

Financial Strain of Cancer Treatment Undermines Hope and Life Satisfaction

Cancer treatment must address not only the disease itself, but also the financial and psychological pressures that accompany it.

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Cancer treatment can take a profound financial toll, and new research shows the damage does not stop at the bank account. Nearly half of patients experience significant “financial toxicity,” and that strain quietly chips away at hope and social support, two pillars that sustain people through illness. As those erode, overall satisfaction with life declines. The findings suggest that addressing the cost of care is not only a financial issue but a psychological one, and that protecting patients’ hope and sense of connection may be just as critical as covering their bills.

For many people with cancer, the hardest part of treatment is not only medical. It is financial.

A new study led by Professor Grace Smith of MD Anderson Cancer Center, Professor David Feldman of Santa Clara University, and Professor Benjamin Corn of Hebrew University, finds that the economic burden of cancer care, often referred to as “financial toxicity,” does more than strain budgets. It quietly erodes two of the most important psychological resources patients rely on during treatment: hope and social support. As those weaken, overall life satisfaction declines.

Published in [JAMA Network Open](#), the study analyzed 519 patients receiving ambulatory cancer care. Nearly half reported significant financial toxicity, including out of pocket medical expenses, lost income, debt accumulation, and persistent financial stress.

But the research goes further than documenting cost. It maps how financial hardship penetrates patients’ inner resilience.

When Financial Pressure Becomes Psychological Burden

Using Hope Theory, which defines hope as the ability to set meaningful goals and identify pathways and motivation to achieve them, the researchers examined how economic strain affects patients’ internal coping systems.

They found that financial toxicity acts as a barrier to hope itself. As financial strain increases, patients report lower levels of hopefulness and weaker perceived social support. These two factors function as critical mediators: when they diminish, satisfaction with life drops significantly.

“In our study of a diverse, real world population of patients with cancer, financial toxicity emerged as not only a source of economic burden, but also a component of psychological burden,” said Professor Grace Smith. “Interventions for financial toxicity that do not account for this dimension of impact may fall short of delivering comprehensive, patient centered care.”

Most current interventions focus on practical solutions such as connecting patients with charities, optimizing insurance coverage, or arranging payment plans. These services are essential. But the study suggests they are insufficient on their own.

Professor David Feldman said, “Our findings suggest that the sometimes enormous financial strain involved in cancer treatment does not just affect bank accounts, it can affect people’s hope. And when hope erodes, so does overall satisfaction with life. That means that providing people with financial supports as well as support to nurture hope is not just something that is ‘nice to have,’ it may be a key part of helping many people live better during treatment.”

The research points toward a broader model of care, one that integrates financial support with structured interventions designed to strengthen psychological resilience and social connectedness.

An International Collaboration

The study represents a significant collaboration between the Hebrew University of Jerusalem and MD Anderson Cancer Center. Professor Corn, Director of the Institute for the Study of Hope, Dignity & Wellbeing at Hebrew University, emphasized the importance of this partnership: “As Director of Hebrew University’s Institute for the Study of Hope, Dignity & Wellbeing, I am delighted to see the extent of our international collaboration with such prestigious entities as the MD Anderson Cancer Center. We are working systematically to define the impact of hope on all dimensions of cancer care.”

Rethinking Comprehensive Cancer Care

The researchers conclude that psychosocial resilience should be treated as a primary clinical target and not a secondary consideration. Combining financial assistance with interventions that strengthen hope and social support may help protect patients from the deeper psychological toll of high cost care.

Cancer treatment is increasingly sophisticated. This study suggests that comprehensive care must be as well. It must address not only the disease, but the financial and psychological pressures that accompany it.

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