (State medical assistance) or *l'Aide médicale de l'Etat à titre humanitaire* (State medical assistance on humanitarian grounds) for payment of your treatment (see chapter 4).

## **BASIC AND COMPLEMENTARY UNIVERSAL MEDICAL INSURANCE**

*What do I do if I need medical treatment but don't have medical insurance?*

**La Couverture maladie universelle de base - CMU** (basic universal medical insurance) enables you to register with *l'Assurance Maladie* and to be covered for your treatment. To be eligible for this scheme, you must have lived in France legally for at least three months. Basic CMU covers people who are with or without income, although in the former case a financial contribution may be required.

**La Couverture maladie universelle complémentaire - CMUC** (complementary universal medical insurance) entitles you to additional protection. To be eligible, you have to have lived in France legally for more than three months and your monthly household income must not exceed a certain sum. Your medical treatment will be fully covered, without your having to advance any money, for treatment, the purchase of medicines or admission to hospital. This includes cover of *le ticket modérateur*, which is the part not reimbursed by *l'Assurance Maladie*. You will not have to pay the 50 centime contribution for each prescribed medicine, the 1 euro contribution for each consultation, nor the daily charge for a hospital stay (see Chapter 4 )<sup>1</sup>.

In order to claim CMU or CMUC, you must fill in a form that is available from your previous medical insurance scheme, your *mairie*, your CCAS or your hospital. It can also be downloaded from the following websites: [www.ameli.fr](http://www.ameli.fr), [www.msa.fr](http://www.msa.fr), [www.le-rsi.fr](http://www.le-rsi.fr)

All the documents to be provided are listed on the form.

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<sup>1</sup> These amounts may change. Check the *Cancer info* website.

### **Assistance in obtaining complementary medical insurance**

If you are not eligible for CMUC, but cannot afford to take out a *mutuelle* (private complementary medical insurance - also known as 'top-up'), *l'Assurance Maladie* has introduced a voucher scheme to help you pay the premium for a *mutuelle*.

In order to obtain this financial assistance, you should fill in a form that you can obtain from a *caisse d'Assurance Maladie*, a CCAS or a hospital. You can also download form S 3711 or S 3715 from the following websites: [www.ameli.fr](http://www.ameli.fr), [www.msa.fr](http://www.msa.fr), [www.le-rsi.fr](http://www.le-rsi.fr)

Once your application form for CMUC or for aid for financing a *mutuelle* has been completed, dated and signed, you should send it to whichever medical insurance scheme you belong to (CPAM, MSA, RSI, etc.). At your request, your *caisse* will be able to provide you with a list of possible *mutuelle* providers.

In determining if a request to be covered by CMUC or to obtain assistance in financing a *mutuelle* is justifiable, your *caisse* may take into consideration your lifestyle during the 12 months preceding your claim. This can include looking at land and property, capital, cars, works of art and other collections, household help, electrical goods (including household appliances, hi-fi, video, computers), holidays, membership of sports and leisure clubs, hunting rights, etc. The objective is to prevent fraud and avoid abuse of the benefit.

**For these three types of cover, renewal is not automatic and you must re-apply every year.**

### **FAMILY ALLOWANCE OFFICE**

*La Caisse d'allocations familiales* - CAF (family allowance office) is a public organization that helps families in their everyday life. It will analyze your situation and give you various benefits accordingly: *l'Allocation logement* (housing allowance), *l'Allocation journalière de présence parentale* - AJPP (daily allowance for parental presence), *l'Allocation d'éducation enfants handicapés* - AEEH (education allowance for disabled children) and *l'Allocation aux adultes handicapés* - AAH (adult disability allowance). Certain benefits are subject to your means and your entitlement is scrutinized regularly.

The granting of benefits for the disabled is subject to a decision by *la Commission des droits et de l'autonomie des personnes handicapées* - CDAPH (committee for the rights and autonomy of the disabled); this committee operates within *la Maison départementale des personnes handicapées* - MDPH (local disability office).

There is at least one CAF in each department.

**For further information on all these benefits, do not hesitate to contact your local CAF. Farmers and farm workers should contact the family allowance department of the MSA.**

Further information can be found on their respective websites: [www.caf.fr](http://www.caf.fr) and [www.msa.fr](http://www.msa.fr)

## LOCAL WELFARE SERVICE

*Le Centre communal d'action sociale* - CCAS (local welfare service) can help evaluate the claims of poor families without children, the elderly and the disabled, and direct them to the right contacts to provide appropriate help and advice, including putting them in touch with a social worker.

Examples of help that can be provided:

- ❖ Meals on wheels
- ❖ Home help
- ❖ Personal alarm system
- ❖ Food aid
- ❖ Public transport tickets

You can find the contact details of your local CCAS at your *mairie*.

## LOCAL DISABILITY OFFICE

*La Maison départementale des personnes handicapées* - MDPH (local disability office) is an organization that deals exclusively with the entitlements of the disabled up to the age of 60.

There is an MDHP in each department. They all include a *Commission des droits et de l'autonomie des personnes handicapées* - CDAPH (committee for the rights and autonomy of disabled people), which is responsible for determining who is eligible for what benefits. Decisions are based on the results of evaluations carried out by a multidisciplinary team.

The term *handicap* (disability) refers to all forms of limitation of activity or restricted participation in daily life. It is used with reference to a person suffering from an incapacitating illness, whether temporary or permanent. This is why a person suffering from cancer may be eligible for benefits or allowances from the MDPH.

The professionals working in the MDPH are competent in various medical and paramedical fields:

- ❖ Psychology
- ❖ Social work
- ❖ Education (lower and higher)
- ❖ Employment and professional training

They will assess your needs and help you determine what is required to protect or preserve your autonomy.

The CDAPH is responsible for:

- ❖ Defining your level of incapacity
- ❖ Establishing your entitlement to benefits: *Allocations aux adultes handicapés* - AAH (adult disability allowance), *Prestation de compensation du handicap* - PCH (disability living allowance), etc.
- ❖ Granting the status of disabled worker
- ❖ Helping disabled people to obtain careers advice

The level of incapacity, often called the level of handicap, is determined by taking into consideration all the limitations that impair your autonomy (the percentage is calculated using an official procedure established by decree). The medical certificate provided by your doctor must be detailed and well argued. The MDPH will base their decision on the information provided by your doctor.

Do not hesitate to contact your MDPH for information on the services provided by their team. The necessary formalities to make a claim will be explained by the reception staff. Forms are available at your *mairie*, CAFs, the MSA and your *caisse d'Assurance Maladie*.

Information on laws relating to the disabled and their application to daily life is available from *le Ministère du Travail, des Relations sociales, de la Famille, de la Solidarité et de la Ville* (ministry of labour etc.) by phone on 0820 03 33 33 from Monday to Saturday 9am - 7pm (0,12 euros/minute) or via Internet: [www.travail-solidarite.gouv.fr](http://www.travail-solidarite.gouv.fr)

Various benefits are available to compensate the consequences of a disability: *la Prestation de compensation du handicap* - PCH (disability living allowance), *l'Allocation d'éducation aux enfants handicapés* - AEEH (education allowance for disabled children), *l'Allocation aux adultes handicapés* - AAH (adult disability allowance), *le Complément de ressources* (supplementary benefit) and *la Majoration pour vie autonome* - MVA (additional allowance for autonomous living).

The CDAPH of your MDPH will determine your right to any benefits, but it is your *caisse* that makes the actual payments.

### **Disability living allowance**

*La Prestation de compensation du handicap* – PCH (disability living allowance) is designed to compensate the consequences of disability for people under the age of 60. It replaces the *Allocation compensatrice pour tierce personne* - ACTP (benefit for carers). It takes into account all your needs. It is granted without reference to your level of income but requires that you be a French resident. You must include a medical certificate with your claim.

Five main types of assistance are available:

- ❖ Personal (compensation for family help, personal assistance from a third party, e.g. home help)
- ❖ Technical (equipment, prostheses)

- ❖ Material (modification of your home or car)
- ❖ Animal (e.g. guide dog for the blind or partially sighted)
- ❖ Other specific or exceptional assistance (something not covered elsewhere such as the repair of a wheelchair)

Finally, a *Plan personnalisé de compensation du handicap* - PPCH (personalized plan for disability living allowance) will give you the detail of the assistance granted. Handicapped children and adolescents are eligible for the PCH provided they are eligible for the AEEH (see Chapter 12) and its supplementary benefit, but they must choose between the supplementary benefit of the AEEH and the PCH.

### **Adult disability allowance**

*L'Allocation aux adultes handicapés* - AAH (adult disability allowance) is granted for a defined period of time starting at a certain level of disability on condition that certain eligibility criteria of residency, nationality, age and income are met:

- ❖ You must be over 20 years old (or, in certain circumstances, over 16) and under 60
- ❖ You must have a permanent disability level of at least 80%, or of between 50 and 80% provided you have been deemed incapable of obtaining work

This allowance may be paid in full or in part. After 6 months' continuous sick leave, your claim may be reviewed.

The CDAPH will determine your level of disability and the length of time for which the AAH will be paid.

The AAH is reduced in the case of a hospital stay of more than 60 days or if you are admitted to a specialized care centre or rehabilitation centre.

In the case of disability levels between 50 and 60%, the payment of the AAH ceases from the age of 60. At that age, beneficiaries become eligible for the old age pension for the disabled. When the disability level is 80% or more, a reduced AAH may be paid beyond the age of 60 to supplement a pension less than the minimum old age pension.

In addition to this allowance, you may be eligible for payment of a *Complément de ressources* (supplementary benefit) or a *Majoration pour vie autonome* (MVA).

### **Supplementary benefit**

*Le Complément de ressources* (supplementary benefit) is an allowance that is added to the AAH to ensure a minimum income to compensate for long-term loss of work-related income by those who are unable to work.

To receive this supplementary benefit, you must:

- ❖ Be under the age of 60
- ❖ Be considered as having a less than 5% capacity to work owing to your disability
- ❖ Have received no work-related income for more than a year
- ❖ Live independently
- ❖ Have a disability level of at least 80% and receive the full AAH or a reduced AAH in supplement of the old age pension or an allowance following an occupational accident

If you start to work again, the payment of supplementary benefit will cease.

### **Additional allowance for autonomous living**

*La Majoration pour vie autonome* - MVA (additional allowance for autonomous living) is an allowance reserved for disabled people who are physically able to work but who, owing to their disability, are unemployed.

To be eligible for this allowance, you must:

- ❖ Have a disability level of at least 80% and receive the full AAH or a reduced AAH in supplement of the old age pension or an allowance following an occupational accident
- ❖ Be under the age of 60
- ❖ Have no work-related income
- ❖ Live independently and receive housing allowance

It is not possible to receive both the supplementary allowance and the MVA. If you are eligible for both, only the higher of the two will be paid.

You must inform the organization that makes these payments of any change in your personal circumstances (financial position, family or professional situation). You may be asked to reimburse any overpayment.

## **DISABILITY BADGES**

In addition to all the allowances available for the disabled (PCH, supplementary benefit, etc.), it is also possible to obtain a disability badge from your MDPH.

### **Disability badge**

If you have a level of disability of at least 80% and regardless of your age, you are eligible for a *carte d'invalidité* (disability badge). It is valid for a defined period of time.

Your disability badge may indicate '*cécite*' (blind) or '*besoin d'accompagnement*' (need to be accompanied).

The badge gives you certain benefits such as:

- ❖ Reduction of income tax
- ❖ Exemption from council tax and television licence fee (the terms and conditions are described on the back of your tax statement)
- ❖ Access to reserved seating on public transport
- ❖ Priority queuing
- ❖ Reduced train fare for the carer accompanying you on a journey
- ❖ Free access to certain museums

### **Priority badge**

If your level of disability is less than 80%, you may be eligible for a *carte de priorité* (priority badge) for the disabled. This card gives access to reserved seating and priority queuing. On the other hand, it gives no fiscal benefits.

### **European parking badge**

If you are disabled or suffer from a health problem that seriously restricts your mobility and autonomy (walking difficulties, need to be accompanied), *la carte européenne de stationnement* (European parking badge) allows you to park in reserved parking spaces. It must be displayed in the windscreen of the car you are using (yours or that of the person accompanying you).

This badge is recognized in all member states of the European Union and enables the holder to benefit from whatever rules are in force for handicapped people in the country concerned.

### 3. WHILE YOU ARE IN HOSPITAL: PATIENT RIGHTS AND INFORMATION

- GUIDELINES FOR YOUR STAY IN HOSPITAL
  - DIAGNOSIS AND BEYOND
  - LAW OF MARCH 4<sup>th</sup> 2002
  - HOSPITAL PATIENT CHARTER
  - TRUSTED PERSON
  - MEDICAL RECORD
  - COMMITTEE FOR RELATIONS WITH USERS AND QUALITY OF CARE
  - REGIONAL COMMITTEE FOR RECONCILIATION AND COMPENSATION
- 

#### GUIDELINES FOR YOUR STAY IN HOSPITAL

**On arrival at the hospital**, go to the *bureau des entrées* or *bureau des admissions* (admissions), taking with you the necessary administrative documents for your stay:

- ❖ Proof of identity
- ❖ *Carte vitale* (health insurance card) and *attestation* (related certificate of health insurance)
- ❖ *Carte de mutuelle* (private complementary health insurance card) or certificate of *couverture maladie universelle complémentaire* (CMUC)
- ❖ Letter from your *médecin traitant* (designated doctor)
- ❖ Medical documents (blood group card, vaccination and health record, test results, X-rays, etc.)

**When you are discharged from hospital**, you will be given:

- ❖ A form detailing your dates of admission and discharge
- ❖ Your prescriptions
- ❖ A letter for your *médecin traitant*, unless this has been sent by post
- ❖ Medical prescription for transport if necessary

Follow-up appointments for your next consultation or examinations may also be arranged at this time.

For further information about being in hospital (your rights and responsibilities, directory of health organizations, etc.), you can consult the site [www.hopital.fr](http://www.hopital.fr)

#### DIAGNOSIS AND BEYOND

*Le dispositif d'annonce* (diagnosis and beyond) is an initiative that forms part of the *Plan Cancer* (cancer plan) (2003-2007) and was put in place at the request of patients at the *Etats Généraux des malades atteints de cancers* (general assembly of cancer sufferers), organized by *la Ligue nationale contre le cancer*. Under its terms, the patient must receive quality care

from the moment of learning the diagnosis onwards. The programme makes provision for adequate time for discussion and explanation of the illness and its treatment with a view to providing the patient with relevant information in a respectful manner, as and when needed:

Adequate time must be allowed for:

- ❖ **Medical information** including the imparting of the diagnosis and proposed treatment
- ❖ **Nursing support** to enable the patient and his family to ask further questions about the illness and its treatment and to receive information about his rights and potentially helpful associations
- ❖ **Other support** including welfare considerations and access to ancillary treatment (psychologist, physiotherapist, pain management clinic, etc.)
- ❖ **Interaction between *médecin traitant* and hospital team** to ensure optimal co-operation between all parties involved in the patient's treatment

An English translation of the document describing this initiative is available on the CSF website: [www.cancersupportfrance.info/publications](http://www.cancersupportfrance.info/publications)

## THE LAW OF MARCH 4<sup>th</sup> 2002

The Law of March 4<sup>th</sup> 2002 concerning patients' rights and the quality of the healthcare system gives the patient, in the section *Information des usagers du système de santé et expression de leur volonté* (information for users of the healthcare system and expression of their wishes), the right to information and enumerates the various situations in which this applies. *Le Code de la santé publique* (public health code) contains the principal references to patients' rights (e.g. medical record, trusted person). Details of these rights can be found in *Le Code de la santé publique* in articles L.1111-7 et seq., and R.1111-1 et seq.

## HOSPITAL PATIENT CHARTER

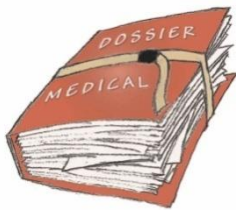
*La Charte de la personne hospitalisée* (hospital patient charter) reiterates these rights in a simplified manner. The object of the charter is to make you aware of your rights (access to your medical record, trusted person, etc.) as they are endorsed by law, in particular the law of March 4<sup>th</sup> 2002 (see above). On admission to hospital, you will be given a summary of this charter. The complete document is available on demand without charge from the hospital reception. You can also consult it on and download it from the ministry of health's website: [www.sante.gouv.fr](http://www.sante.gouv.fr)

## TRUSTED PERSON

During your hospital stay, having a relative or third party with you can make it easier to take in the information you are given; with two of you, you can compare your understanding of the information given by the doctor and discuss it together.

