Why Women Are Choosing Bilateral Mastectomy

Bonnie Jerome-D’Emilia, PhD, MPH, RN, Patricia D. Suplee, PhD, RNC-OB, and Ian D’Emilia, MFA

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.

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 (Mac Bride 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...