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ABC of Medical Ethics and Professionalism in the Breast Clinic

Ahmad Kaviani^{*a,b}, Mojgan Karbakhsh^c, Saeede Saeedi Tehrani^d, Khatereh Jamei^b

^a Department of Surgery, Tehran University of Medical Sciences, Tehran, Iran

^b Kaviani Breast Disease Institute, (KBDI) Tehran, Iran

^c Department of Community and Preventive Medicine, Tehran University of Medical Sciences, Tehran, Iran

^d Department of Bioethics, Tehran University of Medical Sciences, Tehran, Iran

Meeting the standards of medical ethics is one of the essential requirements of medical practice as it has a tremendous effect on the patients' lives in physical and psychological aspects.¹ However, depending on the nature of the disease, sometimes issues of medical ethics become very critical.

Breast cancer is the most common cancer among women throughout the world and is one of the most important causes of death.² The high prevalence of the disease, involvement of women, and the remarkable importance of the organ for a female patient from,³ along with the medical and financial aspects of treatment, potential complications, and their influence on the individual, familial, and social life of patients have made this disease a unique and critical one, particularly in the field of professionalism and medical ethics. Medical literature in this field recognizes and emphasizes some aspects of the disease⁴ including reaction of the patients to diagnosis, confidentiality and privacy, interactions with medical team, coping with the disease, treatment costs and conflict of interest, etc.

Ethical Considerations for Breast Cancer

Confidentiality and Privacy

Confidentiality and privacy of patients are among the most important ethical principles, with a rich background in the history of medicine.⁵ Protecting privacy of the patient maintains trust in doctor-patient relationship, which maintains respect for her autonomy, and avoids serious harms to the patient.⁶ By having individual autonomy, on one hand, and social roles and needs, on the other, human beings

have a dual nature, and thus, maintaining privacy is of utmost importance and has a close relationship with human dignity. The patient needs confidence in the physician to express her pain and concerns and consequently, privacy and confidentiality becomes critical in this relationship.^{7,8} Confidentiality and privacy should be a major concern in the following settings/aspects:

1) Arrangement of room and medical equipment: Arranging the equipment, the examination room and paying attention to the privacy of the examination site (e.g., whether the examination site is seen from the entrance door or from the window or front building) is of utmost importance. It is, even, necessary in the room design and setup that a fence covers the space between the examination site and the seat of the patient's companions so that if the patient does not want to be seen by the companions, it would be easily achievable.

2) How to take history: Talking about the breast symptoms and the points that are important in the patient history (such as menarche and menopause) can be embarrassing for some patients. It is necessary to pay special attention to the privacy of the environment and the way to ask such questions.

3) How to do examinations: Breast is a feminine organ and considered a private organ for many women. Evidence exists that at least in some countries, women use the word "chest" instead of "breast" when talking with a health care professional (especially with a male physician).⁹ Embarrassment and shame of visiting a doctor for a breast problem are among psychosocial factors that potentially contribute to delay in seeking medical care.³ Issues such as doctor's age, etc. may be important for the patient while performing examinations.

As with what mentioned above, patients may ask Chaperone while being examined; their request should be taken into consideration (someone with the same gender should be present during the examination).^{10,11} Exposing the organ for the physical

Address for correspondence:

Ahmad Kaviani, MD

Address: Kaviani Breast Disease Institute (KBDI), No 3,

Tavaneer Sq., Tehran, 1434888483, Iran

Tel: +98 21 88871785

Fax: +98 21 88871698

Email: akaviani@tums.ac.ir



exam, however, is embarrassing for many women.¹² This issue is independent of the gender of the examiner, although if gender of the examiner and the patient is not the same, this situation will be even more inconvenient. Although, according to the medical standards, the examination should not be performed over cloths, patient's values and opinions should be considered to the extent that it does not undermine the examination standards. This is especially important in the clinics of teaching hospitals, where the learners are present. It is imperative to note that no one in the examination room must be present specially when the patients do not agree.

Telling the Truth and Giving Bad News

There have been many discussions about informing the patients about their incurable and severe disease. According to the principle of patient's autonomy, the patient should be informed of the diagnosis, treatment and prognosis of the disease, the cost and effectiveness of existing treatments. However, having this right, the patient faces several emotional, and psychological barriers in practice.¹³

Thus, one of the important codes of medical ethics is how to report bad news to the patient. Although some patients are unaware of their diagnosis and even have no idea about the presence of cancer in their bodies, most of them can guess to have cancer, and few of them are fully aware of their disease. Regardless of the above-mentioned cases, patients like, expect, and are entitled to hear the diagnosis from their doctors. Some questions that should be addressed in this regard appear below:

1) Does the patient need to know her diagnosis? Telling the truth may be interpreted as avoiding a lie (knowingly and intentionally talking about things that are not true), deception (including lying, concealing the truth, or telling the truth in a way that misleads the patient), and incomplete and misleading information to the patients.¹⁴ Therefore, the patient needs to know her diagnosis undoubtedly. Knowing the truth helps the patient accept the challenges through the treatment steps and better cope with the problems. Studies have also shown that most patients want to know the truth about their disease.¹⁵ However, some studies, in Iran, have shown that the health care team was reluctant to tell the truth to the patient, and even assumed it to be wrong; they were worried that it might despair the patients and could interfere with the therapeutic process;^{16,17} this process needs be addressed and modified.

Furthermore, the need for having enough information to sign the informed consent for the necessary treatments requires knowing the truth. It is clear that deception leads to further deceptions, and there would be a possibility for the third person to,

inappropriately, disclose the facts at the wrong time and place without taking the professional steps. This will pose more harm to the patient; thus, hearing the truth in appropriate conditions is recommended.

Only if telling the truth would result in potentially serious harms to the patients such as depression, isolation, or suicide, concealing all or part of the truth could be justified.¹⁸

2) How should the patient be informed? There are various techniques for telling the truth to patients. Most of the authors have suggested that this unpleasant news should be told to patients during counseling sessions with allocating adequate time.^{19, 20} Thus, the physicians have to plan for informing the patient about the bad news and consider a quiet place away from the interference of others (including telephone calls, etc.). It is not necessary to give all the information to the patient at once. The physicians should allow the patient to react to this information, show their sympathy and try to make it possible for the patient to express her worries. Depending on the patient's psychological conditions, it is recommended that the physicians begin with general explanation and eventually inform her of the importance and type of the disease; It is highly recommended that the physician inform the patient of her disease with comprehensible words and avoid using medical terms.²¹ Even better to avoid applying the word directly, however, it is not acceptable that the patient remain unaware of the process and outcome of her disease. To reduce patient's anxiety, more emphasis can be placed on the successful aspects of treatment and medical advances. Yet, the conditions should not be in a way that the patient feels she cannot live (even for a short period of time) without an aggressive treatment. The physicians should give the patient realistic hope and emphasize that the health care team will provide the best possible care and will support her throughout this process. In response to the patient's question of "how long will I survive?", she should be told the average and median of the survival of the patients in the similar stage of the disease with emphasizing its uncertainty and considering her mental and psychological conditions.

3) Who should tell the patient the diagnosis? The diagnosis of the patient may best be disclosed to her by the chief physician in charge of the patient, who is well informed of various aspects of her disease, including breast cancer treatment. However, in some references, breast care nurses and social worker, and oncologist have been considered to be the best persons to inform the patient.²²

Paying Attention to the Psychological and Social aspects of the Disease

The severity of the disease, the high cost of the treatment, the life-threatening nature, and the side effects of the treatment impose a huge challenge to



all aspects of the life of the patient and her family, especially psychological and social dimensions.

1) Paying attention to the patient's mental condition: Like all patients with cancer, patients with breast cancer have a lot of questions along with having a high level of anxiety. This anxiety exists from the appearance of the first symptoms so the physicians should consider the anxiety and restlessness that sometimes aggravates the course of the disease. They feel they are at the risk of imminent death; consequently, the questions may be increasing in number and, in many cases, a question may be asked several times. It is imperative that the physician, besides giving enough attention to the patient and her questions, provide the most appropriate answers to all patient questions within the best possible time with allocating enough time. However, it is not always easy as spending abundant time for addressing all concerns of the patient might in conflict with the physician or health center income considering the high number of patients which needs to be visited in public hospitals or even some day care clinics.

2) Paying attention to patient's family relationships: Although the degree of bond between the patient and the family may differ in various cultures, some patients may receive psychosocial support from the other individuals. It goes without saying that the family can play an effective role in this regard.²³ Traditional Eastern and Asian culture is generally family-oriented; hence, interaction, communication, and support of family members in the process of treatment and recovery are very strong, and this should be considered in the management plan.

3) Providing essential information for family members and companions of the patient: The medical team should provide the patient's relatives with general information about the disease and early instructions about the issues that may affect the patient and her family. For example, the marital relationship of women undergoing chemotherapy can be completely different under the influence of these treatments, which last for at least 5 months; therefore, the patient's husband must be aware of this and should receive the necessary information on how to react. In the example of chemotherapy, the patients might have vaginal dryness or have less libido but sexual needs might be intact. So, the husband should be informed that sexual relation can continue as before continuing as before and this does not pose a risk to the patient and the partner. If this issue is not taken into account, there may be important problems in the patient's relationship with her husband, who expects "no-relationship" or "relationship as before". These cases, accompanied by simple instructions such as "the person who is under chemotherapy does not pose a risk to others", will make the patient live in a much better condition

within her family.

