FOR HR AND PEOPLE LEADERS

When cancer meets work, the response matters.

Returning after cancer, working through uncertainty and responding to a life-limiting diagnosis in Swiss organisations.

Evidence with boundaries. Care with clarity.

Après · Switzerland

THE QUESTION FOR HR

A return date is not the whole return.

After a cancer diagnosis, people may work through treatment, leave for months, return gradually or find that the shape of work has changed. Capacity, privacy and priorities can shift at different times. The Swiss Cancer League encourages employers to listen, plan with the person and revisit arrangements rather than assume there is one standard path.[4]

Sometimes the question is not how to resume work after treatment. A person may have a life-limiting diagnosis and want to decide whether, how and for how long work remains part of their life. That is not simply the final stage of a return-to-work programme. This paper keeps these situations distinct and asks what an organisation can do without taking over decisions that belong to the person and their clinical team.[7]

SWISS FACTS / THREE DIFFERENT SCALES

Figures that need their context.

One population measure, one local exploratory finding and one societal cost model. Each tells us something different; none predicts an individual employee's path or a company's savings.

≈48'100

New cancer diagnoses per year.

Swiss residents of all ages; annual mean 2018–2022. Excludes non-melanoma skin cancer. **Not** the number of employees affected.

Source: Obsan / MonAM [1]

81% → 56%

Reported mean working percentage, before and after diagnosis.

Exact means: 81.33% → 56.01%. **47 women** with paired answers after breast cancer in a mostly Ticino survey; 2024 report, not peer-reviewed. Not an employment or national return rate.

Source: SUPSI Re-Work [2]

CHF 9.3bn

Modelled societal cancer-related monetary costs.

Switzerland, 2022: CHF 6.304bn health expenditure + CHF 3.040bn production losses, including premature death. **Not** a cost to one employer or savings from HR support.

Source: BAG / ZHAW [3]

Different years, populations and methods. These figures cannot be added, ranked as HR outcomes or used to infer how many Swiss employees face a terminal diagnosis.

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THE FIRST CONVERSATION

A diagnosis enters working life.

The person is not a diagnosis. Work will still need decisions, but the first one is how to speak without assuming what happens next.

The same word "cancer" can describe very different illnesses, treatments, capacities and wishes. Someone may choose to keep working; someone else may need to be away. The Swiss Cancer League recommends a conversation in a quiet setting, with time to listen before offering help, and with no promise about an outcome the organisation cannot control. Employers also need to explain their practical requirements for managing work during an absence.[4]

Agree on one reliable point of contact and on the next time to speak. Ask what the person wants colleagues to know, and distinguish that preference from information HR genuinely needs to arrange cover. A manager can tell the team who is handling a project without relaying a medical history. For colleagues taking on extra tasks, clarity about responsibilities and review dates is more useful than speculation about a prognosis.[4] [5]

> A FIRST QUESTION FOR HR
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> What does this person want from contact with work now, and what can we organise without asking them to manage the team's uncertainty?

Capacity during treatment may change. A useful agreement is therefore temporary and revisitable. It records who covers work, which arrangements are possible under the contract and insurance, and who will ask whether the plan still fits. It does not set a recovery timetable or require someone to tell an uplifting story about illness.

A return is a process, not a finish line.

Being back at work does not necessarily mean being back to a previous workload, schedule or sense of normality.

SUPSI's Re-Work project in Ticino examined the experience of women after a breast-cancer diagnosis. In a small questionnaire, the mean self-reported working percentage among 47 respondents with both values was 81.33% before and 56.01% after diagnosis. This is an exploratory, retrospective and self-selected group, not a national employment rate or a causal estimate. It nevertheless makes a relevant question visible: keeping a job and working the same hours are not identical outcomes.[2]

SUPSI's qualitative interviews describe return as both practical work, managing energy, treatment effects and negotiations, and identity work, including questions about the place a person wants work to have in life. Employers cannot decide these priorities for someone else. They can offer a predictable setting in which changes to duties, hours and communication can be proposed and revisited.[2]

Swiss Cancer League guidance suggests, where appropriate, a gradual plan agreed with the person, adjusted schedules or tasks, breaks and regular conversations after the return. Medical capacity, insurance terms and the reality of the role need to be considered together; no single arrangement fits every diagnosis or workplace.[4]

BEFORE THE RETURN Agree on a starting point	Ask about the tasks the person expects to manage, what the relevant work-capacity information permits and which conversations they want the team to have. Avoid treating the first day back as proof of full capacity.
DURING THE FIRST WEEKS Adjust the work	Consider hours, breaks, location or task mix where feasible and consistent with the employment and insurance framework. Assign cover for work that will not yet return to the person.
WITH THE TEAM Protect the load around them	Tell colleagues what has changed operationally, not why in medical detail. Give the manager a way to discuss workload and uncertainty without disclosing more than is necessary.
AFTER THE RETURN Review, do not assume	Schedule check-ins and change arrangements when needs or capacity change. In a smaller organisation, seek appropriate external expertise rather than expect a manager to solve clinical or insurance questions alone.

