
ORIGINAL ARTICLE

**Sustainable Health Services for Hepatocellular Carcinoma Survivors in Thailand:
Financial and Social Experiences from a Cross-Sectional Study**

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ABSTRACT

BACKGROUND: Despite advances in medical treatments that have extended survival among patients with hepatocellular carcinoma (HCC) in many developed countries, significant challenges continue to persist in Thailand, even with the Universal Coverage Scheme.

OBJECTIVES: This study aimed to understand the socioeconomic experiences of HCC survivors to inform improvements in national health insurance policies and clinical care.

METHODS: A multicenter cross-sectional survey was conducted at major Thai liver cancer centers. HCC patients attending outpatient clinics were invited to participate and provide information on demographic characteristics, social experiences, financial barriers, perspectives on existing support policies, and the perceived benefits of increased public awareness. Ethical approvals were obtained from all participating centers.

RESULTS: Among the 92 respondents (mean age 62.1±11.5 years; 78.3% male), 65.2% reported that medical expenses influenced their treatment decisions, and 71.7% experienced family-related financial difficulties. Socially, 97.8% felt understood by friends and family, while 47.8% reported that their illness affected personal relationships. Most participants indicated a need for mental support (98.9%), financial assistance (91.3%), and improved public awareness to enhance their quality of life (98.9%).

CONCLUSIONS: Thai HCC survivors face significant financial barriers to access advanced treatments but receive considerable community support. These findings highlight the need to refine Thailand's health insurance framework to better address the financial and social needs of HCC patients.

KEYWORDS: hepatocellular carcinoma, financial burden, universal coverage, quality of life

INTRODUCTION

Hepatocellular carcinoma (HCC) is among the most prevalent malignant tumors worldwide. In 2020, HCC accounted for 75%–85% of the 906,000 new liver cancer cases and 830,000 deaths (GLOBOCAN)¹. In Thailand, HCC is the most common cancer and the leading cause of cancer-related mortality. Despite a reduction in HCC incidence due to prevention programs and improved survival associated with novel treatments², significant economic and humanistic burdens persist³. Socioeconomic status critically influences survival, highlighting disparities in patient care and access to treatment⁴. Limited healthcare resources in Thailand lead to suboptimal HCC surveillance⁵, often leading to advanced-stage diagnoses and poorer prognoses⁶.

Despite extensive documentation of HCC's clinical impact, there remains a lack of detailed research on the financial and social hardships faced by HCC patients, particularly in Thailand. Given the country's unique socioeconomic context, understanding these challenges is crucial for informing effective health policies and clinical practices. This study aims to address this gap by exploring the financial barriers and social experiences of Thai HCC survivors, offering insights into the broader implications of HCC care. By examining survivors' lived experiences, we aim to contribute to the refinement of national health insurance policies and the improvement of clinical care, ultimately supporting more equitable and effective HCC control efforts in Thailand.

METHODS

Study Design and Setting

We conducted a multicentre survey study across four major Thai hospitals: King Chulalongkorn Memorial Hospital (KCMH), Phramongkutklao Hospital in Bangkok, Srinagarind Hospital in Khon Kaen, and Phrapokklao Hospital in Chantaburi.

These hospitals were selected for their significant roles in the treatment and research of hepatocellular carcinoma (HCC), ensuring a representative sample of HCC survivors.

For this study, an 'HCC survivor' was defined as a patient who has lived more than one year following an HCC diagnosis. All eligible survivors attending routine follow-up appointments at outpatient clinics from September 2022 to November 2022 were invited to participate in the survey.

Domain Assessment

Demographic information collected included age, sex, residence location, employment status, type of health insurance, monthly income, time from initial visit to diagnosis, comorbid conditions, and prior liver-related diseases.

Participants were asked about the adequacy of information received from healthcare professionals and whether additional information was needed. Financial aspects included questions about whether treatment costs hindered access to optimal care and whether the financial support received was sufficient.

Social domains assessed perceptions of key sources of support, the perceived benefits of psychological assistance, and participation in hospital-based support groups. Participants were also asked about perceived understanding and empathy from family and friends, experiences of insensitivity, and the impact of HCC on personal relationships. Lastly, perceptions regarding the importance of public awareness of HCC and its potential impact on quality of life were explored.