This is why you are allowed to designate a *personne de confiance* (trusted person) each time you have a stay in hospital (you can change your choice at any time). The designation of a trusted person is made in writing. It can be your partner, a member of your family (e.g. parent, brother, sister, child, uncle), a friend or your *médecin traitant*. The only condition is that this person must be over 18. The trusted person is the one to whom the health professionals will turn if, at any time, you are not in a fit state to be informed or are not able to express your wishes.

## MEDICAL RECORD



You may need to consult your medical record, with or without a person of your choice, or obtain documents such as discharge summaries, examination reports, etc.

In order to have a copy of your medical record sent to you, you should write to the hospital director or the head of the department concerned. Your letter may be given to the hospital by hand or sent by post. In the latter case, it should be sent to the hospital director by recorded delivery with acknowledgment of receipt and accompanied by a photocopy of your *carte d'identité* (identity card) or [passport](#). You should receive a reply at the latest within eight days of your request and at the earliest after the observation of a 48-hour reflection period. If some of the information in your medical record goes back further than five years, it may take two months.

**A second medical opinion:** it is possible for you to seek a second medical opinion with the agreement of your *médecin traitant* (the one you designated as such to your *Caisse d'Assurance Maladie*). The reason for this requirement is to ensure continuity of care.

This request can be made directly or through your *médecin traitant*.

For a child under 18 or in the care of a guardian, either the parents or the legal representative should make the request, unless the child is against this or wants to receive the information via his doctor.

For those over 18, but in the care of a guardian, the guardian has the right of access to their medical record.

The legal successors of a deceased person (wife, husband, children, parents, etc.) can have access to his medical record solely in order to ascertain the cause of death, to defend the memory of the deceased or to assert their own rights, and only provided the deceased did not object to this access before he died.

These people must make their request to the hospital director by recorded delivery with acknowledgement of receipt. They must give proof of their identity and of their relationship to the deceased, as well as stating the reasons for their request.

If you ask to receive a copy of information from your medical record at home, you may be billed for the cost of sending it by recorded delivery with acknowledgement of receipt.

## COMMITTEE FOR RELATIONS WITH USERS AND QUALITY OF CARE

If you encounter any difficulties during your stay in hospital (regarding registration, receipt of benefits or quality of care, for example), you are advised in the first instance to speak to the doctor looking after you or the charge nurse. They will try to reply to your queries promptly.

If you are not satisfied with their response, you can refer the matter to *la Commission des relations avec les usagers et de la qualité de la prise en charge* - CRUQPC (committee for relations with users and quality of care). To do this, you should write to the hospital director, who will then pass your letter on to the committee who will in turn look into your complaint.



This committee is made up of:

- ❖ A president
- ❖ Medical mediators
- ❖ Non-medical mediators
- ❖ User representatives

The CRUQPC will reply to you with a minimum of delay. If you wish, a meeting can be arranged with the medical mediator (if your complaint or claim is about the medical care or treatment you have received) or the non-medical mediator (if it concerns matters other than medical or nursing care).

All complaints and claims are entered in a specific register. In accordance with the provisions of the 1978 data protection act, you have the right to access and correct your personal data in this register.

## REGIONAL COMMITTEE FOR CONCILIATION AND COMPENSATION FOR MEDICAL ACCIDENTS, IATROGENIC DISEASE AND NOSOCOMIAL INFECTIONS

*I have had treatment which unfortunately has resulted in serious health problems. Can I lodge an appeal? I don't know who I should contact.*

If you are in dispute with a medical professional or are the victim of a medical accident (level of gravity higher than a threshold established by decree), e.g. treatment or taking a medicine has resulted in deterioration of your state of health, you can refer your case to *la Commission régionale de conciliation et d'indemnisation des accidents médicaux, des affections iatrogènes et des infections nosocomiales* - CRCI (regional committee for conciliation and compensation). This committee is responsible for establishing conciliation

or compensation. Each region has its own CRCI.

Whether there is negligence or not, all victims of a serious medical accident can have recourse to this facility, providing that the event in question took place after September 5<sup>th</sup> 2001.

The committee will study and evaluate your case. They have six months to give their opinion and make you an individual offer of compensation on behalf of either the medical professional's insurer, if it is a question of negligence, or *l'Office national d'indemnisation des accidents médicaux* - ONIAM (national office for the compensation of medical accidents), if it is a question of a medical accident not due to negligence.

For further information and advice on how to make a claim, you can contact your local CRCI. Contact details of CRCIs are given on the website [www.commissions-crci.fr](http://www.commissions-crci.fr) and on ONIAM's website: [www.oniam.fr](http://www.oniam.fr) Alternatively, you can telephone ONIAM on 0810 600 160, from Monday to Friday 9am - 6pm for the cost of a local call.

*Le pôle santé sécurité soins du Médiateur de la République* (office of the health service commissioner) provides a helpline called *Sécurité soins écoute* on 0810 455 455, from Monday to Friday 9am - 8pm for the cost of a local call. Information is also available on the website [www.securitesoins.fr](http://www.securitesoins.fr).

The health service commissioner's office will give you information on failure to respect patients' rights, the quality of the healthcare system, patient safety and access to treatment.

## 4. BENEFITS RELATING TO ILLNESS AND TREATMENT

- LONG-TERM ILLNESS
  - FINANCIAL BENEFITS RELATING TO TREATMENT
  - BENEFITS RELATING TO ILLNESS AND TREATMENT IN THE EUROPEAN UNION
  - BENEFITS RELATING TO ILLNESS AND TREATMENT FOR UNDOCUMENTED IMMIGRANTS
- 

### LONG-TERM ILLNESS

Cancer is an illness that requires extended treatment and follow-up. For this reason, it is considered to be a long-term illness, and as such it qualifies for reimbursement at 100% of all related expenses in accordance with the terms of your health insurance scheme.

In order for you to receive this benefit, your *médecin traitant* must complete a form entitled *Protocole de soins* (treatment protocol) that gives the diagnosis and the treatment envisaged. Your *médecin traitant* will then send this document to the medical adviser at your *caisse*. Once agreed, the protocol will be returned to your *médecin traitant*, who will give you the third part of the form when you next have a consultation. Once you have this agreement, you must update your *carte Vitale* at one of the machines provided for this purpose (at your *caisse*, hospital or chemist).

*Le médecin traitant* is the doctor you have chosen and designated as such to your *caisse*. He will co-ordinate your care, direct you if necessary to other health professionals and provide a personalized plan of care. This doctor can be a general practitioner or a specialist. He can work in private practice, in a hospital or in a medical centre.

**In case of emergency** and to expedite access to care, your hospital doctor is authorised to complete the treatment protocol. This will enable you to benefit immediately from 100% reimbursement for a maximum of six months. During this period you must see your *médecin traitant*, so that he can fill in a new treatment protocol after consultation with the doctors and teams who are treating you.

### FINANCIAL BENEFITS RELATING TO TREATMENT

*I have a long-term illness. Are all my medical costs completely reimbursed?*

Expenses related to your illness are reimbursed at 100% in accordance with the terms of your health insurance scheme. However, financial contributions are deducted from your repayments for consultations, medicines, call-outs, etc. These are standard charges (see below). Likewise, certain costs are not covered by your health insurance scheme (daily charge for hospital stay, individual room supplement). This is called **le reste à charge** (co-payment).

These standard charges are applicable to everyone except children and those under the age of 18, those who receive CMUC or AME (see chapter 2) and pregnant women.

**Standard charges are as follows:<sup>2</sup>**

- ❖ 1 euro for each medical consultation (this is deducted automatically from your reimbursements)
- ❖ 50 centimes deducted from the reimbursement on each item of medicine prescribed and reimbursed by your health insurance *caisse*. The same amount is deducted from reimbursements for paramedical procedures (those performed by nurses, physiotherapists, speech therapists, chiropodists, etc) carried out in private practices or in health centres. This sum is limited to 2 euros per day for treatment by the same health professional. These charges are not applied to medicines or paramedical procedures carried out during a hospital stay or in the course of hospital care at home
- ❖ 2 euros for transport by ambulance, taxi, patient transport vehicle, except in an emergency. It is limited to 4 euros per day, this being the equivalent of a return journey

These amounts are deducted as and when reimbursements are paid by your *caisse*. In the case of a third-party payer, these charges are deducted from the subsequent repayment.

The total of these charges is limited to 50 euros per year.

**The co-payment relates to:**

- ❖ Daily charge for hospital stay
- ❖ Individual room supplement
- ❖ Private doctors' fees that exceed the statutory limit
- ❖ The difference between the amount reimbursed by your *caisse* and the prices charged by suppliers of prostheses and orthopaedic equipment
- ❖ Medicines that have an orange label (these are refunded by your *caisse* at 15%)

You should ask your *mutuelle* (private health insurance company) if it reimburses these costs totally or partially.

**Daily charge for hospital stay**

When you are in hospital, care related to your long-term illness is covered at 100% with the exception of *le forfait hospitalier* (daily charge for hospital stay), which is essentially a contribution towards your board and lodging. Certain people are exonerated from this charge:

- ❖ Those who come to hospital to receive medical treatment or surgery, but do not stay in hospital

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<sup>2</sup> These charges are subject to change

- ❖ Those who receive a military pension (according to the conditions of Article L.115 of *le Code des pensions militaires* (military pensions code))
- ❖ Children or adolescents who receive AEEH (see chapter 2)
- ❖ People suffering from a cancer that has been recognized as occupational (see chapter 8)
- ❖ Those who receive CMUC or AME (see chapter 2)

### Individual room

During your stay in hospital, you may wish to have an individual room, a television or a spare bed for one of your family. These costs are not covered by your *caisse*. However, your *mutuelle* may pay a part of these costs. Make enquiries. CMU does not reimburse these expenses.

If your family want to stay near you during your stay in hospital, the hospital reception will be able to advise you on possible accommodation in the vicinity.

### Private doctors' fees that exceed the statutory limit

During a consultation or a stay in hospital, ask the doctor if he charges more than the statutory fee, because you may be liable for the excess. If this is the case, he must give you a written estimate.

If you are in hospital, ask for information about the terms of the financial cover of your treatment.

A doctor who is registered in sector 1 applies the agreed fee structure and his fees are reimbursed. He can only charge more than this if you make an exceptional request, such as asking for an appointment outside normal working hours. The excess will not be reimbursed.

A doctor who is registered in sector 2 sets his own fees: he is allowed to exceed the statutory limit within reason. The excess is not reimbursed by your *caisse*.

### Reimbursement of transport costs

*I have regular treatment at hospital, but I am tired and can't cope with public transport. If I take a taxi, will I be reimbursed? How do I go about it?*

Your *caisse* will reimburse the cost of transport prescribed by your doctor and relating to a long-term illness (ALD). The doctor chooses the most economical means of transport that is appropriate to your state of health (private car, public transport, *véhicule sanitaire léger* - VSL (patient transport vehicle), taxi, ambulance, plane, boat).

Except in emergency situations, prior authorization is



obligatory for the following situations:

- ❖ Long-distance transport (i.e. more than 150 km each way)
- ❖ A series of journeys (i.e. at least four trips of more than 50 km each way over a period of two months for the same treatment)
- ❖ Transport by plane or boat

In the case of prescription for transport in a taxi, an exemption from paying is possible, provided that an agreement between the local health insurance services and taxi companies has been ratified by the *préfet* (prefect). In order to be reimbursed, it is absolutely essential to use a taxi that is registered with your health insurance scheme. A list of such taxis is available from your *caisse*. You can obtain information by ringing 3646 (cost of a local call from a landline) or at [www.ameli.fr](http://www.ameli.fr). Registered taxis carry a blue logo on the rear windscreen.

In order to be reimbursed, remember to ask your doctor for a medical prescription for transport and do not forget to attach all the receipts: train tickets, bills, motorway toll receipts, etc.

If you choose to be treated at a hospital outside the department where you live, you must request a prior agreement for treatment and transport from your *caisse*. If you do not do this, you may be responsible for paying these expenses in part or in full.

### **Reimbursement for prostheses and other equipment**

#### *What reimbursement is paid for prostheses and other equipment?*

Cancer treatment sometimes leads to side effects that, even if temporary, can alter your physical appearance. These changes are often difficult to accept.

For details of shops that specialize in prostheses and other equipment, consult the website of *La Ligue nationale contre le cancer* at [www.ligue-cancer.net](http://www.ligue-cancer.net) or call *Cancer Info* on 0 810 810 821 from Monday to Saturday 9am-7pm, for the cost of a local call.

Prostheses (wig, breast prosthesis) and equipment (wheelchair, cannula) prescribed by your doctor will be covered by your *caisse* if they figure on *la Liste des produits et prestations remboursables* - LPPR (list of reimbursable products).

For the amount which is not covered by your *caisse*, you might ask your *mutuelle* for a supplementary contribution. Your hospital social worker or your *caisse* will help you to identify possible sources of funding.

## Breast prosthesis

*After a mastectomy, is it possible to have a breast prosthesis?*

Your doctor can prescribe you an external breast prosthesis. This restores the impression of the breast's curvature after its total removal. It is placed inside a special bra (with or without a pocket). The bra itself is not reimbursed, but the external prosthesis can be replaced every year on medical prescription and reimbursed at a rate fixed by your *caisse*.

## Choice of a suitable wig

*How do I choose an appropriate wig? Who can advise me?*

Certain chemotherapy and radiotherapy treatments cause your hair to fall out. Your doctor can prescribe you a wig (also called capillary prosthesis, hair piece or hair replacement). Your *caisse* will reimburse your wig at a fixed rate of 125 euros.

You can ask for advice from your usual hairdresser. He will be able to give you the addresses of specialist shops that provide hair replacement.

A list of shops that have signed the charter of wig makers is available on INCa's website (see box below).

Further information on hair loss is available in the booklet *Traitements des cancers et chute des cheveux* (cancer treatment and hair loss) published by INCa. [A translation of this booklet is available from CSF.](#)

**A charter on the client's rights and the duties of the wig seller:** L'Institut National du Cancer (INCa), in conjunction with trade professionals, has drawn up a charter which commits participating shops to provide quality service from the initial consultation through the presentation of products to after-sales service. You are recommended to use shops that have signed this charter. For more information, you can consult the website [www.e-cancer.fr/cancer-info/ressources-utiles](http://www.e-cancer.fr/cancer-info/ressources-utiles)

## BENEFITS RELATING TO ILLNESS AND TREATMENT IN THE EUROPEAN UNION



If you go to a country that is a member of the European Economic Community (EEC) or to Switzerland, your *carte vitale* is not recognized. It is important to obtain a European Health Insurance Card from your *caisse* or from the UK<sup>3</sup>. This card bears your name and is non-transferable. Each member of the family must have one, including children under 16 years of age. It is valid for one year and covers urgent and unforeseen treatment needed during your trip. [For further](#)

<sup>3</sup> If you are in receipt of an old age pension from the UK, you may need to apply to the UK for your card. Check with your *caisse*

information on these cards visit [www.ehic.org.uk](http://www.ehic.org.uk) or for information relating to France, visit <http://france.angloinfo.com/healthcare/health-system/health-card/>

If you will need planned treatment relating to your cancer while staying in an EEC or other country, ask your *caisse* for advice before you leave.

## **BENEFITS RELATING TO ILLNESS AND TREATMENT FOR UNDOCUMENTED IMMIGRANTS**

### **State medical assistance**

In order to pay medical costs - treatment, medical consultations - you can apply for *l'Aide médicale de l'état* - AME (state medical assistance). It covers medical treatment at 100% of the amount normally repayable by *l'Assurance Maladie* and the daily charge for hospital stay.

If you are an undocumented immigrant, your application for AME must be accompanied by:

- ❖ A national identity card or passport
- ❖ Proof of uninterrupted residence in France for more than three months
- ❖ Proof that your resources do not exceed the eligibility criteria for CMUC (see chapter 2)

You can make your application either to CPAM or to your CCAS (local welfare service). If you do not have a fixed address, you must give your contact address as your CCAS or other approved organization (emergency accommodation centre, social re-integration and accommodation centre) for your application to be accepted. AME is granted for a year.