A return plan is not a guarantee of permanence. It is a record of what the organisation has agreed to try, who will do which work and when the parties will revisit it. That is a better basis for trust than an unspoken expectation that everything should be "back to normal."

THE SWISS FRAME

Capacity, privacy and cover.

Swiss HR decisions sit within employment law, applicable contracts, any collective agreement and insurance arrangements. A cancer diagnosis does not create one uniform national leave or return-to-work programme. SECO's guidance on inability to work concerns private-law employment and expressly notes that public employment can follow other rules. The federal SME Portal distinguishes statutory salary continuation from contractual daily sickness benefit insurance; HR should check what applies rather than promise a generic duration or payment rate.[6]

Ask for work-relevant information, not a medical narrative.

The Federal Data Protection and Information Commissioner explains that, in private employment, Article 328b of the Code of Obligations limits employee data processing to suitability for the job or what is necessary for the contract, subject to proportionality. An employee's agreement is not a blanket permission to collect or circulate a diagnosis. HR can discuss capacity, duration of absence and agreed task adjustments while limiting access to those who need the information for work.[5]

Check the rules before changing the plan.

A graded return, changes to duties or a period of continued absence can involve the treating team, the relevant insurer and occupational or disability-integration specialists, depending on the case. The Swiss Cancer League advises coordinated planning and regular review, rather than a manager improvising on medical questions. Written decisions should say what is temporary, who reviews it and what information the team actually receives.[4]

Legal and insurance questions require their own professional review. The point here is operational: prepare a route for confidential advice, preserve the person's agency and avoid making one exhausted manager the sole point of interpretation for health, cover and employment rights.

This is general HR information, not legal, medical or insurance advice. Specific employment, public-sector and collective-agreement rules should be checked in the individual case.

WHEN THE GOAL CHANGES

When a diagnosis is life-limiting.

Do not turn a person's remaining time into a return-to-work target, or assume that work has no place in it.

The Federal Office of Public Health describes palliative care as medical and psychosocial support for people with incurable, life-threatening and/or progressive chronic illnesses. It may begin early; it is not a workplace policy and it does not imply that everyone has the same prognosis or wishes. In the Swiss sources reviewed for this paper, we found **no direct, well-defined statistic** for employees working with a terminal diagnosis or for the policies their employers use. No percentage is offered here.[7]

For HR, the starting point is still the person: whether they wish to keep working, reduce their hours or stop; which parts of work matter to them; what information they want to share; and whether these preferences may change. Neither continuing to work nor leaving work should be treated as the morally correct choice. The employer must also consider what is safe, feasible and consistent with the applicable employment and insurance arrangements.

A BOUNDARY THAT MATTERS

The clinical team supports diagnosis, treatment and palliative care. The employer organises work, confidentiality and support around the person. Après works in that organisational space; it does not provide clinical care or at-home caregiving.[7]

Let the person set the terms of communication.

Agree what may be shared with a manager and colleagues, and what can remain private. A functional update can be enough: who owns a task, how to make contact, when plans may change. Do not speculate about survival, announce a prognosis to the team or ask the person to make the workplace comfortable with the news. The Swiss data-protection principles of necessity and proportionality still apply.[5]

Make transitions possible, not compulsory.

Offer to review duties, hours, leave, handover and points of contact as the person wishes and as circumstances allow. Some people may want to share knowledge or mark a transition with colleagues; others may not. A handover can protect the team's work without becoming an unsolicited farewell. Ask before involving family members or arranging public gestures. Make space for the manager and colleagues to seek appropriate support of their own without making the employee carry it.

If the person dies, the team will need a different response. The related Après paper on bereavement at work in Switzerland addresses communication, privacy and support after a colleague's death. The present chapter is about the period while a person is alive and their choices still lead the conversation.

A WORKABLE ROUTE

Decisions to make, and revisit.

A compassionate organisation does not need to predict a medical outcome. It needs a reliable way to decide, explain and review what happens at work.

Build the route before the situation arrives: a named HR contact, a way for managers to ask confidential questions, a process for covering work and knowledge of where insurance or specialist advice can be obtained. This makes a response less dependent on the confidence of one individual manager. The Swiss Cancer League's guide encourages a coordinated, flexible return and follow-up with the person and team. [4]

A worksheet for one organisation

Use the questions as prompts, not as a clinical score. Record only what is needed for a lawful, workable arrangement.

One contact	Who speaks with the employee and who covers for that person? When will contact be welcome again?
Work now	Which tasks are feasible, paused or reassigned? Who protects colleagues from an unplanned extra load?
Information	What does the person want shared, what is necessary for work and who may receive it?
Rules and support	Which contract, insurance and specialist resources apply? Who checks before making a promise?
Review	When and with whom will arrangements be revisited if capacity or priorities change?
Transition	If a continuing return is not the goal, what would a respectful handover look like if the person wants one?