Statistical Analysis

Categorical variables were summarized as frequencies and percentages, while continuous variables were presented as means with standard deviations. The chi-squared test or Fisher's exact

test was used to compare categorical variables, as appropriate. Statistical significance was defined as a p -value ≤ 0.05 . All analyses were performed using STATA Statistical Software, version 17.0 (StataCorp, 2009, College Station, TX).

Ethical Approval and Consent to Participate

This study was conducted in accordance with the Declaration of Helsinki and received ethical approval from Srinagarind Hospital (HE641523), Phramongkutklao Hospital (KH 0446.16/423), and Phrapokklao Hospital (Approval No.097 dated November 19, 2021-November 18, 2022). Written informed consent was obtained from all participants prior to involvement in the study.

RESULTS

Demographic Characteristics

Among the 92 survey participants, the mean age was 62.1 years (SD=11.5). Females comprised 20 patients (21.7%). Geographically, participants were distributed across Thailand: Eastern (40.2%), Central (27.2%), Northeastern (13.0%), Southern (3.3%), and Western (1.1%). Employment status indicated that 34.8% were employed full-time, 2.2% were in part-time employment, and 63% were unemployed. Regarding monthly income, 34.8% earned US\$301 or less, 38% earned between US\$302 and 903, 12% earned between US\$904 and 1,506, and 15.2% earned more than US\$1,506. The time from initial visit to diagnosis was categorized as follows: less than 3 months (40.2%), between 3-6 months (20.7%), and over 6 months (39.1%). Regarding comorbidities, 23.9% had type 2 diabetes, 7.6% had dyslipidaemia, 30.4% had hypertension, 2.2% had chronic kidney disease, and 16.3% reported other health conditions. Previous liver conditions included viral hepatitis (66.3%), non-alcoholic

fatty liver disease (5.4%), and alcoholic liver disease (26.1%).

Statistically significant differences in baseline characteristics among HCC survivors were observed for home region, monthly income, and time from the first visit to diagnosis. Additionally, significant differences were noted in comorbidities (such as dyslipidaemia) and previous liver conditions (such as viral hepatitis and alcoholic liver disease) across different hospitals.

Financial, Social, and Public Health Dimensions of HCC Survivors' Lives

Regarding finances, 65.2% of patients reported that the high cost of treatment impeded their access to optimal care, with 91.3% stating that the financial assistance they received was vital. Most patients (71.7%) felt that medical expenses were a major burden for them and their families. Additionally, 12.0% had a family member who had to leave their job to take care of them.

With respect to social aspects, the disease impacted relationships for 47.8% of patients. Although a majority (97.8%) reported that their friends and family understood their condition, 30.4% experienced insensitivity from others. Nearly all survivors (98.9%) believed that mental and emotional support was crucial in their HCC journey, with 90% valuing participation in a hospital-based support group. Additionally, 98.9% believed that increased public awareness regarding HCC would positively impact their quality of life.

An overview of the financial, social, and public health perspectives of HCC survivors (Table 1 and Table 2)

Table 1 Financial, Social, and Public Health Perspectives of HCC Survivors.

Aspects	Questions	Agree to the Statement, n (%)
Financial		
Financial Assistance	The financial assistance (such as travel expenses, medical treatment costs, and other caregiving expenses) I receive helps me to pay my treatment costs.	84 (91.3)
Treatment Cost Burden	The cost of treatment has significantly burdened my family and me, requiring lifestyle changes to afford the expenses.	66 (71.7)
Treatment Cost Influence	The cost of treatment influences my decisions and prevents me from receiving the best possible care.	60 (65.2)
Caregivers Job Impact	My caregivers (parents/family members) had to quit their jobs to take care of me due to my illness.	11 (12.0)
Social		
Mental and Emotional Support	Mental and emotional support or unselling helps me cope with my illness.	91 (98.9)
Understanding by Family and Friends	My family and friends understand my disease and its impact on me.	90 (97.8)
Support Group Participation	Being part of a patient support group within the hospital helps me better cope with my illness (n=30)	27 (90.0)
Impact on Relationships	My illness has affected my relationships with my family and friends.	44 (47.8)
Insensitivity from Others	Others have spoken about my illness without considering my feelings.	28 (30.4)
Public Health		
Information Sufficiency	The information provided by the clinic/doctor is sufficient to help me and my family cope with my symptoms.	88 (95.7)
Treatment Satisfaction	I am satisfied with the treatment I am currently receiving.	90 (97.8)
Public Awareness	Better public awareness about liver cancer would improve the quality of life for patients.	91 (98.9)
Healthcare System		
Improvement	Improving the healthcare system and access to treatment would enhance the diagnosis and treatment of liver cancer for myself and other patients.	92 (100)

Note: The total number of participants is N=92. The question on participation in self-help groups was applicable only to participants who were members of such groups (n=30).