4) Informing the family members and relatives about the diagnosis of disease: In many cases, families try to convince the physician that they should be informed of the diagnosis and the patient should remain unaware. This request is often considered unethical since, in many cases, the disease is considered a medical secret and cannot be shared with others without the patient's permission. Yet, in societies with more traditional family relationships, and with family being the main pillar of psychosocial support for the patient, most patients go to the doctor with their family and spend the stages of diagnosis and treatment together. In such cases, where the patient is satisfied with this sharing of information, disclosing the diagnosis for family members would not be a problem, according to the patients' preference; however, the critical point is not to tell the patient about the diagnosis.

5) Exceptions for telling the truth to the patient: The only situation that the doctor can deny telling the truth to the patient is the situation that she is reluctant to know the diagnosis, herself. In such situations, firstly, a person should be replaced at the request of the patient in order to continue the process of decision making and, secondly, this issue must be documented in the patient's record.

6) The doctor's attention to the patient's socioeconomic level: One of the important points in interacting with the cancer patients is paying attention to their socioeconomic level. Diagnosis and treatment of breast cancer is costly. Especially in countries where all or part of this cost is paid by the patient, this becomes even more challenging. The physician is, ethically, obliged to consider this issue in his medical advice. In fact, the physician needs to consider the economic aspects of treatment for the feasibility of treatment by the patient and the community. It is clear that expensive treatment modalities will aggravate the situation when the patient has financial problems even for her primary care. In these circumstances, the physicians are recommended to be aware of the types of the treatments and the differences in success rates of affordable and more expensive modalities and simply explain them to the patient. Expressing the complicated concepts of medical economics can worry and confuse the patients; hence, the information should be provided to the patient in such a way that is understandable for her and makes it easy for her to make informed decisions. In these cases, the physician informs the patient of cost-effectiveness of all treatment modalities, regardless of the cost. Ultimately, it is desirable that the patient chooses an affordable option with an acceptable level of effectiveness, considering her economic circumstances.

Job Excellence

Recent medical advances in the field of cancer have been remarkable in diagnostic, therapeutic, and



rehabilitative aspects. A medical specialist in the field of cancer is required to be informed of the latest developments and their level of evidence and to implement them according to the patients' needs and circumstances.

However, methods that their effectiveness is not proven should not be used in the routine treatment of patients (apart from research); simply because they are in the news. In brief, ethically, a physician cannot recommend less effective treatments with more side effects simply because s/he is not familiar with new technologies and medical advances.

Interaction with Other Medical Team Colleagues

The nature of breast cancer has led to a multidisciplinary approach in all major centers around the world. Studies have shown that this results in better decisions, lower costs and better therapeutic outcomes. A physician working on breast cancer is required to use this pattern in delivering the best care to the patients.²⁴⁻²⁶

In some cases, it might be even necessary to consult with other specialists in the same field. For instance, professional consult might be essential to decide whether or not to carry out breast-conserving surgery for a patient.

If the patient completes part of the treatment and visits another doctor for getting advice, the counselor should not confuse the patient. It is obvious that if there is a modifiable shortcoming in the treatment process, the patient should be carefully informed; however, in cases that the previous procedure is medically sound and can be accepted in the form of controversies, it is necessary to reassure the patient about the treatment process and avoid confusing the patient or making him distrust the previous physician.

Conflict of Interest

The most common definition for conflict of interest is Thompson's definition as "a situation in which a professional decision on a primary goal is influenced by a secondary gain".²⁷ In the clinical setting, commitment to the patient is of utmost importance; however, acquiring scientific information might come first in scientific research activities. Secondary benefits such as financial benefits, individual credibility, and reputation brought about by academic promotion might also exist.²⁸ Conflict of interest does not necessarily mean that personal interest replaced the professional commitment toward the patient; but, the mere implication of a secondary benefit is sufficient for a person to be in a conflict of interest status. However, it is not unethical to be in a conflict of interest position; in fact, failure to declare and manage it would be considered immoral. In the same venue, awareness of the replacing position,²⁹ the disclosure,³⁰ announcement to the official authorities,³¹ and

"prohibition" and "avoidance" are the ethical codes that can be considered as the proper ways of managing the conflict of interest.³² Putting the patient's benefits in the first priority is the main pillar of medical professional commitments.

