# Unlocking the potential of geriatric oncology nursing amidst funding challenges



All cancer patients face significant health vulnerabilities, but elderly individuals diagnosed with cancer represent the most vulnerable demographic, necessitating specialised and meticulous care. With global life expectancy nearing 80 years, and projections suggesting that 70% of cancers will be diagnosed in older adults—including 8% in those over 85—the field of geriatric oncology has become increasingly vital. Elderly cancer patients often contend with a complex web of issues such as frailty, cognitive impairments, increased risks of falls, medication errors, malnutrition, and social isolation. Compounding this, many patients either care for or are themselves cared for by other elderly individuals, presenting layered challenges that go beyond straightforward clinical treatment.

The necessity for dedicated geriatric oncology services stems from the goal to strike a balance between avoiding both undertreatment and overtreatment while caring for the whole person. Socioeconomic disadvantages exacerbate these challenges, amplifying the risks and complications these patients face. Evidence supporting the value of specialised geriatric oncology clinics is robust, highlighting improved management of age-related deficits, better treatment outcomes, and enhanced quality of life. Comprehensive geriatric assessments have become essential tools, helping clinicians tailor individualised care, predict treatment side effects, and improve survival rates. These assessments also mitigate the ageism that can lead to older patients receiving fewer or less aggressive treatment options than younger counterparts.

Despite the clinical and ethical imperative to provide multidisciplinary support—including nursing care that extends beyond medical treatment to help with navigation of social and practical needs—the reality within hospital systems is often marked by funding constraints and bureaucratic hurdles. Physicians committed to establishing dedicated geriatric oncology services frequently encounter the frustrating requirement to produce detailed business cases to secure funding for nursing staff. This process, far removed from their medical training, forces clinicians to divert precious time and energy from patient care toward financial and administrative justification. The complexity of estimating nursing hours, budgeting, and understanding billing codes can be daunting, even with assistance from hospital administrators.

The business case process also demands proving not only the quality-of-care benefits but also the cost-effectiveness—or at least cost-neutrality—of such services. While healthcare professionals recognise the value of investing in supportive nursing to prevent hospital admissions and reduce overall costs, these benefits can be difficult to quantify in strict fiscal terms. This hinders progress, leading to missed opportunities for vulnerable patients. The COVID-19 pandemic further underscored these gaps, as elderly cancer patients bore disproportionate burdens without the benefit of experienced nursing advocates to support their complex needs during hospital visits or at home.

Research and clinical experience alike affirm that geriatric functional assessments—such as evaluating activities of daily living and performance status—are critical for accurately identifying patients’ needs and tailoring treatment plans to their functional abilities. The prevalence of geriatric syndromes, including depression and frailty, among elderly cancer patients receiving chemotherapy highlights how common and impactful these issues are, reinforcing the need for comprehensive, multidisciplinary care teams. Oncology nursing societies increasingly advocate for education and resources aimed at culturally sensitive, safe, and goal-oriented care for older adults, reinforcing that nurses play an indispensable role in this specialised care model.

In light of these insights, the mismatch between the acknowledged importance of geriatric oncology nursing and the realities of hospital funding procedures represents a troubling disconnect. Clinicians often find themselves forced into piecemeal attempts to secure nursing support while juggling clinical duties. The continued struggle to integrate dedicated nursing care into geriatric oncology services means many elderly patients face preventable challenges alone. Urgent action is needed from hospital administrators and health systems to streamline funding paths for nursing roles tailored to older cancer patients, recognising that such investment is not just a nicety but a crucial component of effective, compassionate, and cost-conscious cancer care.

### 📌 Reference Map:

* Paragraph 1 – [[1]](https://www.theguardian.com/commentisfree/2025/sep/09/i-need-a-nurse-for-my-elderly-patients-but-isnt-my-time-better-spent-treating-cancer-than-writing-a-business-case), [[2]](https://onco-hema.healthbooktimes.org/article/30710), [[4]](https://www.ons.org/publications-research/voice/news-views/what-you-need-know-about-caring-geriatric-patients-cancer), [[7]](https://www.aacr.org/blog/2016/10/04/geriatric-oncology-cancer-care-coming-of-age/)
* Paragraph 2 – [[1]](https://www.theguardian.com/commentisfree/2025/sep/09/i-need-a-nurse-for-my-elderly-patients-but-isnt-my-time-better-spent-treating-cancer-than-writing-a-business-case), [[2]](https://onco-hema.healthbooktimes.org/article/30710), [[4]](https://www.ons.org/publications-research/voice/news-views/what-you-need-know-about-caring-geriatric-patients-cancer), [[5]](https://pubmed.ncbi.nlm.nih.gov/30627767/)
* Paragraph 3 – [[1]](https://www.theguardian.com/commentisfree/2025/sep/09/i-need-a-nurse-for-my-elderly-patients-but-isnt-my-time-better-spent-treating-cancer-than-writing-a-business-case)
* Paragraph 4 – [[1]](https://www.theguardian.com/commentisfree/2025/sep/09/i-need-a-nurse-for-my-elderly-patients-but-isnt-my-time-better-spent-treating-cancer-than-writing-a-business-case), [[3]](https://pubmed.ncbi.nlm.nih.gov/33910204/)
* Paragraph 5 – [[1]](https://www.theguardian.com/commentisfree/2025/sep/09/i-need-a-nurse-for-my-elderly-patients-but-isnt-my-time-better-spent-treating-cancer-than-writing-a-business-case), [[6]](https://pubmed.ncbi.nlm.nih.gov/32148481/)
* Paragraph 6 – [[2]](https://onco-hema.healthbooktimes.org/article/30710), [[3]](https://pubmed.ncbi.nlm.nih.gov/33910204/), [[4]](https://www.ons.org/publications-research/voice/news-views/what-you-need-know-about-caring-geriatric-patients-cancer), [[6]](https://pubmed.ncbi.nlm.nih.gov/32148481/)
* Paragraph 7 – [[1]](https://www.theguardian.com/commentisfree/2025/sep/09/i-need-a-nurse-for-my-elderly-patients-but-isnt-my-time-better-spent-treating-cancer-than-writing-a-business-case), [[4]](https://www.ons.org/publications-research/voice/news-views/what-you-need-know-about-caring-geriatric-patients-cancer), [[5]](https://pubmed.ncbi.nlm.nih.gov/30627767/)

