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## Preventive Medicine

journal homepage: [www.elsevier.com/locate/ypmed](http://www.elsevier.com/locate/ypmed)

## Letter to the Editor

**Cancer screening and informed consent. A new French exception?***Keywords:*

Ethics  
Informed consent  
Cancer screening

Hersch et al. (2011) wisely pledged for the ethical obligation to make balanced information regarding screening advantages and disadvantages. Sadly they failed to acknowledge the enduring breaches in our main commitment to those we must serve.

Stating that “public support for cancer screening is strong, due in part to the contribution of powerful screening promotion messages” is putting one’s head in the sand (Hersch et al., 2011). No one can ignore the worldwide marketing of fear with “a female born today has a 1 in 8 chance of being diagnosed with breast cancer sometime during her life.” The true figure is 1 out of 27 for those aged from 60 to 70. In developed countries such as France, 4.4% of women’s deaths are due to breast cancer which is also the figure for injuries and far less than the one third due to cardio-vascular diseases.

France not only uses the worldwide slogan to market fear it also promotes unbalanced information. The mandatory health insurances authority (French Health Insurance Fund National Authority, UNCAM) published a guidance in the official gazette of the French Republic which was sadly ratified by the major unions of general practitioners: *the general practitioner draws the patient’s attention to the benefits of (breast cancer) screening... produces positive information about screening... which naturally falls within the scope of mere monitoring... in order to remove the reticences of his patients... (UNCAM, CSMF, SML, Alliance, 2007)*. This did not preclude the participation rate to stagnate at a 52% level.

Such situation is not limited to breast cancer screening: the marketing for prostate cancer screening in France is even more shocking (Braillon et al. 2009).

Ignoring the obligation to make balanced information regarding screening advantages and disadvantages is not only unethical, it also ignores evidence based medicine; risk information improves knowledge and allows for increased informed choices, without affecting the uptake of screening (Steckelberg et al., 2011).

**Disclosure statement**

The authors have received no financial support.

**Conflicts of interest statement**

The authors have declared no conflicts of interest.

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30 June 2011

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