DOUBLE MASTECTOMY AT THE PATIENT'S REQUEST

CLINICAL CASE

Antonia is a 55-year-old patient diagnosed with cancer in the left breast: four positive nodules, with pathological anatomy compatible with an invasive ductal carcinoma of luminal molecular subtype B. An adenopathy is also discovered and tests positive. She's awaiting a PET-CT scan for further study. Meanwhile, the gynecologist in charge informs Antonia that the best therapeutic option in her case, according to the tumor committee is to start neoadjuvant chemotherapy- after discovery of the positive lymph node. Subsequently, a left mastectomy and sentinel lymph node analysis were performed. The patient, after receiving the therapeutic information suggested by the gynecologist (and in agreement with the tumor committee), accepts treatment with chemotherapy in case of metastasis. However, in the absence of metastasis, she refuses chemotherapy and requests a double mastectomy with left lymphadenectomy. Finally, the PET-CT scan was negative for metastasis.

The gynecologist questions whether the patient can choose a treatment "a la carte" or whether, on the contrary, the gynecologists can refuse the treatment requested by the patient.

ETHICAL ANALYSIS OF THE CASE

In this case, we assess whether the freedom of choice of an invasive and high-risk treatment should be respected, against medical advice. The patient rejects the treatment of choice proposed by the medical team and suggests another procedure, which we is not believed to be appropriate. When a patient freely and autonomously refuses the treatment of choice, possible alternatives must be discussed with the patient, as long as:

1) the patient is free and autonomous and is adequately informed of the pros and cons of each alternative.
2) the alternatives to the treatment of choice are also beneficial to the patient's health.

If the two conditions mentioned above are met (well-informed autonomous patient and the alternative chosen is also beneficial), it would be acceptable to provide the treatment requested. If these two conditions are not met, it would be inappropriate to perform said treatment. However, if the alternative treatment that the patient chooses is not really beneficial (it has not been clinically proven to be so), it would not be an acceptable alternative and ethically, it should not be offered or performed. A treatment that does not benefit the patient cannot be given, no matter how much the patient may request it on the basis of their autonomy. Therefore, in a situation such as the one

presented, in addition to ensuring that the patient is autonomous and well-informed, it must be clear that the alternative she is requesting is beneficial based on scientific evidence.

POSSIBLE COURSES OF ACTION:

- Perform the requested double mastectomy, respecting the patient's autonomy.
- Explain to the patient that, since it is not the recommended clinical treatment, but rather an elective therapy, the costs of the mastectomy to the right breast should be covered by the patient herself.
- Plan a new informative consultation, highlighting the advantages of the treatment of choice with respect to survival, sequelae, and any possible complications.
- Explain to the patient the disadvantages and consequences of a double mastectomy in terms of survival and sequelae.
- Explore the reasons why the patient refuses chemotherapy treatment and prefers to undergo a prophylactic mastectomy of the right breast.
- Confirm whether the patient properly understands the information being given and whether the patient is competent to make the decision.
- Perform the treatment of the left breast proposed by the tumor committee (without chemotherapy) and refer her to another center for a right breast mastectomy.
- Refuse the double mastectomy and tell the patient that it is not possible to have a clinical follow-up.
- Record all the patient's health interventions and preferences in the medical record.

RECOMMENDED COURSES OF ACTION

- Firstly, the best treatment option should be explained to the patient. It is important to confirm that the patient understands the information, including the advantages and possible complications.
- The patient should also be informed about possible therapeutic alternatives, explaining the advantages and risks of each of them.
- The healthcare team must confirm that the patient is competent.
- If, after being fully informed, the patient insists on having a double prophylactic mastectomy, it should then be considered whether this is an appropriate treatment. If it is determined to not be a scientifically validated alternative, the gynecologist should not perform it no matter how much the patient insists. In order to assess this, if necessary, a clinical session should be held and/or the tumor committee should be reconvened. In this case, the patient should not be discharged. The medical team will again offer the possible alternatives and will remain at the patient's disposal, without prejudice. The patient may ask for a second opinion or even to go to another center.
- If a double prophylactic mastectomy is an appropriate treatment (scientifically proven alternative), once the patient has been advised, an informed consent form should be drawn up, containing the possible risks and benefits of the treatment, as

well as another document in which she confirms her refusal of chemotherapy. Both documents will be attached to the medical record.

- All health activities and the patient preferences should be recorded in the medical record.

DISCUSSION

Patient autonomy is one of the foundations of healthcare. With that said, respect for patient autonomy and patient care must be carried out within the limits of what is scientifically proven. Therefore, when considering the possible alternatives to a given procedure, the patient's wishes must be taken into account, as well as the therapeutic interventions that have actually been proven and validated.

In order to exercise autonomy in healthcare decisions, it is essential for the patient to be competent, to receive and understand the information, and, after all this, be able to decide freely. Therefore,in cases of refusal of treatment (in this case: chemotherapy), consideration should be given to the patient's competence and understanding of the information received, including the possible consequences of refusal. In these situations, it is essential to explore the reasons for the patient's refusal, in Antonia's case- chemotherapy (and the choice of a prophylactic mastectomy). If the patient is competent and has made a well-reasoned choice, the decision not to be treated with chemotherapy should be respected. With regard to a prophylactic mastectomy, it is not enough for the patient to request it, the medical team must assess its medical appropriateness. Respect for the patient's autonomy cannot lead to malicious action or action outside the *lex artis*.

Sgd.: ASISA-Lavinia Bioethics and Health Law Committee
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