For budgeting, a company can examine its **own actual coverage, workload and support costs**. The national CHF 9.344bn estimate is not an HR budget line, and the SUPSI questionnaire does not determine an organisation's lost output. The purpose of the worksheet is to make work decisions visible without pricing the person, the diagnosis or the time they have left.[3]

Small teams may need more creative cover and outside expertise; large organisations may need better coordination between HR, line management and insurance. In either case, the employee should not be asked to solve the organisation's handover problem alone.

FROM INTENTION TO PRACTICE

Care can be prepared without being scripted.

Après helps organisations build a common language for difficult moments at work, shape practical policies and pathways, and make specialist human support available to people and teams. In the context of cancer, that means preparing managers for a careful first conversation, designing a revisitable work plan and keeping privacy and team capacity in view. A guideline can create clarity; it cannot decide how an individual should feel or how a disease will develop.

The response is not identical across the two journeys in this paper. After treatment, a person may wish to return and renegotiate what sustainable work looks like. With a life-limiting diagnosis, the question may instead be what work the person wants to keep in their life, for how long and on what terms. In both cases, the organisation can listen, adapt, respect boundaries and avoid disappearing after the first conversation.

> **APRÈS'S PERSPECTIVE**
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> What happens after matters. Even at work.

Après does not replace oncology, occupational medicine, legal advice, insurance assessment or palliative care. At-home caregiving is outside its remit. This white paper does not imply an already established nationwide service network or a measurable return on investment from a particular intervention.

References.

Published by Après in October 2026. This is an editorial synthesis of Swiss public statistics, an exploratory local study, a national cost model and practice guidance, not a survey of Swiss employers or a clinical guideline. The three figures describe different things and cannot be combined into a workplace prevalence, an employer-specific loss or an Après intervention effect. Source links were reviewed for this edition.

[1] **Federal Office of Public Health / Swiss Health Observatory (BAG / Obsan).** "Cancer: incidence," MonAM indicator, annual average for 2018–2022, updated 12 February 2026. Approximately 48,100 diagnoses among Swiss residents of all ages per year, excluding non-melanoma skin cancer. Read the indicator ↗
Population measure, not employment or return-to-work data; five-year average.

[2] **Caiata Zufferey, M. et al., SUPSI.** Tornare al lavoro è un lavoro (Re-Work report, 2024), paired questionnaire result around Figure 1: mean reported working percentage 81.33% before and 56.01% after diagnosis (t(46), 47 paired responses). Institutional record ↗ · Author-uploaded report ↗
Mostly Ticino, breast cancer, small self-selected sample, recalled pre-diagnosis status. SUPSI record: unpublished and not peer-reviewed. Not a national return rate or causal estimate.

[3] **Federal Office of Public Health / ZHAW and partner universities.** Kosten von Krankheiten in der Schweiz, report published 2025; 2022 estimates, tables 7, 9 and 17 (pp. 61, 80 and 103). Cancer: CHF 6.304bn healthcare expenditure plus CHF 3.040bn production losses, total CHF 9.344bn. Read the full report (German) ↗
Modelled societal costs using a human-capital approach; not a company's expense, return-to-work cost or possible programme saving.

[4] **Swiss Cancer League.** Cancer: relever les défis au travail, Swiss guide for employees and employers, especially pp. 24–30 on communication, gradual return, task adaptation and review. Read the guide (French) ↗ · Swiss Cancer League: cancer and work ↗
Practice recommendations, not a uniform medical outcome or statutory entitlement. Unsourced headline return-to-work percentages on the overview page are not used here.

[5] **Federal Data Protection and Information Commissioner (FDPIC).** "Data processing by the employer," including Code of Obligations Article 328b and the necessity/proportionality test in private-law employment. Read the Swiss employer guidance ↗
An employee's consent is not a blanket waiver of statutory limits; public-employment rules may differ.

[6] **SECO / Swiss Confederation SME Portal.** "Inability to work and sick leave," on salary continuation and contractual insurance; SECO FAQ "Verhinderung des Arbeitnehmers an der Arbeitsleistung," on private-law employment and the limits of general guidance. Read the SME Portal (English) ↗ · Read the SECO FAQ (German) ↗
Check the individual contract, insurance and applicable public/private-sector rules.

[7] **Federal Office of Public Health (BAG).** "Soins palliatifs," overview of Swiss palliative care and its clinical/psychosocial scope for incurable, life-threatening or progressive chronic illness. Read the federal overview (French) ↗
Not a Swiss employer survey, workplace policy guide or terminal-employee prevalence estimate.

No US or UK survey percentage appears in this paper. No Swiss rate is asserted for employees with a terminal diagnosis. Work, medical and legal decisions require individual professional advice; this publication supplies general organisational guidance only.

START A CONVERSATION

Make room for what matters at work.

If your organisation is reviewing its response to cancer or serious illness, Après can begin with a conversation about the people, the work and the choices in front of you.

Contact: info@apres.contact · cal.com/apres/45min
Après is an initiative connected to the Adelma Association.