Review Article Open Access

Archives Of Breast Cancer

DOI: 10.19187/abc.20152375-78

Does Embarrassment Contribute to Delay in Seeking Medical Care for Breast Cancer? A Review

Mohamadreza Neishaboury[a], Kamelia Davoodzadeh[a], Mojgan Karbakhsh*[b]

[a] *Kaviani Breast Disease Institute (KBDI), Tehran, Iran*
[b] *Department of Community and Preventive Medicine, Tehran University of Medical Sciences, Tehran, Iran*

ARTICLE INFO

Received:
5 August 2015
Revised:
18 August 2015
Accepted:
25 August 2015

Keywords:
Shame,
health care,
patient delay,
breast cancer,
embarrassment,

ABSTRACT

Background: Embarrassment and shame of visiting a doctor for a breast disease are among psychosocial factors that potentially contribute to delay in seeking medical advice. The purpose of this study is to review the published literature to determine if embarrassment regarding breast examination, diagnosis and treatment is associated with patient delay.

Methods: We searched PubMed with the following key terms: patient acceptance of health care (MeSH), breast neoplasms/psychology (MeSH), shame (MeSH), embarrassment, delayed diagnosis, to find relevant literature published before August 2015.

Results: The studies that explicitly assessed the association between embarrassment and delay for seeking medical advice for breast cancer were very limited. Among these studies, only 2 were quantitative studies, 4 were based on qualitative research and 4 were reviews. Other studies assessed attitudes in population-based surveys or included patients (females and males) suffering from different types of cancer.

Conclusions: Women should be educated that diseases of the breast need to be cared for as health issues in other parts of the body. They should be informed that embarrassment in this regard is not related to grace and integrity but can be potentially life-threatening. Further research is necessary to quantify the association of embarrassment or shame with delay in seeking diagnosis and treatment of breast cancer. More research can elucidate the ways that the negative impact of shame/embarrassment can be minimized in different ethnic groups.

Introduction

Timely diagnosis and treatment of breast cancer are important and challenging public health issues and can substantially improve survival.[1] Psychosocial factors are among the reasons for delay in seeking medical advice following a self-detected breast lesion.[2-5] Embarrassment and shame of visiting a doctor for a breast disease are among these factors.[6] Evidence exists that at least in some countries, women use the word "chest" instead of "breast" when talking with a health care provider (especially with a male doctor).[7] This shows that they do not feel free or confident to talk about the diseases of the breast. Some authors believe that this voluntary avoidance of the term "breast" is a cultural issue rather than a religious concern and stems from the fact that this organ is regarded as a part of female sexual identity.[8] In fact, embarrassment or shame of

Address of correspondence:
Mojgan Karbakhsh, M.D.
Address: Department of Community and Preventive Medicine, School of Medicine, PoorSina St, Qods St, Enqelab Ave, Tehran University of Medical Sciences, Tehran, Iran
Tel/fax: 0098 21 88962357
Email: mkarbakhsh@tums.ac.ir

having a problem in a "private" area of body might be a barrier to timely presentation.[9] This is different from (or additional to) the observed social taboo or stigma of getting a cancer reported by some others.[10,11]

The purpose of this study is to review the published literature to determine if embarrassment regarding breast examination, diagnosis and treatment is associated with patient delay.

Methods

We searched PubMed with the following key terms: patient acceptance of health care (MeSH), breast neoplasms/psychology (MeSH), shame (MeSH), embarrassment, delayed diagnosis, to find relevant literature published before August 2015. As the original quantitative studies which explicitly examined the association of shame or embarrassment with patient delay in seeking medical advice for self-detected breast cancer were rather scant, references of the former studies in addition to qualitative studies and reviews which had implications with the topic were also included.

Results

For the purpose of this study, titles and abstracts of 35 published papers were assessed of which, full text of 22 papers were reviewed and included in this study. The studies that explicitly assessed the association between embarrassment and delay for seeking medical advice for breast cancer were very limited. Among these studies, only 2 were quantitative, 4 were based on qualitative research. Four reviews had minor implications about the topic of interest. Other studies assessed attitudes in population-based surveys or included patients (females and males) suffering from different types of cancer.