### **State medical assistance on humanitarian grounds**

Undocumented immigrants can apply for *l'Aide médicale de l'état à titre humanitaire* (state medical assistance on humanitarian grounds) in the following situations:

- ❖ In the case of an accident or illness during their stay in France (tourist visa, short stay visa)
- ❖ If their medical treatment cannot be given in their home country

Applications for state medical assistance on humanitarian grounds should be addressed to *la Direction départementale des affaires sanitaires et sociales* - DDASS (departmental health and welfare service) in the area where you are staying. It must be accompanied by a medical certificate summarizing your state of health.

Only the government department responsible for welfare can grant or refuse this medical assistance.

State medical assistance on humanitarian grounds covers the cost of medical treatment in or outside hospital at 100% of the amount normally repayable by *l'Assurance Maladie* and also covers the daily charge for hospital stay.

For further information on all types of state medical assistance and the possibility of obtaining a residence permit entitling you to health insurance, you should contact the social worker at your hospital.

## 5. AFTER LEAVING HOSPITAL

- RESIDENTIAL FACILITIES
  - TREATMENT AT HOME
  - HOUSEHOLD HELP AND SUPPORT
  - TECHNICAL SUPPORT AND ASSISTANCE
- 

### RESIDENTIAL FACILITIES



If, when you leave hospital, your state of health is not good enough for you to return straight home, you can go to a residential care centre for the necessary length of time.

If you would like more information on the conditions for admission, the cost of your stay, help with preparing your application, etc., the social worker at your hospital will help you. These services are generally covered by your *caisse*. For this you will need a medical prescription. Depending on the centre you attend, you may need to pay some costs (daily charge for hospital stay, individual room supplement, etc.). Ask

your *mutuelle* about the possibility of covering these costs.

#### **Aftercare and rehabilitation centres**

Centres of aftercare and rehabilitation (also known as convalescent homes) can accommodate you during or after your treatment.

This type of stay must be prescribed by a doctor. Its length is determined by your state of health and it is covered by your *caisse*. You will have to pay the daily charge for hospital stay and the supplement for an individual room. Contact your *mutuelle* to find out their policy regarding reimbursement of these costs.

#### **Palliative care centres**

These accommodate patients who are suffering from advanced progressive illness until the end of their life and also offer support to the family.

*La Société française d'accompagnement et de soins palliatifs* - SFAP (French society for hospice and palliative care) defines palliative care as follows:

“Palliative care encompasses all forms of active treatment delivered through a holistic approach to people suffering from serious, progressive and terminal illness. The objective of palliative care is not only to relieve physical pain and other symptoms, but also to attend to psychological, social and spiritual suffering”.

Admission to one of these centres is prescribed by a doctor. *L'assurance Maladie* covers the cost of your stay apart from the daily charge for hospital stay.

## Sheltered housing

*Les foyers logement* (sheltered housing) is the term used for rented accommodation in a complex for people over the age of 60. It allows you to keep your independence. It offers various services: restaurant, laundry, infirmary. A service charge is levied. You might be able to claim housing benefit from your *Caisse d'allocations familiales* - CAF (social security office) or from *la Mutualité sociale agricole* (MSA) if you belong to this health insurance scheme.

## Retirement homes

Once you are over 60, if you can no longer cope with the demands of daily life and your state of health requires some nursing, you can be accommodated in a *centre d'hébergement* (retirement home) for an unlimited period of time.

Several types of residential homes are possible depending on your situation:

- ❖ *Les Etablissements d'hébergement pour personnes âgées* - EHPA (residential homes for the elderly)
- ❖ *Les Etablissements d'hébergement pour personnes âgées dépendantes* - EHPAD (assisted living for the dependent elderly) or long-term nursing homes

You have to pay to stay in these centres, but you may be eligible for an *Allocation logement* (rent allowance) or an *Allocation personnalisée d'autonomie* - APA (dependency allowance). The directors of these residential centres apply directly for these benefits.

APA is paid by the departmental council for a maximum of three years on a renewable basis. This allowance is subject to review and the amount paid depends on your degree of loss of autonomy. It is not means-tested or repayable out of your estate on death, but above a certain level of income, a financial contribution may be required.

Financial aid in the form of a welfare benefit to the elderly is possible if the residential home has an agreement with *l'Assurance Maladie*. This cover depends on your income and that of your children and parents (called maintenance debtors). If a person receives this type of financial benefit, the sum allocated may be repayable to the State from his estate after death.

## Other residential facilities

Some residential centres for the handicapped have temporary vacancies that are in particular intended to enable handicapped people to change their surroundings from time to time and to accord some respite to their families.

Temporary vacancies have a maximum limit of 90 days a year, either full- or part-time, with or without lodging, and including day care. They can be arranged to run successively, i.e. at scheduled periods throughout the year.

To benefit from these, you must be registered as handicapped and apply to your MDPH

(local disability office).

Information about this type of centre can be found on the web site [www.accueil-temporaire.com](http://www.accueil-temporaire.com) together with a list of vacancies.

## TREATMENT AT HOME

Even though you are at home, your state of health may necessitate some nursing care. This can be provided by health professionals. There are several possibilities: hospital care at home, nursing care at home and the provision of equipment and aids.

### **Hospital care at home**

*L'Hospitalisation à domicile* - HAD (hospital care at home) is an alternative to staying in hospital. It enables you to reduce your time in hospital by being cared for in your own home by a team of professionals. This type of care takes place under the same conditions as in hospital (quality of care, 24/24 service, etc.)

A member of your hospital team will discuss the possibility of this type of care with you. This meeting will identify your needs in terms of treatment as well as psychological and social support and will enable a suitable strategy to be put in place for your return home.

The medical co-ordinator of hospital care at home will decide whether or not you should be accepted for this service, possibly after consultation with your hospital consultant. You will continue to be treated by your normal *médecin traitant*, who will be in regular contact with the health professionals providing hospital care at home.

The care provided is the responsibility of the medical co-ordinator and your *médecin traitant*. It is provided every day, Sunday and bank holidays included, on a 24-hour basis. This type of care is not available in all departments.

As with all hospital care, hospital care at home is covered financially by your *caisse d'Assurance Maladie*.

For further details, you can consult the website of *l'Union nationale de l'aide, des soins et des services aux domiciles* - UNA (national union of assistance, care and services at home): [www.una.fr](http://www.una.fr) and that of *la Fédération nationale des établissements d'hospitalisation à domicile* - FNEHAD (national federation of hospital home care centres): [www.fnehad.fr](http://www.fnehad.fr)

### **Nursing services and freelance nurses**

If your state of health requires regular supervision, you can obtain this either from *les Services de soins infirmiers à domicile* - SSIAD (nursing services at home) or from a freelance nurse. They will provide nursing and personal hygiene care.

If you have a medical prescription, these professional services will be covered by your *caisse*.

Entitlement to SSIAD has been extended to include people under 60 years of age who are

disabled and/or suffer from a chronic illness or an *Affection longue durée* - ALD (long-term illness) such as cancer.

### **Providers of equipment and aids**

These are companies that specialize in the medical technology of home care. They supply:

- ❖ Equipment for sale or rental (adjustable beds, urinals, incontinence pads, etc.)
- ❖ Respiratory assistance equipment
- ❖ Products and services for administering IV fluids and nutrition

These providers play a co-ordinating role in the management of home care. Nursing care is provided by freelance nurses or by SSIAD.

To benefit from this service and be covered by your *caisse*, you must have a medical prescription.

## **HOUSEHOLD HELP AND SUPPORT**



This term covers a range of services provided at your home by people trained in various fields: home helps, carers, family social workers, child minders, etc.

It ensures the performance of everyday activities that you cannot manage by yourself either temporarily or permanently, thus helping you to maintain your autonomy.

***L'aide ménagère*** (home help) can come and help you if, either temporarily or permanently, you have physical problems that prevent you from doing housework, cooking, shopping, etc. However she is not authorized to help with personal care.

***L'auxiliaire de vie*** (carer) can assist you with certain everyday tasks (getting dressed, eating, preparing meals, etc.), as well as personal care, changing incontinence pads and moving between bed and wheelchair.

***La Technicienne de l'intervention sociale et familiale*** - TISF (family social worker) has been trained to manage household tasks and organize childcare and educational support. She works in collaboration with the parents.

In order to be eligible for this support, you must have at least one child under the age of 16 in your care and receive family allowance. You will be asked for a financial contribution, depending on your income.

***La garde à domicile*** (companion) is someone who can be with you at home during the day and at night. This enables a sick person or their family to cope in the short term with a difficult situation.

### **Benefits available for these services**

Depending on your means, you can apply for these from social services, pension funds, your *caisse d'Assurance Malade*, etc. Your *mutuelle* might contribute (depending on the terms of your contract) towards the cost of a home help, regardless of your means.

As far as recruitment is concerned, you can ask organizations that offer home help and assistance. These can be voluntary associations set up under the law of 1901, local public services such as your *Centre communal d'action sociale* - CCAS (local welfare service), your *mutuelle*, private profit-making companies, etc. They can offer a service where you are the employer or where an intermediary association is the employer.

If you use an intermediary, this organization is the employer and as such takes care of recruitment, drawing up the contract and payment. You have nothing to do.

If you are the employer, the organization will act as intermediary between you and the person employed, but you are the employer and the home help is your employee.

**Le Chèque emploi-service universel** - CESU (employment service cheque) is a way of paying people whom you employ in your home, particularly for domestic and family tasks. This system operates in two ways:

❖ **Chèque emploi-service universel bancaire** issued by a bank. You pay your employee directly with this cheque on which you indicate the amount of the net wage. A declaration of pay must then be sent to the national centre of CESU processing, who will calculate the contributions, debit them from your account and send the employee a certificate of employment serving as a payslip for each declaration of pay



❖ **Chèque emploi-service universel préfinancé** (prepaid employment service cheque). The beneficiary is already named on the cheque, which can be financed in whole or in part by various organizations: private, public, regional employers, local welfare centres (CCAS), *mutuelles*, insurance companies, pension schemes, etc. It is possible to use the prepaid employment service cheque to pay for the services of a registered service provider or registered intermediary. It can also be used if you employ someone directly

If you are the employer of the person who comes to help you in your home, or you use an association or company registered by the State or alternatively a voluntary association authorised to provide social assistance or registered with social security, you might be entitled to a reduction or a tax credit on your income. This reduction is the equivalent of 50% of the sum paid, up to a certain limit.

To help you find all the home care services available, *l'Agence Nationale des services à la personne* (national agency of home care services) offers a telephone helpline on 3211,

Monday to Friday 8am - 8pm and Saturday 8am - 12 midday (0,12 euros/min). You can also consult their website: [www.servicealapersonne.gouv.fr](http://www.servicealapersonne.gouv.fr)

You can also complete all the necessary procedures online on the site [www.mon.service-public.fr](http://www.mon.service-public.fr) This service is provided by the URSSAF network and the CESU centre. From your CESU account on [www.mon.service-public.fr](http://www.mon.service-public.fr) you can take advantage of the various services proposed by the CESU website. It is simple and enables you to complete all the necessary procedures.

By registering with CESU online, you can:

- ❖ Set up your declaration of pay
- ❖ Consult your social charges returns forms
- ❖ Print your debit advice notes, your tax certificates and proof of employment of your employee

This service also enables you to access your personal details and to find answers to your questions.

For all information on these different types of help in your home, ask your hospital's social worker or your doctor.

### **Assistance when you return home after a stay in hospital**

*L'aide au retour à domicile après hospitalisation* - ARDH (assistance when you return home after a stay in hospital) enables you to receive, in certain circumstances, assistance at home when you leave hospital. You may receive help in the form of people (domestic help, etc.), technical and other aids (accompanied transportation, home repairs, remote alarm, adapted telephone, ramp, non-slip mats, toilet seat booster, grab bars, bath/shower seats, day centres, chiropody).

ARDH is available to people:

- ❖ Aged 60 and above (or over 55 in the case of those in receipt of a reversion pension) who are covered by the *Assurance Maladie's* general scheme and who receive an old-age pension from their regional *caisse*
- ❖ Who need temporary and urgent assistance at home when they return after a stay in hospital
- ❖ Who have a monthly income below a certain limit that is fixed each year

ARDH is not available to those:

- ❖ In receipt of a dependency allowance (APA)
- ❖ Receiving hospital care at home (HAD)
- ❖ In receipt of a disability living benefit (PCH) that replaces *l' Allocation compensatrice pour tierce personne* - ACTP (benefit for carers) or *la Majoration tierce personne* - MTP (additional allowance for care by a third party)
- ❖ Receiving palliative care

A global evaluation of your needs is made by your hospital's welfare service, who will initiate your ARDH and pass on the details to the welfare service of your *Caisse régionale de l'Assurance Maladie* - CRAM (regional health insurance fund). This is the part of the social security scheme that provides information on pensions, the prevention of occupational accidents at work, etc.

If you are granted this assistance, the cover is for a maximum of three months. During the month following your application, a member of CRAM's welfare service will visit you at home to adjust the details of the scheme as necessary.

To make your application and receive details about this benefit, you should ask the social worker at your hospital. It is imperative that your application is completed before you leave hospital.

### **Personal action plan**

The personal action plan is a system of financial benefits designed to meet the increasingly diverse needs and expectations of retired people in receipt of an old age pension from CRAM. It is aimed at people of at least 55 who are relatively autonomous but need some support because of their age, health, income and living conditions at home.

This financial benefit can meet a diverse range of retirees' needs and therefore covers a diverse range of services (home help, remote alarm, meals on wheels, various types of carer, etc.). The benefit is capped on an annual basis and can vary according to the retiree's means. It has a maximum duration of one year.

This benefit is not available to people already receiving certain other benefits, e.g. dependency allowance (APA) and disability living allowance (PCH).

The retiree fills in an application and addresses it to CRAM. You may use service providers of your own choice provided they are registered with CRAM (associations, private companies, individuals, etc.).

### **Dependency allowance**

*L'Allocation personnalisée d'autonomie* - APA (dependency allowance) is a financial benefit for all people over the age of 60 who have lost their autonomy and are resident in France, be they at home or in a retirement home. This allowance is not means-tested, but your resources are taken into account to determine its level. APA is granted for three years renewable.

When the elderly person lives at home, APA will cover the costs related to the hiring of home help. In a retirement home, it will go towards paying the extra costs incurred by an elderly person's loss of independence (incontinence pads, waterproof undersheets, etc.).

The application form can be obtained from your local welfare service (CCAS) or your *mairie*. It can also be downloaded from the public service website [www.vosdroits.service-public.fr](http://www.vosdroits.service-public.fr)

## TECHNICAL SUPPORT AND ASSISTANCE

This covers a range of services offered to a sick person to improve his day-to-day quality of life (meals on wheels, alarm system, home equipment and alterations, etc.)

### Meals on wheels

If you cannot leave your house because of your state of health, the delivery of meals to your home is possible. They are prepared in accordance with your nutritional requirements. To find out if this service exists in your commune, ask at your *mairie* or local welfare service (CCAS).

### Alarm system

Also called tele-assistance, an alarm system enables you to be connected directly to a call centre or to someone of your choice (family, friend, etc.) to alert them rapidly in case of emergency. Various systems are available: a bracelet on your wrist that you press, telephone, etc.

An alarm system is reassuring for people who are apprehensive about their return home after a stay in hospital or after a fall, for example. The sick person keeps his autonomy at home, knowing that in case of need he can alert his family and obtain help quickly.

### Home equipment and alterations

Your state of health may necessitate certain changes to your home to make moving about easier and improve your quality of life. For example, one can install a ramp to improve wheelchair access. Grab bars fitted in the bathroom make it easier to move around and to get into the bath or shower.

Buying or renting medical equipment can improve your well-being at home. This comes in various forms:

- ❖ Mobility aids (wheelchair, Zimmer frame, etc.)
- ❖ Aids for better sleep and rest (hospital bed, reclining chair, etc.)
- ❖ Kitchen aids (specially adapted utensils)

There is a charge for some of these aids. Others are covered partly or wholly by your *caisse* on medical prescription. For more information about funding and the addresses of organizations that might offer it, you should ask your local welfare service (CCAS), your *mairie*, your *mutuelle*, your pension fund and your local information and co-ordination centre for the elderly (CLIC).

Your hospital social worker can apply for financial assistance from social services.



