



DOI: 10.19187/abc.2018511-2

Privacy Is an Important Issue for Women With Breast Cancer

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Breast cancer is one of the most common form of cancer that threatens women and needs more attention ethically. Your valuable editorial titled “ABC of Medical Ethics and Professionalism in the Breast Clinic” was published in the recent issue.¹ Because of my interest in medical ethics, and in line with your claim, I would like to contribute the results of my PhD dissertation in this area. The study was conducted in a public hospital in Iran based on critical ethnography and included 156 recorded clinical consultations, 920 hours of participant observation, and six focus groups consisting of patients and their families.² The theme that was explored was *violation of patients’ privacy*. This theme was about the concerns of female patients of urology and breast cancer clinics. Their main concern was about being visited by male physicians. Exposure during examination, operation, and changing dressing were their main concerns. One of my participants who was very upset was a 52-year-old woman with breast cancer who had mastectomy. Despite the success of the operation, she was very upset that her breasts had to be examined in the presence of 6 or 7 male medical students at operation room. She said this was one of the worst experiences she ever had. She believed that although her physician was quite expert at his job, he did not acknowledge her privacy concerns. That seems to be a problem in medical departments of breast cancer. Other evidence also confirms that privacy is a major issue. Mamdouh *et al* showed that 71.4% of Egyptian women complained about the lack of privacy as a barrier to participation in breast cancer

screening.³ Also, Brown *et al* found that a small percentage (3%) of women were dissatisfied with privacy arrangements in screening units; however, when privacy was discussed in an ethical context, the percentage increased significantly.⁴

I believe that this problem lies in doctor-patient interaction (DPI). Study showed that, in the context of Iranian health system, DPI has unequal, unprofessional, instrumental, and non-cooperative characteristics, which can lead to “patient’s distrust, patient’s dissatisfaction, lack of mutual understanding, patient suppression, and patient deception.”⁵ Theoretically, it is due to doctor-centeredness that doctors determine everything and do not pay attention to patients’ lifeworld. If physicians want to become great physicians, they must strengthen their human dimensions and communication skills alongside their medical skills. In this view, doctors look at the patients from a holistic point of view, treating them while taking into consideration every dimension of their problems. As for women with breast cancer, as you observed, breast is a feminine organ and is considered a private organ for many women;¹ and paying attention to all concerns of these people is the first principle of medical ethics. Thus, all physicians, specialists, and nurses who provide care for these people should appreciate the fact that privacy is an important issue for women with breast cancer. It is the women’s right as well as an ethical obligation that their privacy not be violated in the clinic, operation room, recovery room, and ward. Finally, based on our Islamic views, patient privacy is a main responsibility of the medical team in all situations, which should be considered for women with breast cancer.

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Conflict of Interest

None to declare.

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