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The thesis of Caroline Klobusicky entitled

Breast Cancer Undetected: At What Costs?

submitted in partial fulfillment of the requirements for the degree of Bachelor of Arts in Liberal Studies in the School for Summer and Continuing Education of Georgetown University has been read and approved.

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Date
Breast Cancer Undetected: At What Costs?

A Thesis
submitted in partial fulfillment of the requirements for the
degree of
Bachelor of Arts in Liberal Studies

By

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School for Summer and Continuing Education
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Washington, DC
May 1, 1995
ABSTRACT

In December of 1993, the National Cancer Institute withdrew their support for screening mammograms for women under the age of fifty. A proposal like this from a well respected and highly influential medical institution could hinder the progress women have already achieved in publicizing the importance of early detection of breast cancer via a mammogram. This raises many moral and ethical consequences for women and society today.

In proceeding to investigate the breast cancer screening controversy it was imperative to explain in this thesis the current policy change with respect to NCI as well as studies that have been done on the significance of screening mammograms for women under the age of fifty. Reading many articles and books written by woman who have gone through the stages of breast cancer assisted in grasping the situation. It was also helpful, as a mammographer, to convey personal experiences when performing mammograms on patients who have been diagnosed with breast cancer at all ages.

A historical perspective was needed to incorporate a woman's role in society both socially and physiologically. This presumed role in society that women have held for centuries is part of the reason women fear the loss of their breasts. A chapter on Immanuel Kant's aesthetic philosophy
served as an alternative outlook for society to perceive the cosmetic afflictions involved with breast cancer.

Genetics and future trends in technology that will aid in the fight against breast cancer are included as final chapters in this dissertation.

Mammograms are needed to detect early breast cancers in order to reduce mortality rates among women. How is it that a government or corporation can rationalize away the lives of women in the name of profit and loss? What is the measure of a civilization that coldly allows thirty percent, or more realistically fifteen thousand, to die in the name of capital gain? We must not allow the vulgar arrogance of profiteers take away our daughters, sisters, mothers, grandmothers or friends. Persistent, continual efforts at promoting the awareness and benefits of early detection is the only reasonable moral and ethical path we can take.
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INTRODUCTION

BREAST CANCER UNDETECTED: AT WHAT COSTS? At the costs of tens of thousands of lives that could be lost because of well known medical institutions notions of restricting screening mammograms to women fifty and over. Recently, the National Cancer Institute has withdrawn their support for screening mammograms for women under the age of fifty.

Experts in the medical community are in strong conflict over the significance of routine screening mammography for women under the age of fifty. This decision to screen before fifty or not to screen before fifty has serious moral and ethical consequences for women who develop breast cancer at any stage of their life.

Screening mammography is a diagnostic procedure done to detect breast cancer at its earliest stages. It is a diagnostic procedure that has too much life saving potential for women over and under fifty. Unlike A.I.D.S. breast cancer does discriminate. It’s an ugly disease that renders itself solely to women. Less than one percent of breast cancers are known to occur in men.

Breast cancer is not only a women’s issue. This thesis is not being written from that perspective. A personal interest inspired by professional experience as a mammographer has led to the pursuit of the current situation on breast
cancer along with the realization that all women are potential victims for breast cancer.

Everyone's lives are affected when a loved one is diagnosed with breast cancer. Women leave behind their lives with husbands, children, daughters, brothers, sisters, mothers, grandmothers, fathers, grandfathers, boyfriends, friends and their potential to function normally in society becomes a tragic loss.

Women under the age of fifty are just as important to society as women over the age of fifty. We do not live in a society that promotes a utilitarian outlook on life. If our society spends exhorbitant amounts of money to save a life why now would the medical community, divided as it is on this issue, want to restrict screening mammograms to women under fifty.

This revision in policy occurred at a time when tremendous progress was being made with woman's overall awareness concerning mammography while trying to accomplish early detection thereby reducing mortality rates among women with breast cancer. A new perspective toward screening mammograms will affect a woman's attitude towards getting a mammogram and possibly insurance companies decision to cover a screening mammogram in the future.