Undeniably, the expensive and diverse nature of anti-cancer therapies may have some benefits for pharmaceutical companies; sometimes, these benefits may be preferred to patient benefits, which may be in conflict with medical professional commitments. In this regard, there are two very important issues in the field of cancer in general, and breast cancer in particular:

1) Physician relationship with pharmaceutical and medical equipment companies: The pharmaceutical industry is introducing and marketing new products every day and in an increasing rate especially in the field of chemotherapeutic and recombinant therapies (targeted therapy). The volume of financial transactions in this area is amazingly huge. In many cases, these companies bring about attractive suggestions to physicians, as part of their marketing and business development strategies, in order to implement or prescribe their products. Physicians should be aware that this is one of the most important challenges facing them. Even if attending scientific conferences and scientific visits with the sponsorship of pharmaceutical and medical instrument companies lead to a physician's attitude toward prescribing of the products without sufficient evidence, it will be considered unprofessional and unethical, no matter this risk of the bias to use the product improperly would be real or potential.^{33, 34} The only issue the physicians should consider in using these facilities or prescribing medications is to prescribe them in full accordance with the latest and the best medical evidence. In other words, a physician should prefer the benefits of a patient, in all aspects, to his/her own benefits and preferences, and avoid all the situations that can undermine this issue. Altogether, based on the similar cases, the relationship between the physician and the business corporations should be completely transparent and declarable.^{35,36}

2) Receiving gifts from the patients: In different cultures, patients occasionally send gifts to their physicians to show their gratitude before, during or after the course of treatment. Although, in most cases, these gifts are not costly, the physician must always be aware that they should not influence his medical decisions. In some cases, the patients expect their doctors to decrease the waiting time for a visit or surgery, to write longer than required sick-leave letters for absence from work, etc. As stated previously, this interaction must be transparent and declarable and the rights to other patients or society must not be neglected. The value of gifts should also be at the level of the performed tasks. Rejection of



these gifts in some cultures may also disappoint the patients. Therefore, it is necessary to take into account the customary and cultural issues in each region. The general points about gifts including the priority of patient benefits, lack of significant financial value, and transparency (to be able to declare the subject in public) should always be kept in mind by physicians.

Medical Education in the Field of Breast Cancer

The physician should ensure that the best care is provided to the patient in educational settings. Disclosure of the patient's diagnosis and treatment to the learners is always a major challenge in hospitals and academic centers. Devolving some health care to the learners is required, if, according to standard protocols, there is a complete assurance that the patient is not harmed. The patient should be able to choose her physician, especially in the educational settings. This means that diagnostic and therapeutic tasks can be performed by the learners only with the attendance and supervision of the physicians and of course, after the consent of the patient.³⁷

Medical Ethics and Breast Cancer Research

All principles and codes of medical ethics that are generally introduced for medical research are necessary in the field of breast diseases, especially breast cancer.³⁸ A major challenge in this area is to carry out drug research and therapeutic interventions without observing the ethical standards of research. No medical test or intervention, without the informed consent, can be performed on patients, even if some of them are in the final stages of the disease and there is little hope for their recovery. Obviously, informed consent of the patients in all research activities should be taken into consideration. On the other hand, the cost of all actions undertaken in these studies must necessarily be provided by the sponsor organization or pharmaceutical company, and the patient should not pay all or a part of these costs. While collecting the patient data, it should be taken into consideration that all data should be confidential and used just only in the scientific research projects.

Moreover, the direct and indirect interference of medical and pharmaceutical companies on how to report and publish research outcomes needs to be given special consideration. In some basic and clinical studies, there is a conflict of interest in funding research, which needs to be considered and declared by the physicians in their interactions and decisions.

Medical Ethics in Prevention of Breast Cancer

Prevention has become one of critical issues in breast cancer science. Thanks to the progress made in identifying high-risk individuals through genetic tests and performing preventive measures, many

apparently healthy people who are at a high risk of cancer can prevent the onset of their disease. But, in some cases, this causes a lot of worries and harms to the quality of life of the client and their families.³⁹ For instance, a person whose genetic test result is positive may be recommended to perform prophylactic mastectomy and oophorectomy. This usually puts the patient in a serious dilemma, whether to lose two feminine organs or to continue living with the anxiety caused by knowing the high risk of a life-threatening disease.

In fact, from the perspective of medical ethics, the physician should consider autonomy of the patient and share all possible means before taking any actions. The physician is required to provide the patient with full explanation of the test (including the costs). In the next steps and if the test results are positive, the physician should spend enough time with the client to figure out whether she is prepared for aggressive interventions like prophylactic mastectomy or not.⁴⁰ Many patients do not have psychological preparedness to perform preventive measures; and if the physicians, without sharing all the possible ways, apply for the test and confront the patient with positive results, the patient may become extremely horrified and anxious, having a dilemma whether to lose her organ or her life.

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