Forbes *et al*, examined the association between cancer beliefs and survival in a multi-national study. This was done through telephone surveys across multiple European countries and was not limited to breast cancer. The respondents were asked if embarrassment might prohibit from seeing a doctor for a potentially serious symptom. The highest rate of positive responses to this question was from UK (14.5%) and the lowest from Denmark (5.8%).[12] In a more recent study, Forbes *et al*. assessed the potential contributing factors of delay in a postal survey of patients with different types of cancer. In that study, embarrassment was reported as one of the strong predictors of delay; but, was less prevalent in comparison with their previous study.[13] Embarrassment has also been reported to be an obstacle for seeking medical advice for cancer, especially among people of lower social position as. Again, this study was not limited to breast cancer patients.[14]

Macleod and colleagues performed two systematic reviews on the factors contributing to patient- or practitioner-mediated delays in detection of breast cancer and other common cancers in 2009.[15] Their results indicated that although the existing evidence suggests that embarrassment is implicated in delayed detection of colorectal and urological cancers, there is a lack of evidence regarding breast cancer.[15] A qualitative study on help-seeking attitudes of 23 patients with malignancy yielded similar results.[16] Two patients with testicular and colon cancer addressed that they felt embarrassed after their initial symptoms appeared (swollen testicle and hemorrhoid, respectively) and they were ashamed to discuss their conditions with others. In contrast, six patients with breast cancer did not report such experience.[16]

In a systematic review, embarrassment was named among barriers to timely presentation of breast cancer in black and African-American women.[11] In another review, shame and embarrassment was shown as a risk factor contributing to delay in self-detected breast changes in African-American women.[17] Austin, *et al* in their review writes about "culturally based embarrassment" as a perceived barrier among Hispanic women for screening of breast cancer.[18] Other authors report the similar pattern among Latino women.[19]

In a study from Libya on contributing factors of breast cancer delay, shame prevented timely diagnosis in about 4.5 percent of patients.[20]

In a meta-ethnographic synthesis of patient delay, authors concluded that shame and embarrassment of breast exam are associated with patient delay, according to two studies from China and Taiwan.[21] In the study from Taiwan, a qualitative study was performed on experience of older Taiwanese women regarding a newly diagnosed breast cancer. The authors concluded that when cancer affects parts of the body "that a woman treasures", she might not remain confident in her gender roles and might feel ashamed.[22] Their study did not deal with the potential association of shame or embarrassment with patient delay. Two other qualitative studies which were from China showed that among women with self-identified breast cancer symptoms, those with patient delay viewed their breasts as private organs and were unwilling to be examined by a male doctor.[23,24]

Some authors have shown that mammography screening is embarrassing to some women.[25-28] Orton *et al.* conducted a survey among women who were invited to attend a second mammography. Some participants reported that they experienced embarrassment and distress in the previous test. This was negatively associated with the chance of acceptance of the invitation.[29] Similar findings were found among Filipino-American women and those who felt embarrassed to get a mammogram were significantly less likely to undergo breast cancer screening.[30] Further research is necessary to demonstrate if this embarrassment leads to significantly lower compliance and consequently to delay.

In a population-based survey on women aged 30 and older in East London, embarrassment was named as a barrier for timely diagnosis of breast cancer.[31]

Smith *et al*, in their review of help-seeking behaviors showed that embarrassment regarding sensitive or sexual areas can be a barrier to timely cancer presentation; nevertheless, most of the reviewed papers were not regarding breast cancer.[32]

In a qualitative study regarding the perceptions of oncologists regarding presentation of breast cancer, embarrassment was named by participants as a contributing factor to delay.[33]

Discussion

Most of the published reports regarding the association between shame or embarrassment and delay in seeking medical advice for breast cancer, are not results of longitudinal or other robust analytic research. Instead, some of these investigations were surveys performed to assess perceptions and attitudes of patients, healthy women or health care providers regarding the topic.

More studies deal with embarrassment as a barrier to timely diagnosis among Latino or black than among other ethnicities, while comparative studies are not available.