In writing this thesis, it will be demonstrated that those in the medical community who choose to support
restriction of screening mammograms are ignoring the many ethical and moral consequences when restricting guidelines to a certain age group.

In order to maintain a focus throughout this thesis it is important to explain the current policy change with respect to National Cancer Institute as well as the studies that have been done on the significance of screening mammograms for women under the age of fifty.

Having read many articles and books written by women who have gone through the stages of breast cancer assists in grasping the situation by absorbing their personal experiences. It is clear that in order to find the proper tone for this dissertation, it was helpful to convey personal experiences when performing mammograms on patients who have been diagnosed who were under the age of fifty.

In this chapter the exploration of the psycho-social aspects that women with breast cancer must face in the society we live in today will be preeminent. What kind of pressure will women look forward to in today’s society with breast cancer, especially younger women. A brief history of breast cancer and a woman’s role in society will be incorporated into this chapter as well. A glance at the role of politics in breast cancer will also be addressed.

The detrimental effect of the overall consequences for society when faced with limiting health related procedures in
addition to the ethical and moral considerations of prohibiting screening mammograms to a certain age group are all areas that raise concern and will be addressed in this essay.

Immanuel Kant’s philosophy on how human beings perceive beauty and its relationship to breast cancer will also be examined. A chapter on the female breast as an art form in the many civilizations existing in our world will add a tangential but relevant angle to this thesis. A final chapter will be addressed on the newest future trends in diagnosing breast cancer.

After this a conclusion that’s aim is to unite all ideas in this thesis in order to arrive at a resolution to the decision made by NCI. The writer believes it to be important to begin with how the breast is depicted as an art form in many civilizations. This will help us to understand why it is so mortifying for a woman to be faced with the loss of a breast.
The Breast as an Art Form in Society

The female breast in society has been characterized as an exalted form of art. This holds true for past and present civilizations. The breast helps to define the significance a woman holds in society. This presumed role in society is also part of the reason women fear the loss of their breasts. It is important to explain how a woman’s breast have been portrayed throughout history in and out of our civilization.

The perception, mainly by men, of women’s breasts in society is partly the reason women fear and are unable to function wholly after having a mastectomy. A woman’s bosom has been viewed as an art form in many civilizations including our own. It is a significant part of the female body especially because it is a symbol of femininity and sensuality for a woman (Levy 1965).

Age, or place in history is not what dominates one’s interests in a woman, it is her form (Levy 1965). A woman’s form in history for men has interpreted lust, tenderness and hatred (Levy 1965). The Greek civilization construed the meaning of a woman’s body in terms of prevailing philosophy. Misogyny also existed in the middle ages for women. This reduced the form of a woman to a lesser value.

The Victorian age of civilization chose to hide and scorn the form of a women’s body. All of this was expressed through
art, philosophy or treatment of a woman.

Classically, the greeks portrayed a flaming passion for women throught Grecian art and literature. For example, reflected in this following section of greek literature represents how a woman’s breasts saved her from execution. This quote is taken from Mervyn Levy’s "The Moon of Paradise".

"Phyrne the Athenian courtesan of legendary beauty was brought before the Court of Justice and accused of profaning the Elusinian mysteries, her defender, Hypereides, had only to tear open her dress and reveal to the Court the beauty of her breasts. The Judges, overwhelmed by the loveliness of her bosom, could not bring themselves to condemn her" (Levy 1965).

This piece of literature personified how influential and persuasive a woman’s breasts can be. The judge was so overwhelmed by Phyrne’s breasts that he could not give her a sentence for her crime.

The Greek sculptorers seductively chiseled the art form of the contours of the female breast from cold marble. In Greek literature, the shape of the female breast is emphasized as an apple. For example: "The silver-footed maiden was bathing, letting the water fall on the golden apples of her breast, smooth like curdled milk" (Levy 1965). (Rufinis, The Greek Anthology) In contrast to the Greek form for the breast, Ancient India depicts the breast as a heavy and dominant element in an artists conception of a woman.
The art form of the female breast changed dramatically throughout civilization. It went from the classic mould of resembling "golden apples" to a more human form. A more human form of the breast resurfaced during the renaissance period. When Rembrandt painted the body of Saslia, the breast was restored to its throne of sensitivity (Levy 1965). The breast assumed a new dimension with Rembrandt. Breast cancer was actually represented in his painting of Bathsheba (Wentz 1992). Their appeared to be the presence of skin dimpling in the lateral aspect of the breast.