Table 2 Detailed Responses on the Financial, Social, and Public Health Dimensions of HCC Survivors' Lives

Aspects & Questions	n (%)					p-value
	Overall (n=92)	Phrapokklao Hospital (n=35)	King Chulalongkorn Memorial Hospital (n=32)	Srinagarind Hospital (n=16)	Phramongkutklao Hospital (n=9)	
Financial						
Treatment Cost Influence: The cost of treatment influences my decisions and prevents me from receiving the best possible care.						<0.001*
Very much	28 (30.4)	7 (20.0)	7 (21.9)	12 (75.0)	2 (22.2)	
To some extent	32 (34.8)	20 (57.1)	7 (21.9)	1 (6.3)	4 (44.4)	
Not at all	32 (34.8)	8 (22.9)	18 (56.3)	3 (18.8)	3 (33.3)	
Treatment Cost Burden: The cost of treatment has significantly burdened my family and me, requiring lifestyle changes to afford the expenses.						0.001*
Very much	9 (9.7)	0 (0)	3 (9.4)	3 (18.8)	3 (33.3)	
To some extent	57 (62.0)	29 (82.9)	14 (43.7)	11 (68.7)	3 (33.3)	
Not at all	26 (28.3)	6 (17.1)	15 (46.9)	2 (12.5)	3 (33.3)	
Financial Assistance: The financial assistance I receive helps me afford my treatment costs.						<0.001*
Very much	35 (38.0)	5 (14.3)	19 (59.4)	6 (37.5)	5 (55.6)	
To some extent	49 (53.3)	29 (82.9)	9 (28.1)	8 (50.0)	3 (33.3)	
Not at all	8 (8.7)	1 (2.9)	4 (12.5)	2 (12.5)	1 (11.1)	
Caregivers' Job Impact: My caregivers (parents/family members) had to quit their jobs to take care of me due to my illness.						0.30
Yes	11 (12.0)	7 (20.0)	2 (6.3)	1 (6.3)	1 (11.1)	
No	81 (88.0)	28 (80.0)	30 (93.7)	15 (93.7)	8 (88.9)	
Social						
Mental and Emotional Support: Mental and emotional support or counselling helps me cope with my illness.						0.001*
Very much	41 (44.6)	7 (20.0)	18 (56.3)	12 (75.0)	4 (44.4)	
To some extent	50 (54.4)	28 (80.0)	13 (40.6)	4 (25.0)	5 (55.6)	
Not at all	1 (1.1)	-	1 (3.1)	-	-	
Understanding by Family and Friends: My family and friends understand my disease and its impact on me.						0.047*
Very much	28 (30.4)	12 (34.3)	12 (37.5)	4 (25.0)	-	
To some extent	62 (67.4)	23 (65.7)	20 (62.5)	10 (62.5)	9 (100.0)	
Not at all	2 (2.2)	-	-	2 (12.5)	-	
Support Group Participation: Being part of a patient support group within the hospital helps me better cope with my illness.						0.14
Very much	10 (10.9)	3 (8.6)	4 (12.5)	3 (18.8)	-	
To some extent	17 (18.5)	12 (34.3)	4 (12.5)	1 (6.3)	-	
Not at all	3 (3.3)	3 (8.6)	-	-	-	
Not part of a support group	62 (67.4)	17 (48.6)	24 (75.0)	12 (75.0)	9 (100.0)	

Table 2 Detailed Responses on the Financial, Social, and Public Health Dimensions of HCC Survivors' Lives (Continue)

