



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Richmond House, 79 Whitehall, London SW1A 2NS

Telephone 01-210 3000

From the Secretary of State for Social Services

*NLW*

*Prime Minister<sup>2</sup>*

*You may like to see the DHSS*

*commentary on David Skidmore's recent  
letter on breast*

*29 June 1988*

*cancer which you have asked.*

*N. L. W.*

*1.7*

N L Wicks Esq CBE  
Private Secretary  
10 Downing Street  
LONDON  
SW1

*Dear Nigel,*

*Step*

Thank you for your letter of 10 June concerning Mr Skidmore's letter to the Prime Minister about breast cancer treatment. I attach the Report you requested which has been cleared by my Secretary of State.

*Yours sincerely,*

*Geoffrey Podger*

G J F PODGER  
Private Secretary

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DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Telephone 01 292 3000

From the Secretary of State for Social Services

Expenditure p<sup>1</sup> (3)



MR SKIDMORE'S LETTER OF 10 JUNE 1988: DHSS COMMENTS

Mr Skidmore's letter appears to refer to correspondence from Peter Hawkins, Chairman of the Jeannie Campbell Appeal, which was sent to all women Members of Parliament, including the Prime Minister. Copies of that letter, and the reply sent by Mrs Currie on behalf of the Prime Minister and herself are attached.

Mr Hawkins' letter suggested that many breast cancer patients were having "unnecessary" mastectomies, mainly because the possibility of alternative treatment was never discussed with the patient. He suggested that an alteration to the consent form signed by the patient before investigation or treatment takes place would make it much more difficult for "horrendous" mistakes to occur. The consent form, in fact, was already being reviewed prior to receipt of Mr Hawkins' letter and the needs of patients who may have breast cancer will be taken into account in the review.

Mr Skidmore's particular concern is to demonstrate that, in general, consultants try to minimise surgical, cosmetic and psychological changes for the patient, but that the treatment

must fit the needs of the individual patient's condition. This accords with the DHSS view. Other surgeons might feel that a higher proportion of patients than the 20 per cent suggested by Mr Skidmore might be adequately treated without a total mastectomy, but this is a matter of clinical judgement. A survey of 80 treatment centres carried out recently indicated that the proportion who had "conservative" treatment was about 80%.

Research so far suggests that conservative treatment makes no difference to survival rates, but it is probably wise to be cautious. What matters is that patients are given an opportunity to discuss options for treatment, and be involved in the final choice, and that they are given the necessary information to enable them to have a real involvement in the decision. There is evidence that patients find it easier to comply with treatments, even if they are lengthy and arduous, if they understand why they are being offered.

DHSS shares Mr Skidmore's view that publicity is helpful to persuade a high proportion of women to accept their invitations for breast cancer screening. But we feel quite strongly that, at this time, a national publicity campaign could be counter-productive since screening units are coming on stream over a

period of years and inappropriate publicity would create demands which could not immediately be met. What is needed is local publicity as and when screening begins in a particular area. Health authorities are being encouraged to involve local women's organisations and the local press. One of the themes of the Women's Health Conference on 22 June was the need for such organisations and the press to encourage women to come forward for screening. Present indications are that a high level of response is indeed being achieved.

Mr Skidmore refers, in his letter to Mr Moore, to the situation in the United States and particularly to inappropriate treatment given there. The move towards a multidisciplinary approach taken in this country with radiologists, pathologists, surgeons and, possibly, oncologists working together to decide, with the patient, on the treatment in a particular case makes inappropriate treatment much less likely.