Although some reports emphasize that embarrassment might be more remarkable when consulting a male doctor, there are no investigations that compare the role of embarrassment/shame in patient delay between the women who visited a male vs. a female physician. Other authors believe that this is a cultural issue rather than a belief resulting from religious concerns. For instance, a study on Asian women residing in West Yorkshire, UK in addition to a study from Iran indicated that some women use the term "chest" as a euphemism for "breast".[7,8] The effect of this cultural background can be examined through further studies that compare embarrassment among patients of Western/Eastern countries or on emigrant women in developed nations who have grown-up in developing countries.

Women should be educated that diseases of the breast should be cared for as health issues in other parts of the body. They should be informed that embarrassment in this regard is not related to grace and integrity but can be potentially life-threatening.

Further research is necessary to quantify the association of embarrassment or shame with delay in seeking diagnosis and treatment of breast cancer. More research can elucidate the ways that the negative impact of shame/embarrassment can be minimized in different ethnic groups.

References

1. Harirchi I, Karbakhsh M, Hadi F, Madani SS, Sirati F, Kolahdoozan S. Patient delay, diagnosis delay and treatment delay for breast cancer: comparison of the pattern between patients in public and private health sectors. Arch Breast Cancer 2015; 2(2): 15-20.
2. Friedman LC, Kalidas M, Elledge R, Dulay MF, Romero C, Chang J, *et al*. Medical and psychosocial predictors of delay in seeking medical consultation for breast symptoms in women in a public sector setting. J Behav Med 2006; 29(4): 327-34.
3. Tjemsland L, Soreide JA. Operable breast cancer patients with diagnostic delay--oncological and emotional characteristics. Eur J Surg Oncol 2004; 30(7): 721-7.
4. Facione NC, Facione PA. The cognitive structuring of patient delay in breast cancer. Soc Sci Med 2006; 63(12): 3137-49.
5. Greer S. Psychological aspects: delay in the treatment of breast cancer. Proc R Soc Med 1974; 67(6 Pt 1): 470-3.
6. Facione NC. Delay versus help seeking for breast cancer symptoms: a critical review of the literature on patient and provider delay. Soc Sci Med 1993; 36(12): 1521-34.
7. Karbani G, Lim JN, Hewison J, Atkin K, Horgan K, Lansdown M, *et al.* Culture, attitude and knowledge about breast cancer and preventive measures: a qualitative study of South Asian breast cancer patients in the UK. Asian Pac J Cancer Prev 2011; 12(6): 1619-26.
8. Montazeri A, Ebrahimi M, Mehrdad N, Ansari M, Sajadian A. Delayed presentation in breast cancer: a study in Iranian women. BMC Womens Health 2003; 3(1): 4.
9. Dobson CM, Russell AJ, Rubin GP. Patient delay in cancer diagnosis: what do we really mean and can we be more specific? BMC Health Serv Res 2014; 14: 387.
10. Tfayli A, Temraz S, Abou Mrad R, Shamseddine A. Breast cancer in low- and middle-income countries: an emerging and challenging epidemic. J Oncol 2010; 2010: 490631.
11. Jones CE, Maben J, Jack RH, Davies EA, Forbes LJ, Lucas G, *et al.* A systematic review of barriers to early presentation and diagnosis with breast cancer among black women. BMJ Open 2014; 4(2): e004076.
12. Forbes LJ, Simon AE, Warburton F, Boniface D, Brain KE, Dessaix A, *et al.* Differences in cancer awareness and beliefs between Australia, Canada, Denmark, Norway, Sweden and the UK (the International Cancer Benchmarking Partnership): do they contribute to differences in cancer survival? Br J Cancer 2013; 108(2): 292-300.
13. Forbes LJ, Warburton F, Richards MA, Ramirez AJ. Risk factors for delay in symptomatic presentation: a survey of cancer patients. Br J Cancer 2014; 111(3): 581-8.
14. Niksic M, Rachet B, Warburton FG, Wardle J,