## 6. INCOME WHILE ON SICK LEAVE

- **FOR EMPLOYEES IN THE GENERAL OR AGRICULTURAL WORKERS' SCHEME**
- **FOR FARMERS**
- **FOR NON-SALARIED WORKERS, CRAFTSMEN AND THE SELF-EMPLOYED IN COMMERCE AND INDUSTRY**
- **FOR NON-SALARIED WORKERS IN THE PRIVATE SECTOR**
- **FOR CONTRACTED CIVIL SERVANTS**
- **FOR PERMANENT CIVIL SERVANTS**
- **FOR JOB SEEKERS**

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When you are on sick leave, your health insurance scheme may, in certain circumstances, pay you sick pay. This is intended to compensate in part for your loss of pay.

### **FOR EMPLOYEES IN THE GENERAL OR AGRICULTURAL WORKERS' SCHEME**

To apply for sick pay, you must send a sick note signed by your doctor to your CPAM or to *la Mutualité sociale agricole* (MSA) and to your employer within 48 hours of stopping work. Your employer then fills in a declaration of your income from which your sick pay is calculated.

This time frame must also be respected in case of a continuation sick note. If you are in hospital, your certificate of hospitalization acts as a sick note.

Sick pay may be paid provided you meet the qualifying requirements, which vary depending on the length of your sick leave and your employment situation:

- ❖ If you are employed and on certain conditions (amount of contributions paid, number of hours worked)
- ❖ If you have been receiving unemployment benefit during the 12 months preceding your sick leave
- ❖ If you have ceased employment during the last 12 months

The maximum length of time that sick pay can be paid is three years. The pay is calculated from date to date. A waiting period of three days is deducted from your first sick note but not from subsequent notes relating to your long-term illness (ALD).

Sick pay paid by *l'Assurance Maladie* for a long-term illness is not taxable.

Do not forget to tell your employer or employers on the first day of your sick leave. This will help to maintain good relations and will stand you in good stead when you eventually return to work. Not to inform your employer is deemed professional misconduct and can lead to just cause dismissal or disciplinary action.

Your company's collective labour agreement can be consulted confidentially either within the company or in the office of the labour inspectorate in your department. You can check whether you risk dismissal for prolonged absence that disrupts the work of your department. Some companies employ their own social worker. Do not hesitate to contact her for advice.

For all employees with three or more years of service, the employer may add a supplementary payment to the sick pay paid by CPAM. **This does not apply to agricultural workers, casual workers in the entertainment industry or domestic staff.**

### **Supplementary payment**

In order to receive a supplementary payment, you must:

- ❖ Be covered by CPAM and receive sick pay
- ❖ Be treated in France or in a country within the European Union
- ❖ Be willing to undergo a medical examination at the request of your employer
- ❖ Present a medical certificate for sick leave within 48 hours
- ❖ Have worked for three years in the company on the first day of your sick leave

In the case of occupational accident or illness (excluding accidents on the way to or from work), the supplementary payment commences on the first day of absence. In the case of ordinary illness, non-occupational accident or an accident on the way to or from work, it starts on the 11th day.

If you have between three and seven years of service, you will receive 90% of your gross salary during the first 30 days, then 66% for the following 30 days.

From eight years of service, the lengths of these two periods are as follows:

- ❖ 40 days if you have at least 8 years of service
- ❖ 50 days if you have at least 13 years of service
- ❖ 60 days if you have at least 18 years of service
- ❖ 70 days if you have at least 23 years of service
- ❖ 80 days if you have at least 28 years of service
- ❖ 90 days if you have at least 33 years of service

In the case of successive periods of sick leave, these are added together over a period of 12 months. Collective labour agreements may provide for a higher rate of payment. It is worth consulting the agreement in place at your company.

At the end of your sick leave, several outcomes are possible:

- ❖ Normal return to your professional activity
- ❖ Return to work on a part-time basis for health reasons
- ❖ Return to work on a professional rehabilitation contract

- ❖ Be declared disabled if you are unable to return to work. This decision is taken by the medical adviser of your *caisse*
- ❖ Retirement on the grounds of ill health
- ❖ Professional redeployment

For further information on this subject, see chapter 7.

### **Incapacity benefit**

After 360 days' sick pay or before, depending on your medical situation, it is possible to receive an incapacity benefit (*pension d'invalidité*) from your *caisse*. It is the medical adviser of the *caisse* who decides on eligibility. Aside from your medical condition, certain administrative criteria have to be fulfilled: you must have been affiliated to a health insurance scheme for at least 12 months, have worked a certain number of hours and be less than 60 years old.

There are three categories of incapacity benefit. They are linked to your state of health. The amount of benefit is calculated from your category of incapacity benefit and the average of your ten best years' salary (or the number of years worked if less than 10).

You may be eligible for a *Majoration tierce personne* - MTP (additional allowance for care by a third party) (see box below).

Incapacity benefit is not granted indefinitely. The medical adviser, after re-evaluating your medical situation, can suspend it, cancel it or change its category.

Low-level incapacity benefit may be topped up by a supplementary allowance from *le Fonds spécial d'invalidité* - FSI (special disability fund).

If you are refused incapacity benefit, you can appeal against the decision. Your possible courses of action are detailed in the letter you receive.

For further information, do not hesitate to contact the social worker at your *caisse*.

MTP is a sum of money intended to help you with the cost of employing help at home. The person who helps you can be a member of your family, a carer, a companion, etc. Application for this service should be made to the medical adviser of your pension fund. It must be accompanied by a medical certificate describing your level of dependency. This third party will help you with daily living activities: dressing, preparing meals, washing, etc.

### **Retirement on the grounds of ill health**

From the age of 60, if you are no longer able to work, you may be eligible for retirement on the grounds of ill health. It is automatically granted to those who receive incapacity benefit.

In other cases, you must state why you are unfit for work when you make your application for retirement. It is the medical advisor of your pension fund who will give his consent after

he has studied the form completed by your *médecin traitant*. The occupational physician will also be asked his opinion.

If you are retired on the grounds of ill health and your state of health deteriorates between the ages of 60 and 65, you may be eligible for an additional allowance for care by a third party (MTP).

## **FOR FARMERS**

Non-salaried agricultural workers receive sick pay only in the case of occupational accidents and illness. However, incapacity benefit may be granted by the MSA after evaluation of your case by the medical advisor.

A supplementary payment may be made by your *mutuelle* or other private insurance scheme.

In the same way, in certain circumstances financial assistance may be available to cover the costs incurred to employ someone to replace you.

However, in the case of occupational illness, sick pay may be granted.

In the case of an occupational cancer, sick pay is paid from the 8th day after the start of your sick leave. The amount is a percentage of the basic daily rate (60% at first, then 80% from the 29th day of sick leave).

From the age of 60, if you can no longer work, you may be eligible for retirement on the grounds of ill health. It is automatically granted to those who receive incapacity benefit.

If you are retired on the grounds of ill health and your state of health deteriorates between the ages of 60 and 65, you may be eligible for an additional allowance for care by a third party (MTP) .

For further information on how to proceed, you can consult the MSA's website: [www.msa.fr](http://www.msa.fr)

## **FOR NON-SALARIED WORKERS, CRAFTSMEN AND THE SELF-EMPLOYED IN COMMERCE AND INDUSTRY**

If you have been affiliated to *le régime social des indépendants* - RSI (scheme for the self-employed) for a year and are covered by *l'Assurance Maladie des professions indépendantes* - AMPI (medical branch of the scheme for the self-employed), you may be eligible for up to three years' sick pay. You must be up to date with your contributions. You must send your sick note to RSI within 48 hours of stopping work.

As from October 1<sup>st</sup> 2002, if you have previously paid contributions to another health insurance scheme, they will be taken into account when calculating your sick pay. There

must be no interruption of work between the two schemes.

If you are unable to return to your professional activity and have officially stopped work (by removing your name from the trade register), you can claim incapacity benefit provided you are up to date with your social contributions and your medical adviser supports your claim.

After 60, if you can no longer work, you can request early retirement on the grounds of ill health. This is automatically granted to those who receive incapacity benefit.

If you have retired from work on the grounds of ill health and between the ages of 60 and 65 your health status necessitates help with everyday activities, you may be eligible for an additional allowance for care by a third party (MTP) (see box above).

For further information on the conditions and how to apply, you can consult the RSI's website: [www.le-rsi.fr](http://www.le-rsi.fr)

### **FOR NON-SALARIED WORKERS IN THE PRIVATE SECTOR**

If you are a self-employed professional, contact the department relevant to your profession of *la Caisse nationale d'assurance vieillesse des professions libérales* - CNAVPL (national old age pension fund for self-employed professionals).

Note that since 2006 the RSI has brought together the following three networks: CANAM (national health insurance fund for self-employed professionals), ORGANIC (autonomous national organization of industry and trade) and CANCAVA (national retirement pension fund for artisans). The main objective of this amalgamation was to simplify the independent workers' social welfare system. Nevertheless, the self-employed professions retain their individual pension funds.

### **FOR CONTRACTED CIVIL SERVANTS**

If you are a contracted civil servant, you can request leave for a serious illness. To be eligible, you must have at least three years' continuous service.

You must send your application together with a medical certificate to your human resources department. This leave may be granted for a maximum of three years in periods of three to six months. Your salary is paid in full for the first year. For the following two years, you will receive half your salary. Some departments have special schemes (welfare benefits, complementary medical insurance, works councils, etc.) that enable you to top up your salary in part or in whole.

You retain your rights to promotion, retirement and annual leave.

## **FOR PERMANENT CIVIL SERVANTS**

If you are a permanent civil servant, you may be entitled to extended sick leave or extended leave of absence.

### **Extended sick leave**

Extended sick leave is granted for serious incapacitating illness requiring prolonged treatment.

In order to be granted extended sick leave and thus keep your salary, you must send an application to this effect, accompanied by a medical certificate, to your human resources department, who will forward your file to the departmental medical committee. The committee will then give its recommendations to management, possibly after an assessment by a registered medical expert.

The maximum duration of extended sick leave is three years (four years if it is non-continuous). It can be granted or renewed for a period of three to six months. Your salary is paid in full for the first year, then halved for the following two years. Some departments have special schemes (welfare benefits, complementary medical insurance, works councils, etc.) that enable you to top up your salary in part or in whole.

During this leave you continue to receive your child and housing allowance. You also retain your rights to promotion, retirement and annual leave and keep your position.

At the end of your first year of extended sick leave, if you still cannot work, you can apply for extended leave of absence.

NB: extended leave of absence cannot be granted during the period of extended sick leave in which you are on half-pay.

### **Extended leave of absence**

Extended leave of absence is granted on the advice of the medical committee if you are unable to carry out your work duties because of serious and incapacitating illness.

The leave is granted in periods of three to six months for a maximum duration of five years, whether it is continuous or not. Your salary is paid in full for the first three years, then halved for the following two years.

Generally, you are put on extended sick leave to begin with. Then, at the end of the first year you can move to extended leave of absence on the medical committee's recommendation.

A second extended leave of absence cannot be granted for the same ailment. Only a different illness would allow you to start a new extended leave of absence.

During your extended leave of absence, you will continue to receive your housing and child allowance. You retain your rights to promotion, retirement and annual leave, but you lose

your job-related accommodation and your position.

If you are a permanent civil servant, you may be eligible for an additional allowance for care by a third party (MTP) (see previous box).

A social worker in your department can advise you about the conditions pertaining to these types of leave and MTP.

At the end of your extended leave of absence, the medical committee can decide to grant retirement on the grounds of ill health irrespective of your age.

### **FOR JOB-SEEKERS**

If you are unemployed, you must send your medical certificate to your *caisse* and to your *Pôle emploi* (job centre), even if you are not receiving unemployment benefit.

*L'Assedic* (association for employment in industry and trade) and ANPE (national employment agency) have merged to form the *Pôle emploi*. This is your point of reference for all that is related to your situation as a job-seeker.

So that your *caisse* can consider your rights to sick pay, you must provide them with proof of your registration at the job centre as well as your last payslips. Your salary before you were unemployed provides the basis for your *caisse's* calculation of your sick pay.

People who do not qualify for sick pay or have never worked (e.g. housewives, young adults) can apply to the MDPH (local disability office) for AAH (adult disability allowance) (see chapter 2).

## 7. RETURNING TO WORK

- FOR EMPLOYEES IN THE GENERAL OR AGRICULTURAL WORKERS' SCHEME
- FOR CONTRACTED CIVIL SERVANTS
- FOR PERMANENT CIVIL SERVANTS

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Going back to work after a protracted period of sick leave may necessitate some support. Your social worker will advise you on the steps to take in relation to your employer and your occupational physician.

### FOR EMPLOYEES IN THE GENERAL OR AGRICULTURAL WORKERS' SCHEME

After a period of sick leave, you can return to work on a full-time basis or on a part-time basis for health reasons. If you think the latter might be right for you, you should contact your occupational physician before the end of your sick leave.



#### Pre-return health check

*Le code du travail* (French labour law) requires you to have a health check before you return to work. This may be requested by you, your *médecin traitant* or your health insurance scheme's medical adviser. The appointment will take place in the occupational medical service (*la médecine du travail* or *le service de santé au travail*). Its purpose is to make your return to work as easy as possible, both socially and professionally.

As a result of this check, it may be possible to plan some adjustments to your job: modifying machinery or your work schedule, for example.

The pre-return health check does not replace the check that takes place upon your return to work; this may be requested by your employer or yourself. It must take place during the week following your return to work.

#### Going back to work on a full-time basis

If you are going back to work full-time, the doctor completes two certificates stating that you are fit to resume work. One is sent to your health insurance *caisse*, which stops your sick pay. The other is for your employer.

The occupational physician advises your employer of your level of fitness to work and describes any necessary adjustments to your job.

#### Going back to work on a part-time basis

The objective of part-time work is to allow you to resume your professional activity on a progressive basis and hopefully build up to full-time. It is your *médecin traitant* who

prescribes a part-time return to work. This prescription is sent to your health insurance *caisse*, which must approve it. The occupational physician must also recommend a part-time return to work.

Your employer may refuse to take you back on a part time basis. It is therefore very important that you maintain contact with him during your illness in order to prepare your return to work and that you arrange your pre-return health check with the occupational physician.

How long you work part-time is decided by your *médecin traitant* and your health insurance scheme's medical adviser. Your prescription for part-time work may be renewed up to a maximum duration of one year.

During the period of your part-time work, your employer will pay you a salary commensurate with the hours you work. The rest is paid by your health insurance *caisse* in the form of sick pay. Remember to ask your *médecin traitant* for repeat prescriptions for extending your period of part-time work for your employer and your *caisse*.

### **Job retraining contract**

This is designed for employees in a health insurance scheme who, as a result of their illness and its after-effects, can no longer perform their original job. This incapacity must be acknowledged by *la Commission des droits et de l'autonomie des personnes handicapées* - CDAPH (commission for the rights and autonomy of disabled people) which forms part of *la Maison départementale des personnes handicapées* - MDPH (local disability office).

This scheme allows you to readjust yourself to your old job or to prepare for a new job with the same employer.

It is a renewable fixed-term contract of three months to one year between you, your health insurance scheme and your employer. Under the terms of this contract your employer undertakes not to dismiss you either during your period of retraining or during a subsequent period of the same length not exceeding one year. You for your part agree to stay with your employer for the same length of time.

For the duration of the contract, the minimum wage you will receive will be that determined by the industrial collective labour agreement as applicable to the first level of the professional category for which you are trained. At the end of your contract your salary will be that fixed for the qualification you have obtained. Your salary is paid by your employer and your health insurance fund.

You can make your claim to:

- ❖ Your CPAM (for salaried workers in the general scheme)
- ❖ MSA (for salaried agricultural workers)
- ❖ Your MDPH (local disability office) for consideration by the CDAPH (for all salaried workers)

For further information about this contract, contact the occupational physician or consult the website [www.service-public.fr](http://www.service-public.fr)

### **Redeployment**

Sometimes long-term complications occurring at a late stage prevent you from returning to your previous job. In this case you may consider a change of career path. It is the CDAPH of your MDPH that decides on redeployment, taking into account:

- ❖ Your skills
- ❖ Your degree of physical handicap
- ❖ Your level of education
- ❖ Your age
- ❖ Your social and family circumstances

Depending on your situation, you may be eligible for a variety of training schemes in the form of courses of different lengths. The expenses incurred (accommodation, travel costs, etc.) may be reimbursed, you may be paid for attending and you may be awarded a recognized qualification.

Gaining employment in the public sector remains a possibility whatever illnesses you have suffered from, cancer or not, once you have been declared fit by an occupational physician.

To request redeployment, you will need to fill in an application form giving personal and medical details and submit it to your MDPH.

