Does informal care provision prevent people from receiving appropriate medical care in Europe?

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Abstract: In the mid-2030s, the 'baby boomers' are expected to start facing greater long-term care needs, so that an increasing part of individuals aged 50 to 75 should be involved in informal care provision. Only healthy carers are able to provide (good quality) care. This article aims to properly assess whether carers are also using the appropriate amount of healthcare for themselves, according to their own health needs. We investigate several healthcare outcomes in a sample of individuals aged 50 or over, with at least one living parent, from the Survey of Health Ageing and Retirement in Europe (SHARE). Decomposition methods are applied to the potential differences in healthcare use by caregiving status controlling for health needs. Entropy weights are applied to the group of non-carers (control) to make the sample balanced between the groups of carers (treated) and non-carers in terms of various moments of the other characteristics than current needs. Our analyses produce mixed results. Overall, our models do not support the hypothesis of carers taking less care than non-carers of their needs, for similar other characteristics. We even observe the carers' number of contacts with doctors to be 0.36 higher, partly because they have a stronger response to similar needs. However, carers would also have an increased risk of forgone care that could justify the implementation of specific public policies aimed at freeing up their time or giving them access to specific care slots.