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## Bibliography

1. <https://www.theguardian.com/commentisfree/2025/sep/09/i-need-a-nurse-for-my-elderly-patients-but-isnt-my-time-better-spent-treating-cancer-than-writing-a-business-case> - Please view link - unable to able to access data
2. <https://onco-hema.healthbooktimes.org/article/30710> - This article discusses the management of elderly cancer patients, highlighting the importance of geriatric oncology in addressing the unique challenges faced by older adults. It emphasizes the need for comprehensive assessments to identify age-related deficits and tailor individualized treatment plans. The piece also addresses issues like underdiagnosis and undertreatment, noting that ageism can lead to reduced treatment options for older patients. The article underscores the significance of geriatric assessments in predicting treatment-associated side effects and improving survival rates, advocating for their inclusion in clinical trials and patient care.
3. <https://pubmed.ncbi.nlm.nih.gov/33910204/> - This study examines the necessity of detailed geriatric functional assessments for older cancer patients. It compares various tools used to measure functional status, such as the Eastern Cooperative Oncology Group performance status (ECOG-PS), activities of daily living (ADL), and instrumental activities of daily living (IADL). The findings reveal that limitations in these areas increase with age, highlighting the importance of comprehensive assessments to inform treatment decisions and improve patient outcomes. The study advocates for the inclusion of geriatric functional measures as patient-reported outcomes in clinical trials and care.
4. <https://www.ons.org/publications-research/voice/news-views/what-you-need-know-about-caring-geriatric-patients-cancer> - This article from the Oncology Nursing Society provides insights into caring for geriatric patients with cancer. It notes that approximately 60% of all cancers are diagnosed in individuals aged 65 or older, a figure expected to rise to 70% by 2030. The piece highlights the increased risk of adverse effects in older patients due to age-related physiological changes and comorbidities. It emphasizes the need for comprehensive geriatric assessments to guide healthcare decisions and recommends that oncology nurses seek education and resources to provide culturally sensitive, safe, and goal-oriented care to older adult patients with cancer.
5. <https://pubmed.ncbi.nlm.nih.gov/30627767/> - This article provides an overview of geriatric oncology, focusing on the increasing number of older adults with cancer due to demographic changes. It discusses the importance of structured assessments to identify individual patient deficits and resources, enabling tailored treatment plans. The piece highlights that such assessments can predict a higher risk of treatment-associated side effects and poorer survival. It also addresses the need for geriatric assessments to stratify older cancer patients for treatment, aiming to avoid under- and over-treatment. Current research strategies are exploring whether interventions based on these assessments can improve patient-relevant outcomes.
6. <https://pubmed.ncbi.nlm.nih.gov/32148481/> - This study investigates the prevalence of geriatric syndromes in elderly cancer patients receiving chemotherapy. Conducted with 85 participants aged 60 and above, the research found that 58.8% had at least one geriatric syndrome, with depression being the most common component. The study identified that age ≥65 years was significantly associated with the presence of geriatric syndromes. It also found that underweight patients (BMI <18.5 kg/m²) had a higher odds ratio for depression. The findings underscore the commonality of geriatric syndromes in elderly cancer patients and the need for comprehensive assessments in this population.
7. <https://www.aacr.org/blog/2016/10/04/geriatric-oncology-cancer-care-coming-of-age/> - This article discusses the emergence of geriatric oncology as a medical subspecialty focusing on older adults with cancer. It highlights demographic shifts leading to an increasing number of elderly cancer patients and the challenges they face with intensive treatments due to comorbidities and other factors. The piece notes that at least 7% of older adults show signs of frailty, which is associated with worse outcomes following cancer treatments. It emphasizes the need for geriatric oncologists to make treatment decisions and suggests that broader tools for identifying frailty could aid in screening older cancer patients for referral to specialists.