It is a good idea to include with your submission a letter outlining what you are hoping to achieve and why. This will make it easier for those dealing with your application to advise you.

### **FOR CONTRACTED CIVIL SERVANTS**

After a period of sick leave for a serious illness, you may:

- ❖ Resume your old job
- ❖ Take a year's unpaid leave which may be extended for a further 6 months
- ❖ Lose your job if you are deemed incapable of work on a permanent basis

### **FOR PERMANENT CIVIL SERVANTS**

If you take up full-time work again, your doctor will provide you with a medical certificate that you must submit to your human resources department.

Your occupational physician will inform your employer that you are fit to return to work and will detail any necessary adjustments to your job. He may also suggest redeployment. The medical board may arrange an appointment for you with a cancer specialist. This will be an opportunity for you to discuss the terms of your return to work.

After six months' continuous sick leave for the same illness or extended sick leave or extended leave of absence, you may be eligible to work part-time for health reasons. This may not be less than half-time.

The medical board may agree to you working part-time for a period of 3 months, renewable up to 1 year. This must be for the same illness and is counted over the entirety of your length of service.

On taking up your former post, you will receive the same salary as before you stopped work. Your entitlement to promotion, retirement benefits and annual holidays remains the same as for a person in full-time employment.

For further information on the system relating to those working in the public sector, please consult the website [www.fonction-publique.gouv.fr](http://www.fonction-publique.gouv.fr) under the section entitled "*Être fonctionnaire*" > (working in the public sector).

## 8. CANCERS ASSOCIATED WITH OCCUPATIONAL EXPOSURE AND RECOGNIZED AS OCCUPATIONAL DISEASE

- WHAT IS AN OCCUPATIONAL DISEASE?
  - RECOGNITION OF AN OCCUPATIONAL DISEASE
  - DECLARATION OF AN OCCUPATIONAL DISEASE
  - BENEFITS RELATING TO THE DISEASE AND ITS TREATMENT
  - SICK PAY
- 

### WHAT IS AN OCCUPATIONAL DISEASE?

*Le Code de la Sécurité Sociale* (social security code) defines any cancer resulting from exposure to certain products or techniques in the workplace as an occupational disease and therefore an occupational cancer (article L.461-1). Other illnesses recognized as occupational diseases are given in tables (118 tables of occupational diseases are currently available and may be consulted on the INRS site: [www.inrs.fr](http://www.inrs.fr)).

### RECOGNITION OF AN OCCUPATIONAL DISEASE

A disease is acknowledged as occupational and susceptible of compensation if it appears in one of the tables of occupational diseases in the social security code. These give the criteria for the recognition of each occupational disease and establish the right to financial compensation of the victim and his family in reparation for the harm suffered. The criteria for acknowledging that a cancer is occupational are identical irrespective of the organ involved. These tables comprise:

- ❖ The symptoms or pathological lesions presented by the patient
- ❖ The time limit for compensation, i.e. the maximum time that may elapse between the end of exposure to the risk and the first medical confirmation of the disease (not the declaration that it is occupational)
- ❖ Work susceptible of causing the disease in question
- ❖ The tables may also sometimes give a minimum duration of exposure to the risk or a minimum time that must elapse since the start of exposure (latent period).

You may consult the occupational disease tables on the website of *l'Institut national de la recherche et de la sécurité* - INRS (national institute of research and safety): [www.inrs.fr](http://www.inrs.fr)

**The general and agricultural schemes** refer to 16 occupational cancer tables.

**In the case of special schemes**, the decision to recognize a disease as occupational is made by a review board that makes a judgment on whether the disease should be attributed to work.

**In the case of non-salaried workers, craftsmen and the self-employed in trade and industry**, if you have taken out an optional insurance policy to cover the risk of work accidents and occupational diseases, contact your insurance company to find out their criteria for acknowledging occupational disease.

Even if some of the conditions in the table are not satisfied or the cancer does not figure in any table, it may under certain conditions be acknowledged as an occupational disease. Your file is submitted to *le Comité régional de reconnaissance des maladies professionnelles - CRRMP* (regional committee for the recognition of occupational diseases), which will assess the existence of a link between your occupational activity and the disease.

## DECLARATION OF AN OCCUPATIONAL DISEASE

As soon as the occupational origin of a cancer is suspected, your *médecin traitant* must prepare a medical certificate and give it to you. This certificate, called *le certificat médical initial* (initial medical certificate), must describe very precisely the nature and symptoms of your illness and its probable consequences.

You yourself must report your occupational illness to your *caisse* and hand in your initial medical certificate. You must do this within two years of the date on the certificate.

On reception of your declaration and initial medical certificate, your *caisse* will make an administrative and medical investigation. It must deliver its opinion within six months of receiving your declaration. The purpose of the medical investigation is to confirm that you are suffering from a disease figuring in the table of occupational diseases. This investigation is carried out by your *caisse's* medical adviser. The purpose of the administrative enquiry is to determine whether you have in fact been exposed to carcinogenic substances on a regular basis during the course of your work. It may also collect additional information if necessary (research on exposure to the risk, evidence from colleagues, etc). This procedure looks at both sides of the argument, and your employer's opinion on your degree of exposure will equally be taken into account.

After your case has been assessed, your *caisse* will advise you by letter whether or not your illness has been recognized as occupational. If your cancer is recognized as occupational, your medical care will be covered as coming under the category of "occupational accident/disease". In addition, you will be paid an allowance that will depend on the extent of your permanent disability as determined by the medical adviser.

If recognition of your disease as occupational is refused, your *caisse* will send you a letter indicating your options for appeal and the time limit for contesting the decision.

The options for appeal are as follows:

- ❖ Appeal to your *caisse's Commission de recours amiable - CRA* (out-of-court appeals commission)

- ❖ In the event of a refusal, you can apply to *le Tribunal des affaires de la sécurité sociale* - TASS (social security tribunal)
- ❖ As a last resort, you can appeal to *la cour d'appel* (court of appeal) and/or *la Cour de cassation* (supreme court)

For additional information regarding the practicalities involved in declaring a disease as occupational and obtaining compensation, you can consult the following sites: [www.ameli.fr](http://www.ameli.fr) for those in the general scheme and [www.msa.fr](http://www.msa.fr) for those in the agricultural scheme.

## **BENEFITS RELATING TO THE ILLNESS AND ITS TREATMENT**

Once your disease is acknowledged as occupational in origin, you will receive 100% reimbursement of the costs incurred by its treatment, as determined by the scale of charges of your particular scheme.

You will receive a form certifying that you are suffering from an occupational accident or illness. This will exempt you from all advance payment of expenses associated with your occupational illness. You must present it to every health professional, pharmacist, hospital, etc. involved in your treatment. If you are in hospital, you will not pay the daily charge for hospital stay, and your transport costs, provided they are justified, will be paid subject to prior agreement. Private doctors' fees in excess of the statutory limit will remain your responsibility.

Your occupational accident or illness form will be valid for the entire duration of your treatment. If it becomes full up, send it back to your *caisse*, who will issue a new one. Likewise, when you come to the end of your period of treatment or care, you must send your form back to your *caisse*.

## **SICK PAY**

If you have to take sick leave for an occupational illness, you will receive sick pay from your *caisse*. You must send them a statement of your salary completed by your employer, which will be used to calculate your sick pay. This will be paid without a waiting period every fortnight from your first day of sick leave until your date of *consolidation* (when your state of health as regards your occupational illness is stable) or cure (when you have no after-effects from your occupational illness).

For each payment, you will receive a statement. Keep these indefinitely, as they will go towards establishing your pension entitlement.

Whether you are salaried, unemployed or retired, an allowance will be granted to you based on your level of disability. This is a type of life annuity that is paid for the rest of your life. In the case of death resulting from your illness, your spouse will receive 40% of this allowance and your children will receive 25% until the age of 20.

For detailed personalized information, do not hesitate to contact a social worker or your *caisse*. If you are in the general scheme, call 3646 (for the cost of a local call from a landline).

In the case of occupational diseases associated with asbestos, a charter for occupational accidents and illnesses may be consulted on the website [www.ameli.fr](http://www.ameli.fr) This contains a section dedicated to the particularities of occupational diseases associated with asbestos and the necessary steps for obtaining sick pay from FIVA (Freefone 0800 500 200) to supplement that paid by your *caisse*. Special procedures for early retirement exist in the case of exposure to asbestos.

Created in 1999, *l'Allocation de cessation anticipée d'activité des travailleurs de l'amiante* - ATA (allowance for early retirement of asbestos workers) is paid before normal retirement age. It is intended for salaried or previously salaried workers in establishments within certain sectors of activity in which asbestos was used and for workers recognized as suffering from an occupational disease caused by asbestos. It enables them under certain conditions to cease work, sometimes as early as 50, and to receive an allowance up until the date when they qualify for a full pension under the general scheme.

## 9. BANK LOANS

- **INSURANCE CONTRACTS**
  - **PERSONAL LOANS**
  - **MORTGAGES, HOME LOANS AND BUSINESS LOANS**
  - **POSSIBLE RESPONSES FROM INSURERS**
- 

Buying a house or a car, or even starting up your own business, are projects that you may want to embark upon, even if you have been ill or you are currently being treated for cancer.

Major purchases often necessitate taking out a bank loan. These always include a group or individual insurance contract to protect you and your family in case of serious difficulty (death, disability, inability to work etc.). If you represent an increased risk on account of illness or disability, you are regarded as high-risk and your insurance is therefore subject to certain conditions.

While you are on sick leave, do not forget to contact the insurance company with whom you have a contract to cover your bank loans and re-read your insurance contracts to find out the conditions for covering your monthly payments and the time limit for notifying them of your situation.

### INSURANCE CONTRACTS

**Group insurance contracts** enable you and your family to be covered in case of accident, illness, inability to work, disability and risk of death. It is the credit company that takes out the contract on your behalf.

**A personal insurance contract** will be offered to you if you are refused a group contract on account of your high-risk status. Because the risk is considered higher than that for a basic contract, the premiums or contributions will be higher.

In order to help people who are considered high-risk on account of illness to get credit and insurance, an agreement has been signed between the State, banks, insurers, consumer associations and patients. This is the AERAS agreement (*s'Assurer et Emprunter avec un Risque Aggravé de Santé* - insurance and loans for those considered high-risk on account of their health). Its aim is to offer a wide range of possibilities for access to insurance and loans to those who have, or have had, a serious health problem.

### PERSONAL LOANS

A personal loan can help you to finance the purchase of a car, household electrical goods, computer equipment, etc.

To apply for a personal loan, it is no longer necessary to fill in a health questionnaire, provided the following conditions apply:

- ❖ You must be less than 50 years old at the time of the application
- ❖ The loan you require must not be greater than 15,000 euros
- ❖ The loan term must not be greater than four years
- ❖ You must make a sworn statement to the effect that you do not have other loans that amount to more than a certain sum

## **MORTGAGES, HOME LOANS AND BUSINESS LOANS**

Mortgages and home loans are intended to finance the purchase of a property, its refurbishment or the actual construction of a house.

Business loans are used to finance such projects as starting up a business or buying new equipment for an existing one.

To apply for a home loan or a business loan, you have to fill in a questionnaire on your health and comply with the following conditions:

- ❖ Your loan must not exceed 300,000 euros
- ❖ Your age at the end of the loan term must not be above 70

Since the signing of the AERAS agreement, insurance for these two types of loan covers:

- ❖ Total irreversible loss of autonomy
- ❖ Risk of death
- ❖ Permanent total disability
- ❖ Temporary total disability

The AERAS agreement provides for a mechanism that caps the cost of insurance for people taking out a mortgage for a principle residence or a business loan, assuming funds are available.

## **POSSIBLE RESPONSES FROM INSURERS**

These can be:

- ❖ The loan is agreed at a normal rate
- ❖ The loan is agreed, but with an additional premium (temporary and digressive)
- ❖ The loan is refused temporarily (another application may be made later)
- ❖ The refusal is definitive

The time limit for a response to your application for a mortgage or business loan must not exceed five weeks as from the date of receipt of your completed application. Your insurance

agreement is valid for four months.

If you think the AERAS agreement has not been correctly applied, you can appeal to *la Commission de médiation de la convention AERAS* (AERAS agreement mediation committee), 61, Rue Taibout - 75009 Paris.

If you cannot get any insurance and you consider that the refusal is not justified, you can:

- ❖ Ask for quotes from banks and insurance companies
- ❖ Go to a broker, an insurance professional who will look for insurance at a reasonable rate
- ❖ Use your company's group insurance
- ❖ Use the 1 % *patronal* (an employer's tax paid by every company with more than 10 staff and designed to help employees finance their accommodation through low-interest loans)
- ❖ Take out a secured loan using as collateral death benefit, life insurance, stocks and shares, property, etc.
- ❖ Ask your *médecin traitant* to contact your health insurance scheme's medical adviser

For further information or help with putting together an application for a bank loan and its accompanying insurance cover, you can contact:

- ❖ **AERAS** - A national answering service is available 24 hours a day 7 days a week on 0821 221 021 (0,12 euros/min). Information can also be found on their official website: [www.aerasinfos.fr](http://www.aerasinfos.fr) and the general practical information website: [www.lesclesdelabanque.com](http://www.lesclesdelabanque.com) > search for "Convention"
- ❖ **AIDÉA** (*Accompagnement et information pour le droit à l'emprunt et l'assurabilité* - support and information for cancer patients needing loans and insurance) - Telephone: 0810 111 101 (cost of a local call from a landline) Monday to Friday 9 am - 7 pm; website: [www.ligue-cancer.net](http://www.ligue-cancer.net) > search for "aidea"
- ❖ **Vivre Avec** - A patient association that helps with the administrative procedures for obtaining a loan. Telephone: 0821 218 005 (cost: 0,12 euros/min); website: [www.vivreavec.org](http://www.vivreavec.org)
- ❖ **Santé Info Droits** - Telephone line of *le Collectif interassociatif sur la santé* - CISS (*a group of associations comprising specialized experts who will answer all questions on the legal and social rights of patients*). Telephone: 0810 004 333 (cost of a local call) or 01 53 62 40 30 Mondays, Wednesdays and Fridays 2 pm - 6 pm; Tuesdays and Thursdays 2 pm - 8 pm

## 10. LEGAL PROCEDURES FOR PROTECTING THE SICK PERSON

- **MANDATE FOR FUTURE PROTECTION**
  - **PROTECTION BY THE COURT**
  - **LIMITED GUARDIANSHIP**
  - **FULL GUARDIANSHIP**
- 

Your state of health may make it impossible for you to manage your personal and financial affairs (management of your finances, property, etc.). This can happen when there is a sharp decline in a person's mental or physical faculties.

There are certain legal procedures that may help to protect you. They are:

- ❖ Protection by the court
- ❖ Limited guardianship
- ❖ Full guardianship

These procedures can be implemented forcefully should an authority decide that you are no longer able to look after yourself. It is important to understand the system in France to avoid this happening.

A new procedure called *le mandat de protection future* (mandate for future protection) is valuable as it enables you to organize protection of yourself or your handicapped child in advance.

The act of March 5<sup>th</sup> 2007 modifying the legal protection of adults came into force on January 1<sup>st</sup> 2009 and amends the procedures for protection of the court and guardianship.

These procedures are intended only for people whose faculties have declined to the extent that they can no longer look after their interests themselves. This must be certified by a doctor registered on a list available from your local magistrates' court. Protection can no longer be requested by people who are unemployed or socially excluded.

To request these procedures, application to *le juge des tutelles* (magistrate responsible for guardianship) may be made only by the person to be protected, members of his family or other people close to him, or the public prosecutor. The magistrate cannot open protection proceedings in response simply to information that a person is vulnerable.

### **MANDATE FOR FUTURE PROTECTION**

This is a contract that enables a person to organise protection for himself or his handicapped child in advance by choosing a representative to take charge of his affairs when he is no longer in a physical or mental state to do so himself. This protection may cover the person and his property or just one of the two.

Protection of your person covers all matters relating to your personal life, health, relationships, accommodation, travel, leisure activities, etc. Protection of your property covers all actions necessary for the preservation and management of your estate.

The form may be obtained from the court and then registered with your local tax payment office. This will avoid dispute regarding the date when you obtained the mandate.

When your representative deems that you are in difficulty, he will request an expert opinion from a doctor registered by the public prosecutor in order to certify your incapacity.