Aspects & Questions	n (%)					p-value
	Overall (n=92)	Phrapokklao Hospital (n=35)	King Chulalongkorn Memorial Hospital (n=32)	Srinagarind Hospital (n=16)	Phramongkutklao Hospital (n=9)	
Impact on Relationships: My illness has affected my relationships with my family and friends.						<0.001*
Very much	3 (3.3)	2 (5.7)	-	1 (6.3)	-	
To some extent	41 (44.6)	27 (77.1)	4 (12.5)	5 (31.3)	5 (55.6)	
Not at all	48 (52.2)	6 (17.1)	28 (87.5)	10 (62.5)	4 (44.4)	
Insensitivity from Others: Others have spoken about my illness without considering my feelings.						0.09
Very much	26 (28.3)	13 (37.1)	7 (21.9)	2 (12.5)	4 (44.4)	
To some extent	2 (2.2)	-	1 (3.1)	-	1 (11.1)	
Not at all	64 (69.6)	22 (62.9)	24 (75.0)	14 (87.5)	4 (44.4)	
Public Health						
Information Sufficiency: The information provided by the clinic/doctor is sufficient to help me and my family cope with my symptoms.						<0.001*
Very much	55 (59.8)	11 (31.4)	28 (87.5)	12 (75.0)	4 (44.4)	
To some extent	33 (35.9)	23 (65.7)	3 (9.4)	2 (12.5)	5 (55.6)	
Not at all	4 (4.4)	1 (2.9)	1 (3.1)	2 (12.5)	-	
Treatment Satisfaction: I am satisfied with the treatment I am currently receiving.						0.18
Strongly agree	82 (89.1)	33 (94.3)	29 (90.6)	12 (75.0)	8 (88.9)	
Slightly agree	8 (8.7)	2 (5.7)	3 (9.4)	2 (12.5)	1 (11.1)	
Slightly disagree	2 (2.2)	-	-	2 (12.5)	-	
Strongly disagree	-	-	-	-	-	
Public Awareness: Better public awareness about liver cancer would improve the quality of life for patients.						0.001*
Strongly agree	53 (57.6)	11 (31.4)	23 (71.9)	14 (87.5)	5 (55.6)	
Slightly agree	38 (41.3)	23 (65.7)	9 (28.1)	2 (12.5)	4 (44.4)	
Slightly disagree	1 (2.9)	1 (2.9)	-	-	-	
Strongly disagree	-	-	-	-	-	
Healthcare System Improvement: Improving the healthcare system and access to treatment would enhance the diagnosis and treatment of liver cancer for myself and other patients.						0.024*
Strongly agree	71 (77.2)	21 (60.0)	27 (84.4)	15 (93.8)	8 (88.9)	
Slightly agree	21 (22.8)	14 (40.0)	5 (15.6)	1 (6.3)	1 (11.1)	
Slightly disagree	-	-	-	-	-	
Strongly disagree	-	-	-	-	-	

Abbreviations: *, Statistically significant. Chi-squared tests and Fisher's exact were employed where suitable.

Individuals Providing Support to HCC Survivors

The patients indicated that doctors, nurses, family members, friends, pharmacists, other HCC survivors, and social workers have been the most

supportive throughout their treatment. The results show that doctors are the most important supporters for 91.3% of HCC survivors during the treatment period. In the subgroup analysis, family members

became nearly as important as doctors among individuals with a monthly income of over \$1,506 USD. Social workers were identified as the least important supporters across all income levels. The detailed breakdown of the numbers, percentages,

and median scales of responses from the questionnaire, along with subgroup analyses based on employment status and monthly income, is provided (Table 3).

Table 3 Rating Scale for Identifying the Source of Support During the Treatment Period

Rating scale (1-7)	Doctor	Nurse	Family	Friend	Pharmacist	Other HCC Survivors	Social workers
1	84 (91.3)	10 (10.9)	24 (26.1)	4 (4.4)	6 (6.5)	3 (3.3)	2 (2.2)
2	3 (3.3)	60 (65.2)	10 (10.9)	9 (9.8)	10 (10.9)	5 (5.4)	1 (1.1)
3	2 (2.2)	8 (8.7)	34 (37.0)	10 (10.9)	18 (19.6)	12 (13.0)	11 (12.0)
4	0 (0.0)	1 (1.1)	12 (13.0)	32 (34.8)	8 (8.7)	6 (6.5)	6 (6.5)
5	0 (0.0)	1 (1.1)	3 (3.3)	16 (17.4)	21 (22.8)	15 (16.3)	2 (2.2)
6	0 (0.0)	1 (1.1)	1 (1.1)	3 (3.3)	13 (14.1)	28 (30.4)	4 (4.4)
7	3 (3.3)	11 (12.0)	8 (8.7)	18 (19.6)	16 (17.4)	23 (25.0)	66 (71.7)
Median (IQR)	1 (1-1)	2 (2-2)	3 (1-4)	4 (3.5-5)	5 (3-6)	6 (4-6.5)	7 (6-7)
Sub-group Analysis by Monthly Income: Median (IQR)							
301 USD or less (n=32)	1 (1-1)	2 (2-4)	3 (3-4)	4 (4-5.5)	5 (3-6.5)	6 (5-7)	7 (7-7)
302-903 USD (n=35)	1 (1-1)	2 (2-2)	3 (2-3)	4 (4-5)	5 (3-6)	5 (3-6)	7 (4-7)
904-1,506 USD (n=11)	1 (1-1)	2 (2-3)	3 (3-4)	4 (4-5)	5 (4-7)	6 (5-7)	7 (7-7)
Over 1,506 USD (n=14)	1 (1-1)	2 (1-3)	1 (1-1)	3.5 (3-5)	3 (2-3)	4 (2-7)	4 (3-7)
Sub-group Analysis by Employment Status: Median (IQR)							
Full-time	1 (1-1)	2 (2-3)	3 (1-4)	4 (4-5)	4 (3-5)	6 (4.5-6)	7 (6-7)
Part-time	1 (1-1)	1.5 (1-2)	1.5 (1-2)	1.5 (1-2)	2 (1-3)	3 (3-3)	3 (3-3)
Unemployed	1 (1-1)	2 (2-2)	3 (2-4)	4 (4-6)	5 (3-6)	6 (4-7)	7 (7-7)

