The rate of women choosing to have a bilateral mastectomy as a treatment for unilateral breast cancer has increased since the 1990s, particularly among younger women. This article describes a qualitative study that was conducted to explore this decision-making process.

At a Glance

• Many women interviewed about their choice to undergo a bilateral mastectomy for the treatment of unilateral breast cancer expressed their desire to never again experience breast cancer.

• The science does not support prophylactic removal of the healthy breast in women diagnosed with unilateral breast cancer who do not have the BRCA1 or BRCA2 mutation.

• Nurses can be advocates for women with breast cancer by acknowledging their concerns, speaking positively about a woman’s right to choose her treatment, and offering comprehensive education so that women can make informed, evidence-based choices.

Bonnie Jerome-D’Emilia, PhD, MPH, RN, and Patricia D. Suplee, PhD, RNC-OB, are both associate professors in the School of Nursing at Rutgers University in Camden, NJ; and Ian D’Emilia, MFA, is a teaching assistant in the College of Arts and Sciences at the University of San Francisco in California. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the authors or editorial staff.

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Evidence-Based Practice

In the 1980s, the results of a large randomized clinical trial of surgical treatment alternatives for early-stage breast cancer found that women who were treated conservatively with a lumpectomy followed by a course of radiation therapy were as likely to survive the disease as were women who had a mastectomy (Fisher et al., 1985). The lumpectomy was significantly less disfiguring, and a woman did not need to consider plastic surgery or a prosthetic device to once again look “normal” in clothes. However, studies found that physicians did not rush to change their practices after the trial results were made public (MacBride et al., 2013). As a result, laws were passed in at least 20 states requiring physicians to inform patients of the available surgical options, and women were encouraged to choose their treatment, or at least to play an active role in treatment decision making (Katz & Hawley, 2007). Unlike most diseases, breast cancer, particularly...