Your representative will then submit the mandate and the medical certificate to the clerk's office of your local magistrates' court. After checking it, the clerk will sign the mandate and return it to your representative.

In the event of difficulties, any person, including the person protected, may refer the matter to the magistrate responsible for guardianship.

## **PROTECTION BY THE COURT**

Protection of the court is a procedure aimed at protecting any adult whose mental and physical faculties are impaired by disease or enfeeblement due to age to the extent of preventing him from expressing his wishes.

Protection by the court is temporary (for one year, renewable once) and ceases when replaced by a higher level of protection (full or limited guardianship) or when the person concerned recovers his faculties.

There are two types of protection by the court:

- ❖ Legal protection by the magistrate responsible for guardianship during the longer period of investigation before the instigation of full or limited guardianship. The request can be made by family or by a third party concerned for the incapacitated person
- ❖ Medical protection on the initiative of the *médecin traitant* if he considers that his patient requires protection while he is being treated. The doctor will send a declaration to the public prosecutor

Either of these requests must be accompanied by a medical certificate signed by a specialist psychiatrist (a list of expert doctors is available from courts) and sent to the higher court responsible for guardianship of adults. The psychiatric consultation will be chargeable to the person to be protected. This latter will normally appear before the magistrate in person except in case of emergency or if there is a valid reason for him not to.

Whatever procedure is adopted, it will be limited to one year, renewable once.

The person protected by the court will retain his voting rights and can withdraw money or

pay by cheque and administer his estate. He may choose an agent in order to sell a house, for example.

However, his actions and undertakings may be cancelled or limited by his representative if this latter deems them to be injudicious. The representative is appointed by the magistrates' court and can be a family member.

## LIMITED GUARDIANSHIP

*La curatelle* (limited guardianship) is an intermediate protection procedure between protection by the court and full guardianship.

This procedure may be obtained on application to the magistrate responsible for guardianship (at the court local to the person to be protected) by the person himself, his spouse, his family, his *médecin traitant* or a social worker. The application must be accompanied by a medical certificate from a specialist psychiatrist that specifies the deterioration of the person's faculties.

The person to be protected must appear before the magistrate (provided this is possible), except in case of emergency or if there is a valid reason for him not to.

Once the person has a legal guardian, he must consult him before taking any action that might impact his estate (money, house). The guardian has the right to cancel or limit any civil action taken by the protected person that he deems detrimental.

There are two types of limited guardianship:

- ❖ Partial: the protected person may manage his income and everyday expenses himself, but may not alter his estate, marry or divorce without the agreement of his appointed legal guardian
- ❖ Full: the protected person's administrative actions are placed under the guardian's supervision and are subject to his approval

Limited guardianship continues for five years and is then reviewed.

## FULL GUARDIANSHIP

Full guardianship is arranged when the mental or physical faculties of the person to be protected are severely and irreversibly impaired. His actions will be null and void and his property will be managed by his guardian. He is represented rather than assisted by his guardian.

The procedure may be initiated by the person concerned, his spouse, his parents, his children, his brothers or sisters or his representative. The request must be accompanied by a medical certificate signed by a specialist psychiatrist. In the absence of family, guardianship

will be determined by the magistrate responsible for guardianship at the local court. The person's *médecin traitant* or the director of the establishment where the person is resident may only give their opinion as to the reason justifying guardianship.

The request is made to the public prosecutor of the higher court or the local magistrate responsible for guardianship.

The person to be protected must appear before the magistrate (provided this is possible), except in case of emergency or if there is a good reason for him not to

Full guardianship may be provided by:

- ❖ A family council (four to six members appointed by the judge) who will appoint a guardian whose actions will be monitored by a second guardian. This constitutes complete or ordinary guardianship
- ❖ A family member: this constitutes guardianship in the form of legal administration. One spouse will be the guardian of the other, unless they no longer live together or the magistrate considers that some other factor contraindicates this course of action. The guardian will administer the property under the supervision of the appropriate magistrate and without a second guardian or family council
- ❖ An external guardian: this constitutes managed guardianship (in the absence of a family). There is no second guardian and no family council, just a guardian chosen by the magistrate from a list available from the public prosecutor
- ❖ Management by the State when the guardianship remains vacant (it is delegated to the DDASS)



Full guardianship continues for five years and is then reviewed.

## 11. LEAVE AVAILABLE TO THE RELATIVES OF A SICK PERSON

- **COMPASSIONATE LEAVE**
- **FAMILY SUPPORT LEAVE**

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You might want to stop work temporarily in order to care for a relative or your sick child. Since the act of 21st August 2003, carers may obtain leave from work. This will take the form of compassionate leave to enable you to care for a relative with a life-threatening illness or family support leave to enable you to care for a relative who is handicapped or has lost his independence.

### **COMPASSIONATE LEAVE**

If you are employed but would like to stop work totally or partially in order to care for a seriously and terminally ill relative, you may obtain carer's leave in the form of compassionate leave.

To request this type of leave, you should send a letter to your employer by recorded delivery with acknowledgement of receipt at least 15 days before the desired date. Your letter must be accompanied by a medical certificate confirming that the sick person is suffering from a serious and life-threatening illness.

The leave lasts for three months, renewable once, thus for a maximum duration of six months.

The leave ends after three months, after renewal, at an earlier date or three days after your relative's death.

It does not affect leave to which you are entitled for other family events.

You may return to your employment or to similar work with equivalent pay. The duration of the leave is taken into account when calculating your length of service.

During this leave, you are not permitted to take up other paid work.

### **FAMILY SUPPORT LEAVE**

If you are employed but wish to stop work in order to care for a relative who is handicapped or has lost a significant amount of independence, you may be able to obtain family support leave.

Your employer cannot refuse this leave, provided you have two years' service with the company. To apply you should send a letter to your employer by recorded delivery with acknowledgement of receipt at least two months before the start of the leave. Alternatively,

you may deliver your letter to your employer in person. In your letter you must inform your employer of your desire to suspend your contract of employment and the date when you wish your leave to begin.

You must indicate your relationship with the person you intend to care for and provide proof of his dependence (*décision d'attribution de l'Allocation personnalisée d'autonomie - APA*) or evidence of a permanent level of disability of at least 80%.

This leave is unpaid, lasts three months, is renewable up to a total of one year, and can only be taken once during your entire working life.

## 12. WHEN A CHILD IS SICK

- **ALLOWANCES FOR A SICK CHILD**
  - **TIME OFF FOR A SICK CHILD**
  - **SCHOOLING**
- 

In order to facilitate and improve financial benefits for the care of your sick child, you will find information in this chapter on the social security measures that can help you during and after his illness.

To obtain detailed information, you can contact a social worker either at the hospital where your child is being treated or at his school or at your *Caisse d'allocations familiales* (family allowance office), the MSA (for agricultural workers) or your *Conseil général* (departmental council). You can telephone these various organizations for the contact details of the social worker responsible for the area where you live.

### ALLOWANCES FOR A SICK CHILD

These various benefits are granted and paid by the family allowance office except in the case of farmers and farm workers, who should apply to the MSA.

#### **Daily allowance for parental presence**

*L'Allocation journalière de présence parentale* - AJPP (daily allowance for parental presence) replaces the former allowance for parental presence. It is a financial aid designed to enable you to care for a child under twenty years old who has a serious illness requiring intensive treatment and needs you by his side. To apply for this, you need to fill in a form from your family allowance office or the MSA.

Your doctor must provide a medical certificate indicating the likely duration of your child's treatment. This certificate must be submitted to the medical department of his health insurance scheme.

You need to stop work when necessary in order to care for your sick child.

This allowance is granted for periods of six months renewable up to a total of three years for the same child and the same illness. A parent can be paid a total of 310 daily allowances during this period, corresponding to the number of days of absence from work (within the limit of 22 allowances a month).

If you have expenses relating to your child's illness, an additional sum may be paid to you each month provided that your own resources do not exceed a certain limit. This sum will be paid to you monthly, even for months when you have not received the daily allowance.

The AJJP cannot be paid to those receiving:

- ❖ Sick pay
- ❖ Unemployment benefit
- ❖ Old age or invalidity pension
- ❖ Supplementary benefit for looking after a young child
- ❖ Educational allowance for disabled children (AEEH) for the same child
- ❖ Adult disability allowance (AAH)

Being in receipt of the AJJP does not affect your right to health insurance cover for its entire duration. You are affiliated free of charge to the pension scheme of the general scheme on certain conditions.

### **Benefit for caring for a young child**

*La Prestation d'accueil du jeune enfant* - PAJE (benefit for caring for a young child) applies to families with at least one dependent child born after January 1st 2004.

Among the components of the PAJE paid by the CAF (family allowance office) or the MSA are the following options: *le complément de libre choix d'activité* - CLCA (additional payment for free choice of activity), *le complément optionnel de libre choix d'activité* - COLCA (additional payment for optional free choice of activity) and *le complément du libre choix de mode de garde* (additional payment for free choice of childcare).

**Additional payment for free choice of activity** is paid on certain conditions to parents who have stopped working or switched to part-time in order to care for a dependent child less than 3 years old. The parents must have paid at least 8 quarters of state pension contributions during the last two years if it is their first child, during the last four years if it is their second child and during the last five years as from the third child.

This benefit is paid:

- ❖ For a maximum period of six months for a child who is looked after from birth or from the end of maternity, paternity or adoption leave
- ❖ Until the month preceding the last child's 3<sup>rd</sup> birthday, when two or more children are being looked after

These periods are different in the case of adoption.

The payment for free choice of activity cannot be made to those in receipt of:

- ❖ Additional payment for optional free choice of activity
- ❖ AJJP
- ❖ Sick pay
- ❖ Adult disability allowance (AAH)
- ❖ Disability pension, old age pension, unemployment benefit, etc.

**Additional payment for optional free choice of activity** is a payment for parents who have stopped working for a maximum period of a year and who have at least three children, of whom one has been born or adopted on or after July 1st 2006. The parents must show proof of at least eight quarters of state pension contributions (not necessarily continuous) in connection with a professional activity during the five years preceding the birth, adoption or beginning of care of the child in question.

This payment is made:

- ❖ Until the month preceding the first birthday of the child
- ❖ In the case of adoption, during a maximum period of 12 months starting from the day of adoption

This payment cannot be made to those in receipt of:

- ❖ Additional payment for free choice of activity
- ❖ Paid leave
- ❖ Sick pay
- ❖ AAH
- ❖ Disability pension, old age pension, unemployment benefit, etc.

#### **Additional payment for free choice of child care**

If you have your child or children of less than six years looked after by a registered child minder, you might be eligible for an additional payment for free choice of child care.

This payment is only made if your personal resources fall below a certain level except if:

- ❖ You are a student (if you live with a partner, you must both be students)
- ❖ You or your partner receive AAH, a temporary waiting allowance or a specific professional allowance
- ❖ You receive *le Revenu minimum d'insertion* - RMI (income support)

The single parent's allowance and the RMI were replaced as from June 1<sup>st</sup> 2009 by *le Revenu de solidarité active* - RSA (supplementary benefit).

To qualify for the additional payment for free choice of childcare, you must earn a minimum income from a professional activity.

The payment for free choice of child care cannot be made to those in receipt of the payment for free choice of activity at the full rate.

#### **Educational allowance for disabled children**

*L'Allocation d'éducation de l'enfant handicapé* - AEEH (educational allowance for disabled children) will provide financial aid if your child is disabled or suffers from a health problem that prevents him from leading a normal life.

This allowance is paid without regard to income if:

- ❖ Your child is less than 20
- ❖ His handicap is at least 80% or between 50 and 80%
- ❖ He is in a special school or his state of health requires the help of a specialized education service or care at home

The amount of this monthly allowance can be increased by an additional payment granted by *la Commission des droits et de l'autonomie des personnes handicapées* - CDAPH (commission for the rights and autonomy of disabled people) of *la Maison départementale des personnes handicapées* - MDPH (local disability office).

There are 6 possible payments depending on:

- ❖ The healthcare expenses related to the child's disability
- ❖ Either parent stopping or reducing paid work
- ❖ The hiring of a third party

The AEEH exempts you from the daily charge for hospital stay if your child is kept in hospital.

You must choose between the AEEH and the PCH (see chapter 2).

### **Aid to parents of a disabled child**

*L'Aide aux parents d'enfant handicapé* – APEH (aid to parents of a disabled child) is an allowance exclusively for public service employees.

It is paid in certain conditions to parents whose child receives an AEEH.

Parents must request this allowance from their employer.

### **TIME OFF FOR A SICK CHILD**

If you work, you may be eligible for time off for your sick child. To find out how this works, go and see your employer. Conditions vary from workplace to workplace depending on the collective agreement in place.

### **Sick child leave**

If your child is less than 16 years old, you may be eligible for sick child leave for a maximum of 3 days per year. If you are a civil servant, you are entitled to five days a year if your child is less than a year old or if you have 3 or more children.

To apply for this, you need a medical certificate from your GP which you must give to your employer.

### **Leave for parental presence**

If your child suffers from an illness or disability or is the victim of a serious accident requiring

your presence by his side, you may be granted leave for parental presence. This leave is for 310 working days during a maximum period of 3 years.

To apply for this, you must send a letter to your employer by recorded delivery with acknowledgement of receipt at least 15 days before the start of your leave.

If you want to take one or several days' leave, you must give your employer at least 48 hours' notice.

You will not be paid, but you may qualify for the AJPP. Your work contract will be suspended.

At the end of this leave, you will return to your previous job or be given similar work with at least the same rate of pay.

### **Unpaid leave**

You may be able to take unpaid leave. This is left to the discretion of your employer and depends on the collective agreement in force at your workplace. It involves the suspension of your contract for a period which you determine together. At the end of this period, you are expected to resume your work.

During the entire period of your unpaid leave, you continue to be entitled to:

- ❖ Sick pay in case of illness or pregnancy, and life and disability insurance
- ❖ Reimbursement for any treatment relating to illness or pregnancy

These rights are preserved for one year.

### **Sabbatical leave**

In certain situations, you can request sabbatical leave. This may last from 6 to 11 months. You must have 36 months' length of service with your company, but this does not have to be continuous, and you must have been working for at least 6 years in total. Your employer cannot refuse this leave, but he can postpone it. The leave is unpaid and does not constitute a breach of your contract of employment

You do not need to justify your request for sabbatical leave. You must inform your employer of the length of your absence by recorded delivery with acknowledgement of receipt at least three months before your anticipated date of departure.

During the entire period of your sabbatical leave, you will continue to receive:

- ❖ Sick pay in case of illness or pregnancy, and life and disability insurance
- ❖ Reimbursement for any treatment relating to illness or pregnancy

These rights are preserved for one year.

**Compassionate leave and family support leave** (see chapter 11)

## **SICK CHILDREN AND SCHOOLING**

School is part of the normal social life of a child or adolescent and constitutes a major factor of his daily life. Illness sometimes results in absence from school. Even if it is necessary to adapt schooling to the child's particular situation, it is important for him to maintain contact with his school while receiving alternative education.

Repeated hospital stays of varying lengths are sometimes necessary. Treatments may produce side effects that prevent the child from being in an ordinary class. In this case special education might be indicated.

### **SCHOOLING**

*Because of his state of health, my child has an adapted schooling programme. Can he still take his exams like other children?*

Some hospitals offer an education programme that is specially adapted for each child. It is even sometimes possible to take examinations while in hospital.

When he is discharged he can, health permitting, resume his place at his old school. If this is not possible, home schooling or correspondence courses provided by specialist organizations may be resorted to.

For detailed information on these different possibilities, you should talk to a social worker or the teaching team at your child's hospital.

In the context of disability legislation, the CDAPH (commission for the rights and autonomy of the disabled) draws up with the parents a personal schooling programme for the disabled child. For further information you should contact your MDPH (local disability office).

### **HIGHER EDUCATION**

*Can my child access higher education?*

A student in higher education should be able to continue his studies even if he is ill. You may be able to request certain adjustments and financial aid, for example:

- ❖ Repeating a year's schooling
- ❖ Registration with *le Centre national d'enseignement à distance* - CNED (national centre for distance learning)
- ❖ Priority status for obtaining a room in a university hall of residence
- ❖ A *carte "Solidarité transport"* (travel card) giving reductions on travel costs under certain conditions

- ❖ An educational grant
- ❖ Financial assistance from the departmental or regional council, businesses, pension funds, etc.