Abbreviations: HCC, hepatocellular carcinoma; IQR, interquartile range; USD, US Dollar. Results are presented as numbers and percentages, except when labeled with median (IQR).

Questionnaire: Throughout your treatment period, who has been the most supportive?

Respondents were asked to rate the supportive individuals on a scale from 1 to 7, with 1 indicating the highest level of support and 7 the lowest.

DISCUSSION

HCC significantly affects the well-being of affected individuals^{3,7}. Our findings, among the first to explore the financial and social implications for HCC survivors, are consistent with existing evidence on the substantial hardships faced by this population^{8,9}.

Financial constraints limited access to optimal treatment for 65.2% of participants, despite overall satisfaction with health subsidies. These findings highlight the need for greater transparency regarding HCC-related costs. Although Thailand's Universal Health Coverage provides broad access

to medical services, cancer care frequently entails out-of-pocket expenses for treatments not included in the National List of Essential Medicines (NLEM)¹⁰. Notably, 43.7% of participants relied on private insurance, predominantly among higher-income groups, underscoring the influence of socioeconomic status on access to care.

Socially, most participants (97.8%) reported feeling understood by friends and family; however, nearly half (48.7%) experienced strained personal relationships. The importance of emotional support was strongly emphasized, with participants expressing a desire for greater psychosocial resources. Prior studies have demonstrated that higher levels of social support are associated with improved survival in gastrointestinal cancers¹¹. Our findings further highlight the central role of healthcare professionals, particularly doctors and nurses, as key sources of support, underscoring the importance of strengthening therapeutic relationships and enhancing public awareness¹².

Quality of life (QoL) is increasingly recognized as a prognostic factor comparable in importance to survival duration. However, QoL research in HCC remains limited due to the lack of universally accepted assessment tools. The European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30) is widely used but was designed for general cancer populations,¹³

whereas the Functional Assessment of Cancer Therapy-Hepatobiliary (FACT-Hep) questionnaire shows promise for HCC-specific assessment¹⁴. Although these instruments address relevant domains, they are not fully aligned with our study objectives, prompting the development of a tailored questionnaire. A key strength of this study is its focus on the social and financial well-being of HCC survivors across diverse socioeconomic backgrounds. Nevertheless, limitations include potential for survivorship and recall bias, as well as challenges in comparison due to the study's bespoke survey design.

CONCLUSION

Financial, social, and public health challenges remain prominent among HCC survivors. Enhancing financial support, improving cost transparency, and strengthening social and public health awareness are essential. Addressing these issues will require coordinated efforts between the governmental and private sectors. Future research should continue to amplify survivor perspectives to better identify and mitigate barriers to optimal health outcomes.