Ramirez AJ, Forbes LJ. Cancer symptom awareness and barriers to symptomatic presentation in England-are we clear on cancer? Br J Cancer 2015; 113(3): 533-42.
15. Macleod U, Mitchell ED, Burgess C, Macdonald S, Ramirez AJ. Risk factors for delayed presentation and referral of symptomatic cancer: evidence for common cancers. Br J Cancer 2009; 101 Suppl 2: S92-s101.
16. de Nooijer J, Lechner L, de Vries H. A qualitative study on detecting cancer symptoms and seeking medical help; an application of Andersen's model of total patient delay. Patient Educ Couns 2001; 42(2): 145-57.
17. Gullatte MM, Phillips JM, Gibson LM. Factors associated with delays in screening of self-detected breast changes in African-American women. J Natl Black Nurses Assoc 2006; 17(1): 45-50.
18. Austin LT, Ahmad F, McNally MJ, Stewart DE. Breast and cervical cancer screening in Hispanic women: a literature review using the health belief model. Womens Health Issues 2002; 12(3): 122-8.
19. Frank-Stromborg M, Wassner LJ, Nelson M, Chilton B, Wholeben BE. A study of rural Latino women seeking cancer-detection examinations. J Cancer Educ 1998; 13(4): 231-41.
20. Ermiah E, Abdalla F, Buhmeida A, Larbesh E, Pyrhonen S, Collan Y. Diagnosis delay in Libyan female breast cancer. BMC Res Notes 2012; 5: 452.
21. Khakbazan Z, Taghipour A, Latifnejad Roudsari R, Mohammadi E. Help seeking behavior of women with self-discovered breast cancer symptoms: a meta-ethnographic synthesis of patient delay. PLoS One 2014; 9(12): e110262.
22. Lu MH, Lin HR, Lee MD. The experiences among older Taiwanese women facing a new diagnosis of breast cancer. Cancer Nurs 2010; 33(5): 398-405.
23. Lam WW, Fielding R, Chan M, Or A. Factors influencing delayed presentation with symptomatic breast cancer in Hong Kong Chinese women. Hong Kong Med J 2009; 15(3 Suppl 4): 4-7.
24. Lam WW, Tsuchiya M, Chan M, Chan SW, Or A, Fielding R. Help-seeking patterns in Chinese women with symptoms of breast disease: a qualitative study. J Public Health (Oxf) 2009; 31(1): 59-68.
25. Consedine NS, Magai C, Neugut AI. The contribution of emotional characteristics to breast cancer screening among women from six ethnic groups. Prev Med 2004; 38(1): 64-77.
26. Feldstein AC, Perrin N, Rosales AG, Schneider J, Rix MM, Glasgow RE. Patient Barriers to Mammography Identified During a Reminder Program. J Womens Health (Larchmt) 2011; 20(3): 421–8
27. Tsai HW, Twu NF, Ko CC, Yen MS, Yang MJ, Chao KC, *et al.* Compliance with screening mammography and breast sonography of young Asian women. Eur J Obstet Gynecol Reprod Biol 2011; 157(1): 89-93.
28. Lerman C, Rimer B, Trock B, Balshem A, Engstrom PF. Factors associated with repeat adherence to breast cancer screening. Prev Med 1990; 19(3): 279-90.
29. Orton M, Fitzpatrick R, Fuller A, Mant D, Mlynek C, Thorogood M. Factors affecting women's response to an invitation to attend for a second breast cancer screening examination. Br J Gen Pract 1991; 41(349): 320-2.
30. Maxwell AE, Bastani R, Warda US. Breast cancer screening and related attitudes among Filipino-American women. Cancer Epidemiol Biomarkers Prev 1997; 6(9): 719-26.
31. Forbes LJ, Atkins L, Thurnham A, Layburn J, Haste F, Ramirez AJ. Breast cancer awareness and barriers to symptomatic presentation among women from different ethnic groups in East London. Br J Cancer 2011; 105(10): 1474-9.
32. Smith LK, Pope C, Botha JL. Patients' help-seeking experiences and delay in cancer presentation: a qualitative synthesis. Lancet 2005; 366(9488): 825-31.
33. Bodapati SL, Babu GR. Oncologist perspectives on breast cancer screening in India- results from a qualitative study in Andhra Pradesh. Asian Pac J Cancer Prev 2013; 14(10): 5817-23.