For further information, contact the university's *service social du Centre régional d'œuvres universitaires scolaires* - CROUS (regional student welfare service) or visit the following websites: [www.crous.fr](http://www.crous.fr) and [www.sup.adc.education.fr](http://www.sup.adc.education.fr)

School and university examination candidates can request special arrangements and assistance, depending on their particular situation:

- ❖ Assistance in accessing the examination room
- ❖ An amanuensis (someone to do the writing)
- ❖ Extra time
- ❖ Spreading the papers over several days
- ❖ Taking into account the previous five years' examination results

The CDAPH's medical adviser or the university health service doctor will stipulate the necessary arrangements on a certificate to this effect.

For further information ask your MDPH or the school or university your child attends.

## TRANSPORT

*My child cannot take the school bus. Can he be taken to school by someone?*



For certain sick children, taking the school bus is not advisable because of fatigue, risk of infection, etc.

Your child's hospital doctor can ask your MDPH to arrange for the cost of individual transport (e.g. taxi) to be covered.

Information on the benefits available when a child has cancer are available in the booklet *Mon enfant a un cancer* (my child has cancer), published by INCa.

## 13. WHAT TO DO WHEN A RELATIVE DIES

- **ORGANIZATIONS AND PEOPLE TO BE INFORMED WHEN A RELATIVE DIES**
- **FOR EMPLOYEES IN THE GENERAL AND AGRICULTURAL SCHEMES**
- **FOR NON-SALARIED WORKERS, CRAFTSMEN AND THE SELF-EMPLOYED IN COMMERCE AND INDUSTRY**

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After the death of a sick person, you will need to think about informing various people and organizations. When you do this, you will be asked for death certificates, which can be obtained from your *mairie*. The undertakers organizing the funeral may obtain them for you.

### ORGANIZATIONS AND PEOPLE TO BE INFORMED WHEN A RELATIVE DIES

Here is a list of people to contact to help you find your way at this difficult time:

- ❖ The deceased's employer who must pay any outstanding wages and death benefits where applicable
- ❖ His health insurance *caisse* to arrange payment of any outstanding benefits and death benefit where applicable
- ❖ His *mutuelles* (private health insurance companies) to amend or cancel the policy, to pay any outstanding premiums and to find out whether the policy provides a death benefit
- ❖ His *notaire* (solicitor) to settle the estate
- ❖ His loan companies (banks, etc) to find out whether loans can be paid off by the insurance taken out by the deceased
- ❖ His *Pôle emploi* (job centre), if he was unemployed, in order to stop payment of benefits and find out whether there is a death benefit
- ❖ His CAF (family allowance office) or the MSA (agricultural workers' scheme) to amend or obtain additional family benefits depending on your social situation (family support allowances, housing allowance, etc.)
- ❖ His principal and secondary pension funds to stop payments and find out whether you, as the widow or widower, are entitled to a reversion pension and whether or not remarriage will invalidate this entitlement
- ❖ His landlord to change the name on the lease if necessary
- ❖ His insurers (car, house, etc.) to make any necessary amendments to the various policies
- ❖ EDF and GDF, France Telecom, the water company, etc. to make necessary amendments to contracts
- ❖ His tax office to update their records

To obtain information on the steps you need to take during this difficult period, you can contact a social worker or your health insurance *caisse*.

Two useful documents called 'Death and Dying in France', and 'After the Funeral' can be found on the CSF website <http://www.cancersupportfrance.org/publications>

## **FOR EMPLOYEES IN THE GENERAL AND AGRICULTURAL SCHEMES**

If the deceased was affiliated to the general or agricultural scheme, certain rights (reimbursement for medical fees, treatment, medicines, etc) may be retained by rightful claimants such as his wife, partner, dependent children, etc.

Generally speaking, these people will be entitled to the deceased's health insurance for a period of one year. If the deceased had children, this entitlement will continue until the last child is three years old or for an unlimited period, if he had three children in his care.

After the death of an insured person contributing to or receiving a disability pension, his rightful claimants may be entitled to an amount equal to 90 times the basic daily payment over the past three months (up to the social security's monthly ceiling in force on the date of death).

The death benefit is a type of allowance. It enables the relatives of the assured to meet immediate expenses resulting from his death (notably funeral expenses). It is paid primarily to those people who, at the moment of his death, were permanently, totally and effectively dependent on him. It is paid in a lump sum.

Certain conditions must be met in order to obtain a death benefit. The deceased person must have been:

- ❖ In work
- ❖ Off work because of illness and receiving benefits
- ❖ In receipt of a disability pension or a pension for an occupational accident or illness
- ❖ Receiving unemployment benefit

A rightful claimant is a person whose medical expenses are reimbursed by a health insurance scheme because of his relationship to the insured. The claimant may be the insured's spouse, partner, partner under the *Pacte civil de solidarité* - PACS (contract of civil union), a separated spouse who has not remarried, a person living with him at his home and dependent on him for 12 months, his dependent children under certain conditions, his parents or brothers and sisters. A rightful claimant cannot be covered by a different health insurance scheme.

The right to death benefit is maintained during the entire duration of the allowance and the subsequent 12 months. In order to claim this benefit, you must submit a request to the deceased's CPAM or MSA. You have one month to make this request if you are a primary beneficiary, two years in other cases.

## **FOR NON-SALARIED WORKERS, CRAFTSMEN AND THE SELF-EMPLOYED IN COMMERCE AND INDUSTRY**

After the death of the insured, the rightful claimants are entitled to claim on his insurance scheme for one year. If he had children, this entitlement will continue until the last child is three years old or for an unlimited period, if he had three children in his care.

After the death of an insured person contributing to or receiving a disability pension, his rightful claimants may be entitled to an amount calculated by reference to the social security's annual ceiling in force on the date of death.

The death benefit is a type of allowance. It enables the relatives of the assured to meet immediate expenses resulting from his death (notably funeral expenses). It is paid primarily to those people who, at the moment of his death, were permanently, totally and effectively dependent on him. It is paid in a lump sum.

Certain conditions must be met in order to obtain a death benefit.

**In the case of craftsmen**, the deceased:

- ❖ Must have been affiliated to and contributing to the RSI's craftsmen's scheme either voluntarily or compulsorily at the moment of death or must have stopped work without taking up other paid activity involving affiliation to a different obligatory social security scheme
- ❖ Must have been up to date with all his contributions for primary and secondary pensions, disability pension and death benefit

**In the case of a retired craftsman**, the deceased must have:

- ❖ Proof of payment of at least 80 three-month terms of insurance to the RSI's craftsmen's scheme
- ❖ Been latterly affiliated to *l'Assurance vieillesse des artisans* (AVA) or to the RSI as a craftsman

An amount in addition to the main death benefit may be paid to the deceased's dependent children as follows:

- ❖ Children aged under 16 on the date of death of the insured
- ❖ Children aged over 16 and under 20 studying or in an apprenticeship
- ❖ Children of any age receiving disability allowance

**In the case of someone self-employed in commerce or industry**, the deceased must have:

- ❖ Been affiliated to and paid contributions to the RSI as a tradesman
- ❖ Been up to date with all his contributions for primary and secondary pensions, disability pension and death benefit

The death of a retired tradesman does not confer entitlement to a death benefit.

You must send your request to the deceased's health insurance *caisse*. You have one month to make your request.

## LIST OF ACRONYMS AND ABBREVIATIONS

### A

AAH	<a href="#">Allocation aux adultes handicapés</a> Adult disability allowance
ACTP	<a href="#">Allocation compensatrice pour tierce personne</a> Benefit for carers
ACVP	<a href="#">Accueil cancer de la ville de Paris</a> Paris cancer reception centres
AEEH	<a href="#">Allocation d'éducation de l'enfant handicapé</a> Education allowance for disabled children
AERAS	<a href="#">S'Assurer et Emprunter avec un risque aggravé de santé</a> Insurance and loans for those considered high-risk on account of their health
AIDÉA	<a href="#">Accompagnement et information pour le droit à l'emprunt et l'assurabilité</a> Support and information for cancer patients needing loans and insurance
AJPP	<a href="#">Allocation journalière de présence parentale</a> Daily allowance for parental presence
ALD	<a href="#">Affection de longue durée</a> Long-term illness
AME	<a href="#">Aide médicale de l'État</a> State medical assistance
AMPI	<a href="#">Assurance Maladie des professions indépendantes</a> Medical branch of the RSI
ANSP	<a href="#">Agence Nationale des services à la personne</a> National agency of home care services
APA	<a href="#">Allocation personnalisée d'autonomie</a> Dependency allowance
APEH	<a href="#">L'Aide aux parents d'enfant handicapé</a> Aid to parents of a disabled child
ARDH	<a href="#">Aide au retour à domicile après hospitalisation</a> Assistance when you return home after a stay in hospital

## C

CAF	<a href="#">Caisse d'allocations familiales</a> Family allowance office
CCAS	<a href="#">Centre communal d'action sociale</a> Local welfare service
CDAPH	<a href="#">Commission des droits et de l'autonomie des personnes handicapées</a> Committee for the rights and autonomy of the disabled
CESU	<a href="#">Chèque emploi service universel</a> Employment service cheque
CISS	<a href="#">Collectif interassociatif sur la santé</a> (No translation) A group of associations comprising specialized experts who will answer all questions on the legal and social rights of patients
CLIC	<a href="#">Centre local d'information et de coordination</a> Local information and co-ordination centre
CMU	<a href="#">Couverture maladie universelle de base</a> Basic universal medical insurance
CMUC	<a href="#">Couverture maladie universelle complémentaire</a> Complementary universal medical insurance
CNAVP	<a href="#">Caisse nationale d'assurance vieillesse des professions libérales</a> National old age pension fund for self-employed professionals
CNED	<a href="#">Centre national d'enseignement à distance</a> National centre for distance learning
CRCI	<a href="#">Commission régionale de conciliation et d'indemnisation</a> Regional committee for conciliation and compensation
CROUS	<a href="#">Centre régional d'œuvres universitaires scolaires</a> Regional student welfare service
CRRMP	<a href="#">Comité régional de reconnaissance des maladies professionnelles</a> Regional committee for the recognition of occupational diseases
CRUQPC	<a href="#">Commission des relations avec les usagers et de la qualité de la prise en charge</a> Committee for relations with users and quality of care

## E

- EHPA [Établissements d'hébergement pour personnes âgées](#)  
Residential homes for the elderly
- EHPAD [Établissements d'hébergement pour personnes âgées dépendantes](#)  
Assisted living for the dependent elderly
- ELI [Espaces Ligue Info](#)  
League info centres
- ERI [Espaces de rencontres et d'information](#)  
Encounter and information centres

## F

- FSI [Fonds spécial d'invalidité](#)  
Special disability fund
- FNEHAD [Fédération nationale des établissements d'hospitalisation à domicile](#)  
National federation of hospital home care centres

## H

- HAD [Hospitalisation à domicile](#)  
Hospital care at home
- HAS [Haute autorité en santé](#)  
National authority for health

## I

- INRS [Institut national de la recherche et de la sécurité](#)  
National institute of research and safety

## M

- MDPH [Maison départementale des personnes handicapées](#)  
Local disability office
- MSA [Mutuelle sociale agricole](#)  
Health insurance scheme for agricultural workers

MTP [Majoration tierce personne](#)  
Additional allowance for care by a third party

MVA [Majoration pour la vie autonome](#)  
Additional allowance for autonomous living

**O**

ONIAM [Office national d'indemnisation des accidents médicaux](#)  
National office for the compensation of medical accidents

**P**

PCH [Prestation de compensation du handicap](#)  
Disability living allowance

PPCH [Plan personnalisé de compensation du handicap](#)  
Personalized plan for disability living allowance

**R**

RSI [Régime social des indépendants](#)  
Health insurance scheme for the self-employed

**S**

SSIAD [Services de soins infirmiers à domicile](#)  
Nursing services at home

**T**

TISF [Technicien\(ne\) de l'intervention sociale et familiale](#)  
Family social worker

**U**

UNA [Union nationale de l'aide, des soins et des services aux domiciles](#)  
National union of assistance, care and services at home

URSSAF [Union de recouvrement des cotisations de Sécurité sociale et d'Allocations familiales \(dans le cadre des droits liés au CESU\)](#)  
Social security contribution collection agency

## GLOSSAIRE

## GLOSSARY

### A

Actes paramédicaux

Paramedical procedures

Affection longue durée (ALD)

Long-term illness

Agence Nationale des services à la personne (ANSP)

National agency of home care services

Aide au retour à domicile après hospitalisation (ARDH)

Assistance when you return home after a stay in hospital

Aide médicale de l'Etat (AME)

State medical assistance

Aide médicale de l'Etat à titre humanitaire

State medical assistance on humanitarian grounds

Allocation aux adultes handicapés (AAH)

Adult disability allowance

Allocation compensatrice pour tierce personne (ACTP)

Benefit for carers (replaced by PCH in 2006)

Allocation d'éducation de l'enfant handicapé (AEEH)

Education allowance for disabled children

Allocation des travailleurs de l'amiante (ATA)

Allowance for early retirement of asbestos workers

Allocation journalière de présence parentale (AJPP)

Daily allowance for parental presence

Allocation logement

Rent allowance

Allocation personnalisée d'autonomie (APA)

Dependency allowance

S'Assurer et emprunter avec un risque aggravé de santé (AERAS)

Insurance and loans for those considered high-risk on account of their health

### C

Caisse d'allocations familiales (CAF)

Family allowance office

Caisse nationale d'assurance vieillesse des professions libérales (CNAVPL)

National old age pension fund for self-employed professionals

Caisse nationale de compensation d'assurances vieillesse des artisans (CANCAVA)	National retirement pension fund for artisans
Caisse Primaire d'Assurance Maladie (CPAM)	Health insurance fund
Carnet de vaccinations/de santé	Vaccination/health record
Carte de mutuelle	Private health insurance card
Carte de priorité	Priority badge
Carte vitale	Health insurance card
Centre communal d'action sociale (CCAS)	Local welfare centre
Centre local d'information et de coordination (CLIC)	Local information and co-ordination centre
Charte de la personne hospitalisée	Hospital patient charter
Commission des droits et de l'autonomie des personnes handicapées (CDAPH)	Committee for the rights and autonomy of the disabled
Commission régionale de conciliation et d'indemnisation (des accidents médicaux, des affections iatrogènes et des infections nosocomiales) (CRCI)	Regional committee for conciliation and compensation (for medical accidents, iatrogenic disease and nosocomial infections)
Commission des relations avec les usagers et de qualité de la prise en charge (CRUQPC)	Committee for relations with users and quality of care
Complément de ressources	Supplementary benefit
Compte rendu d'hospitalisation	Discharge summary
Congé de présence parentale	Leave for parental presence
Congé de solidarité familiale	Compassionate leave
Congé sabbatique	Sabbatical leave

Congé sans solde	Unpaid leave
Congé de soutien familial	Family support leave
Contrat de rééducation professionnelle	Job retraining contract
Convention collective	Collective labour agreement
Conventionné	Registered (approved by your health insurance scheme)
Cour de cassation	Court of appeal
Couverture médicale universelle complémentaire (CMUC)	Complementary universal medical insurance
Curatelle	Partial guardianship (no real equivalent in legal English)
<b>D</b>	
Dépassements d'honoraires	Private doctors' fees that exceed the statutory limit
Direction départementale des affaires sanitaires et sociales (DDASS)	Regional department of health and welfare
Dossier médical	Medical record
<b>F</b>	
Fédération nationale des établissements d'hospitalisation à domicile (FNEHAD)	National federation of hospital home care centres
Fonds spécial d'invalidité (FSI)	Special disability fund
Forfait hospitalier	Daily charge for hospital stay
<b>G</b>	
Garde à domicile	Companion
<b>H</b>	
Hospitalisation à domicile (HAD)	Hospital care at home
<b>I</b>	
Indemnité de résidence	Housing allowance

Indemnités journalières

Sick pay

## L

Liste des produits et prestations remboursables (LPPR)

List of reimbursable products and services

## M

Maison départementale des personnes handicapées (MDPH)

Local disability office

Majoration pour vie autonome (MVA)

Additional allowance for autonomous living

Majoration tierce personne (MTP)

Additional allowance for care by a third party

Maladie professionnelle

Occupational illness

Mandat de protection future

Mandate for future protection

Médecin traitant

Designated doctor (the doctor you designated as such to your *caisse* - usually but not necessarily your GP)

Mutualité sociale agricole (MSA)

Health insurance scheme for agricultural workers

## O

Office national d'indemnisation des accidents médicaux (ONIAM)

National office for the compensation of medical accidents

## P

Pacte civil de solidarité (PACS)

Contract of civil union

Pension d'invalidité

Incapacity benefit

Personne de confiance

Trusted person

Pôle emploi

Job centre

Pôle santé sécurité soins du Médiateur de la République

Office of the health service commissioner

Prestation d'accueil du jeune enfant (PAJE)

Benefit for caring for a young child

Prestation de compensation du handicap (PCH)	Disability living allowance
Prêt à la consommation	Personal loan
Protocole de soins	Treatment protocol
<b>R</b>	
Régime agricole	Agricultural workers' health insurance scheme (see MSA)
Régime général des salariés	General health insurance scheme
Régimes de protection sociale	Welfare schemes
Régime social des indépendants (RSI)	Health insurance scheme for the self-employed person
Reste à charge	Co-payment
Revenu minimum d'insertion	Income support
Revenu solidarité active (RSA)	Supplementary benefit
<b>S</b>	
Sauvegarde de Justice	Protection by the court
Services de soins infirmiers à domicile (SSIAD)	Nursing services at home
Service d'hébergement d'urgence	Emergency accommodation centre
Supplément familial	Child benefit
<b>T</b>	
Technicienne de l'intervention sociale et familiale (TISF)	Family social worker
Ticket modérateur	Patient's contribution (towards cost of medical treatment)
Tribunal des affaires de la sécurité sociale (TASS)	Social security tribunal

Tutelle

Full guardianship

## U

Union nationale de l'aide, des soins et des services aux domiciles (UNA)

National union of assistance, care and services at home

Union de recouvrement des cotisations de Sécurité sociale et d'Allocations familiales (dans le cadre des droits au CESU) (URSSAF)

Social security contribution collection agency

## V

Véhicule sanitaire léger (VSL)

Patient transport vehicle

Vignette orange

Label on medicines that are only refunded at 15% by the health insurance system

## LIST OF WEBSITES

Please be aware that websites are constantly being changed and updated, so some of the instructions on how to access a particular page on a site might be out of date.