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ORIGINAL ARTICLE

การบริการสุขภาพอย่างยั่งยืนสำหรับผู้ป่วยมะเร็งตับที่รอดชีวิตในประเทศไทย: ประสพการณ์ด้านการเงินและสังคมจากการศึกษาภาคตัดขวาง

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¹หน่วยอายุรศาสตร์มะเร็ง ศูนย์ความเป็นเลิศด้านมะเร็งโรงพยาบาลพระปกเกล้า จันทบุรี

²หน่วยอายุรศาสตร์มะเร็ง กองอายุรกรรม โรงพยาบาลพระมงกุฎเกล้า กรุงเทพมหานคร

³ศูนย์ความเป็นเลิศด้านเวชศาสตร์ป้องกันและเวชศาสตร์ผสมผสาน คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย กรุงเทพมหานคร

⁴ภาควิชาอนามัยระหว่างประเทศ คณะสาธารณสุขศาสตร์ บลูมเบิร์ก มหาวิทยาลัยจอห์นส์ฮอปกินส์ เมืองบัลติมอร์ รัฐแมริแลนด์ สหรัฐอเมริกา

⁵ภาควิชาชีววิทยาการติดเชื้อและไมโครไบโอม คณะวิทยาศาสตร์สุขภาพและชีวิต มหาวิทยาลัยลิเวอร์พูล เมืองลิเวอร์พูล สหราชอาณาจักร

⁶ฝ่ายวิจัย คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย กรุงเทพมหานคร

⁷ศูนย์ความเป็นเลิศด้านไวรัสตับอักเสบและมะเร็งตับ คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย กรุงเทพมหานคร

⁸หน่วยโรคทางเดินอาหาร ภาควิชาอายุรศาสตร์ โรงพยาบาลศรีนครินทร์ คณะแพทยศาสตร์ มหาวิทยาลัยขอนแก่น จังหวัดขอนแก่น

บทคัดย่อ

ที่มาของปัญหา: แม้ว่าการรักษาทางการแพทย์ที่ก้าวหน้าจะช่วยยืดอัตราการรอดชีวิตของผู้ป่วยมะเร็งตับชนิดเซลล์ตับ (Hepatocellular carcinoma, HCC) ในประเทศที่พัฒนาแล้วหลายประเทศ แต่ประเทศไทยยังคงเผชิญความท้าทายสำคัญแม้จะมีโครงการหลักประกันสุขภาพถ้วนหน้า

วัตถุประสงค์: เพื่อทำความเข้าใจประสพการณ์ทางสังคมและเศรษฐกิจของผู้รอดชีวิตจากมะเร็งเซลล์ตับเพื่อใช้เป็นข้อมูลในการปรับปรุงนโยบายประกันสุขภาพแห่งชาติและการดูแลทางคลินิก

วิธีการศึกษา: การสำรวจภาคตัดขวางแบบหลายศูนย์ที่ศูนย์มะเร็งตับหลักของไทย เก็บข้อมูลจากผู้ป่วย HCC ที่คลินิกผู้ป่วยนอก โดยสอบถามข้อมูลด้านประชากร ประสพการณ์ทางสังคม อุปสรรคทางการเงิน มุมมองต่อนโยบายสนับสนุน และประโยชน์จากการเพิ่มความตระหนักรู้ของสาธารณชน

ผลการศึกษา: ผู้ตอบแบบสอบถาม 92 คน (อายุเฉลี่ย 62.1 ± 11.5 ปี, เพศชายร้อยละ 78.3) พบว่าร้อยละ 65.2 รู้สึกว่าค่าใช้จ่ายทางการแพทย์มีอิทธิพลต่อการเลือกการรักษา ร้อยละ 71.7 ครอบครัวยังประสบปัญหาชำระค่ารักษา ร้อยละ 97.8 ได้รับความเข้าใจจากเพื่อนและครอบครัว ร้อยละ 47.8 ไร้กระทบต่อความสัมพันธ์ ร้อยละ 98.9 ต้องการการสนับสนุนด้านจิตใจ ร้อยละ 91.3 ต้องการความช่วยเหลือทางการเงิน และร้อยละ 98.9 เชื่อว่าการเพิ่มความตระหนักรู้ของสาธารณชนจะปรับปรุงคุณภาพชีวิต

สรุป: ผู้รอดชีวิตจากมะเร็งตับ HCC ในไทยเผชิญอุปสรรคทางการเงินในการเข้าถึงการรักษาขั้นสูง แต่ได้รับการสนับสนุนจากชุมชนอย่างดี จำเป็นต้องปรับปรุงหลักประกันสุขภาพถ้วนหน้าของไทยเพื่อตอบสนองความต้องการทางการเงินและสังคมของผู้ป่วยได้ดีขึ้น

คำสำคัญ: มะเร็งตับ, ภาระทางการเงิน, หลักประกันสุขภาพถ้วนหน้า, คุณภาพชีวิต