[www.accueil-temporaire.com](http://www.accueil-temporaire.com)

> Places disponibles  
(Reception centres - available places)

[www.aeras-infos.fr](http://www.aeras-infos.fr)

(Insurance and loans for those considered high-risk on account of their health)

[www.ameli.fr](http://www.ameli.fr)

(Health insurance)

[www.annuaire-aas.com](http://www.annuaire-aas.com)

(Directory of health associations)

[www.caf.fr](http://www.caf.fr)

(Family allowance offices)

[www.cesu.urssaf.fr](http://www.cesu.urssaf.fr)

(Rights regarding employment service cheques)

[www.clic-info.personnes-agees.gouv.fr](http://www.clic-info.personnes-agees.gouv.fr)

(Local information and co-ordination centres)

[www.commissions-crci.fr](http://www.commissions-crci.fr)

(Regional committees for conciliation and compensation)

[www.crous.fr](http://www.crous.fr)

(Regional student welfare services)

[www.e-cancer.fr](http://www.e-cancer.fr)

(The French National Cancer Institute)

[www.fnclcc.fr](http://www.fnclcc.fr)

(National federation of cancer centres)

[www.fnehad.fr](http://www.fnehad.fr)

(National federation of hospital home care centres)

[www.fonction-publique.gouv.fr](http://www.fonction-publique.gouv.fr)

> je travaille dans la fonction publique > santé au travail > régime de protection sociale

obligatoire  
(Information on the civil servants' health insurance scheme)

[www.has-sante.fr](http://www.has-sante.fr)

(Ministry of health's website)

[www.hopital.fr](http://www.hopital.fr)

(Information on your rights and responsibilities, directory of health organizations, etc.)

[www.inrs.fr](http://www.inrs.fr)

> search for « Tableaux des maladies professionnelles »

(Tables of recognized occupational diseases)

[www.justice.gouv.fr](http://www.justice.gouv.fr)

> search for « Mandat de protection future »

(Information on mandate for future protection)

[www.leciss.org](http://www.leciss.org)

(A group of associations dealing with many aspects of health care, including patients' rights)

[www.le-rsi.fr](http://www.le-rsi.fr)

(Health insurance scheme for the self-employed)

[www.lesclesdelabanque.com](http://www.lesclesdelabanque.com)

> search for « Convention AERAS »

(Credit and loans for those with increased health risk)

[www.ligue-cancer.net](http://www.ligue-cancer.net)

(Website of *la Ligue*)

[www.msa.fr](http://www.msa.fr)

(Health insurance scheme for salaried agricultural workers)

[www.oniam.fr](http://www.oniam.fr)

(National office for the compensation of medical accidents)

[www.paris.fr](http://www.paris.fr)

> search for « Accueils cancer »

(Paris cancer reception centres)

[www.sanitaire-social.com](http://www.sanitaire-social.com)

(Nursing services at home)

[www.sante.gouv.fr](http://www.sante.gouv.fr)

(Ministry of Health's website where you can find the hospital patient charter and

information on your rights as a hospital patient: medical records, trusted person, etc.)

[www.servicealapersonne.gouv.fr](http://www.servicealapersonne.gouv.fr)

(Information on all kinds of services for sick and handicapped people)

[www.service-public.fr](http://www.service-public.fr)

> search for « Contrat de rééducation professionnelle »

(Information on job retraining contract)

[www.sup.adc.education.fr](http://www.sup.adc.education.fr)

(Information on higher education for a sick child)

[www.ticket-cesu.fr](http://www.ticket-cesu.fr)

(Employment service cheques)

[www.travail-emploi-sante.gouv.fr](http://www.travail-emploi-sante.gouv.fr)

(Site of what is now the ministry of labour, employment and health)

[www.una.fr](http://www.una.fr)

(Information on assistance, treatment and services at home)

[www.vivreavec.org](http://www.vivreavec.org)

(Help for ill people in obtaining insurance and loans)

## LIST OF USEFUL TELEPHONE NUMBERS

Please bear in mind that all these services are French-speaking. For help in English, please contact your nearest CSF association or the national CSF helpline: 05 45 89 30 05.

**AERAS Agreement** - recorded information server: **0821 221 021**, 24x7 (0,12 euros/min).

**L'Agence nationale des services à la personne** (national agency of home care services) has a helpline number **3211** open Monday to Friday from 8am to 8pm and Saturday from 8am to noon (0,12 euros/min).

Website: [www.servicealapersonne.gouv.fr](http://www.servicealapersonne.gouv.fr)

**Aidéa** (support and information for cancer patients needing loans and insurance) can be contacted on *la Ligue's* line: **0810 111 101** Monday to Friday from 8am to 8pm (cost of a local call).

**L'Assurance Maladie** has a helpline number for information about your personal situation: **3646** (cost of a local call from a landline).

Website: [www.ameli.fr](http://www.ameli.fr)

**Cancer Info: 0810 810 821** - Monday to Saturday from 9am to 7pm (cost of a local call). A team of specialists trained to give information, listen and give legal advice concerning cancer. The service is completely confidential.

Website: [www.e-cancer.fr/cancer-info](http://www.e-cancer.fr/cancer-info)

**Le Ministère du Travail** ... (now the ministry of labour, employment and health) can provide information on laws relating to the disabled and their application to daily life on **0820 03 33 33** Monday to Saturday from 9am to 7pm (0,12 euros/min).

Website: [www.travail-emploi-sante.gouv.fr](http://www.travail-emploi-sante.gouv.fr)

**ONIAM** (national office for the compensation of medical accidents) has a helpline number: **0810 600 160** Monday to Friday 9am to 6pm (cost of a local call).

Website: [www.oniam.fr](http://www.oniam.fr)

**Santé Info Droits** is the helpline of CISS (group of associations comprising specialized experts who will answer all questions on the legal and welfare rights of patients): **0810 004 333** or **01 53 62 40 30** Mondays, Wednesdays and Fridays from 2pm to 6pm, Tuesdays and Thursdays from 2pm to 8pm (cost of a local call).

Website: [www.leciss.org](http://www.leciss.org)

**Securitésoins écoute: 0810 455 455** - Monday to Friday 9am to 8pm (cost of a local call). The health service commissioner's office will handle all requests for information or complaints from both users of the health service and health care professionals concerning the non-respect of patient rights, the quality of health care, the safeness of treatment or access to health care.

Website: [www.securitesoins.fr](http://www.securitesoins.fr)

**Vivre Avec** helpline number: **0821 21 80 08** (0,12 euros/min) - Helps with the administrative procedures for obtaining a loan.

Website: [www.vivreavec.org](http://www.vivreavec.org)

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We warmly thank patients and their families who, by their involvement and their comments, have contributed to the compiling of this booklet: Reine L, Thérèse C, Lydie J, Catherine C, Marie-France B, Eliane C, Nicole T, Gérard H, and other people who wish to remain anonymous.

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All our translators and proof readers are either active or honorary members of Cancer Support France (CSF). They have contributed to the translation of this important reference document freely and without charge. We are enormously grateful to them and their supporting associations CSF-Sud de France and CSF-National.

### Translators

#### **Francis Humphries**

Francis has been a technical translator from German and French into English since 1962. Most of his work has been on patents with an emphasis on scientific and legal terminology. He has worked mainly in the fields of industrial engineering, chemistry and electronics, with some medical experience, in particular drug patents and some infringement disputes. His education was almost exclusively in languages, including Greek and Latin, with an interest in mathematics, psychoanalysis and music.

#### **Gillie Willcocks**

Gillie has lived and worked in France for 16 years. She is a qualified translator (University of London and Institute of Linguistics) and specializes in medical translations, e.g. research articles, medical reports, medical journals, medical records, company health procedures.

At present she is also developing language learning software for practitioners in the medical industry. This is a five-year project in conjunction with medical schools and universities.

She is fluent in both written and spoken French.

#### **Jan Fornachon**

Now retired on the borders of the Aude and Hérault departments, most of Jan's career was spent teaching French and German at a variety of levels and in varied environments, predominantly in the last 10 years of her working life in a 6<sup>th</sup> form college in Hampshire.

10 years of residence in France have meant she has been frequently asked to do translating /interpreting in a wide range of situations. These have included publicity material for tourism and cultural purposes and for winemakers, liaising with doctors, lawyers, banks and other official bodies, staff of local *mairies*, estate agents and tradesmen, and dealing with disputes with contractors.

She also interprets for courses and workshops.

The CSF project has been her first project co-ordinating with others and her first "formal" sortie into translation for a wider public.

#### **Miranda Preston**

Miranda has worked in education for 35 years, most recently as a Senior Lecturer at The University of Chichester training teachers to work with children with special educational

needs. She has published many articles and two books on helping young people with autism and dyslexia to access mainstream education. Her doctoral thesis explored the factors that influence people to decide to work with people with special needs.

Miranda now lives in a farmhouse near Perpignan with her husband, her 2 dogs and 5 chickens. She works in real estate part-time, volunteers for CSF and plays competitive tennis.

### **Gillian Rayner**

Gill has lived and worked in France for more than 40 years and has served as a volunteer translator and interpreter for most of that time (French to English and vice versa). She has done numerous translations, particularly in the field of sport, for both the French Olympic Committee and various sport federations. This is her first experience with a medical-related document.

### **Proofreaders**

#### **Marian Green**

Marian studied modern languages (French and German) and then went on to study medicine. She is a retired GP. Following her retirement, she has been employed as a medical translator (French-English) and a proofreader).

Marian has contributed in a voluntary capacity to translation work for CSF in order to help English-speaking patients in France. Her work includes translation of *le dispositif d'annonce*, translation of pages of the *Réseau Onco-Poitou-Charentes* website, a patient information booklet for women undergoing surgery for breast cancer in the Clinique Mail at La Rochelle and information leaflets about radiology for CHU Poitiers.

She lives in Deux-Sèvres with her husband and two cats.

#### **Linda Shepherd**

Linda is the founding president of Cancer Support France, formerly Cancer Support in the Poitou Charentes. She has lived in France since July 2000 following early retirement from teaching on the grounds of ill health. Shortly after her arrival she was diagnosed and treated for breast cancer. The creation of the association was a direct result of her experiences. The proposal was supported by her consultants following the collective recognition that English-speaking patients in cancerology departments were increasing and the staff did not have the linguistic skills or resources to cope. As President of the national association, Linda's responsibilities now include liaison with the National Cancer Institute (INCa) and other French organizations as well as supporting the development and work of the affiliated associations around the country.

#### **Andrew Shepherd**

Andy is a founder member of CSF, and has been Treasurer since its inception. With degrees in biochemistry and education, he formerly taught chemistry to pre-medical students. He has been involved in writing and editing for nearly forty years, including contributions to *Biochemical Education* and the *School Science Review*. For nearly ten years he was Editor of

*Touchlines*, the newsletter of CSF. Currently, he proof-reads and copy-edits for two family history journals, as well as contributing articles and writing other material.

## CANCER SUPPORT FRANCE



Cancer Support France (CSF) is an association set up according to the 1901 French Law. It is made up of a growing number of affiliated associations across France, supported by the umbrella organisation **CSF- National**. The movement exists to support English-speaking people who live in France and who are affected by cancer. Support is provided in a number of ways. All those who work with patients in a listening role are fully trained 'Active Listeners'. Full details of the association and departmental contacts can be found on its website: [www.cancersupportfrance.org](http://www.cancersupportfrance.org)

The national helpline is 05 45 89 30 05. Calls are picked up every day and a response normally made within 24 hours. E-mail address: [cancersupportfrance@orange.fr](mailto:cancersupportfrance@orange.fr)

There is also a fully moderated Forum where questions can be posed and support found: [www.csf-forum.org](http://www.csf-forum.org)

## CANCER INFORMATION BOOKLETS

*Les guides Cancer Info* (Cancer information booklets) explain in clear and simple language the current state of knowledge on the different types of cancer, their treatment and their after-effects. Their aim is to:

- ❖ Provide up to date authenticated information in easy to understand terms
- ❖ Improve understanding of the various aspects of the illness and its effects from a medical, social, family and psychological viewpoint
- ❖ Help communication between patients, their relatives, the doctor and other health professionals
- ❖ Enable patients to be more involved in their treatment decisions

These pamphlets are compiled using a multidisciplinary approach and drawing on the experience of health professionals, patients, former patients and patients' friends and relatives. The medical information they contain reflects the recommendations on treatment and follow-up issued to health care professionals. They are regularly updated in line with advances in medical knowledge.

INCa also provides the following resources to those seeking reliable knowledge on cancer: a telephone helpline on 0810 810 821 at the cost of a local call (Monday to Saturday 9am - 7pm) and the *Cancer info* section on their website [www.e-cancer.fr/cancer-info](http://www.e-cancer.fr/cancer-info)

**Booklets currently available (in French).** The 2013 documents are in the process of being finalised and will be published shortly.

### Relating to different types of cancer of cancer

- Kidney cancer treatments (2013)
- Thyroid cancer treatments (2013)
- Bladder cancer treatments (2013)
- Endometrial cancer treatments (2012)
- Aero-digestive tract cancer treatments (2012)
- Pancreatic cancer treatments (2012)
- Familial adenomatous polyposis (2011)
- Understanding Non-Hodgkins lymphoma (Guide published by *France Lymphe Espoir* in partnership with INCA - 2011)
- Cervical cancer treatments (2011)
- Liver cancer treatments (2011)
- Ovarian cancer treatments (2010)
- Prostate cancer treatments (2010)
- Skin cancer treatments (2010)
- Brain tumours (2010)
- Lung cancer treatments (2010)
- Colon cancer treatments (2010)
- Rectal cancer treatments (2010)
- My child has cancer (2009)

- Understanding breast cancer (2007)

#### Cancer treatments

- Understanding radiotherapy (2009)
- Understanding chemotherapy (2009)
- Clinical trials in oncology: answers to your questions (2008)

#### Living with cancer

- Cancer and welfare services (2012)
- Cancer treatments and loss of hair (2009)
- Pain and Cancer (2007)
- Life during and after cancer (2007)
- Living with someone who has cancer (2006)
- Fatigue and cancer (2005)

These booklets are free and can be ordered online or downloaded on [www.e-cancer.fr/cancer-info](http://www.e-cancer.fr/cancer-info)

#### **Cancer Information from Cancer Support France**

A series of adaptations in English (Available on the CSF Website)

Cancer treatments and the loss of hair

Cancer and welfare services

Pain and Cancer

In progress:

Living during and after cancer