Change in the form of the breast has been depicted through famous sculptors of the time. Venus de Milo, Aphrodite of Melos, the early Goddess of Aphrodite and a later Venus clearly indicate the decline of the classic ideal of Helenistic art (Levy 1965). The renaissance period truly illustrated the breast as human reality (Levy 1965).

In contrast to the greek civilization or the renaissance period, the Hindu culture is another civilization that holds a woman's breasts in high regard. A deep meaningful sexual principle exists in the Hindu philosophy. A healthy, happy outlook on love and sex exists in Hindu life. The female breast serves as an important role of sensual pleasure. In Indian sculpture the breast is always proudly and mischievously displayed.

Interestingly, the Hindu's do not view the human body or
sex as disgraceful nor sinful in contrast to early Christian artists who morbidly reject and cover the breast with a hand. This indicated the shame and disgrace of original sin. A heavy breasted, slender waist and broad hipped type of female is shown in Indian sculpture as the prominent type of female in the Hindu culture (Levy 1965). This description represents factual figures as opposed to those of the imagination of the Greeks.

A woman’s breasts are revealed in everyday life for Hindu’s. Women integrate into society naked from the waist up. The breast is nearly the entire focus of a culture through art and social life (Levy 1965). A woman’s breast in Hindu culture are viewed in a positive aspect. There is nothing dirty or sinful about the human body or sex in the indian civilization.

Women would not have as many problems with the loss of a breast if the female body was viewed differently in our society. A female’s breasts in American society are viewed as an object of pleasure, beauty, femininity and the endall of a woman’s body. Without appropriate breasts in society most women feel inadequate.

Many cultures openly embrace the breast as a part of normal sexuality. That is the way it should be. Although, certain societies, especially ours, need to progress beyond the exterior shapes and forms of the human body and find pleasure
and beauty from within a person.

That is what all cultures have lacked for centuries. There was never a civilization in history that openly embraced deformities of the human body. The loss of a breast to a woman is just as devastating as the loss of a limb. Woman, obviously, fear death because of breast cancer. They also fear their loss of place in society and their femininity because of the way their breasts are depicted in society and throughout history.

The next chapter will examine the role of Kant's aesthetics in breast cancer. Kant's philosophy will hopefully help society depict the ill effects of breast cancer in a different point of view.
Is there a role for Kantian philosophy in Breast Cancer

Kant's philosophy of aesthetics may be applied to the challenges women face with breast cancer. A woman faced with the possibility of losing her breasts in society threatens her personae. This ugly disease attacks a woman's femininity.

Kant's philosophy may be an alternative outlook for society to perceive breast cancer or other imperfections. His philosophy may help a woman's mental status, her families or friends. It may help society picture a mastectomy in a different light.

Perceptual form, for Kant, is of great concern in the judgement of an object or thing being beautiful. Form aids us in arriving at a conclusion as to whether something is beautiful or not. It is the commonality to our judgements about natural objects (McCloskey 1987). Kant is eager to point out that ugly objects can be beautifully represented (McCloskey 1987). He is careful to state that "the beauty of art as opposed to the beauty of nature is the beauty of the representation not of what is represented" (McCloskey 1987).

That quote can be applied to society's perception of the female breast. A female breast in society represents the most important, sensual part of a woman's body. This presents a problem for a woman at any age who struggles with having
breast cancer. Because breast cancer ultimately means having a mastectomy or facing death.

There can be beautiful representations of ugly things in Kantian philosophy. In contrast, there also can be ugly representations of beautiful things. Beauty is pleasing because it has a certain kind of perceptual form. A female breast is pleasing partly because of its form. Objects, art and society itself can portray aesthetic merit and still be seen as ugly. The tangible or intangible can be ugly as long as its specific meaning is "beautiful" (McCloskey 1987).

This philosophy can be directly applied to a couple facing the emotional hardship of breast cancer. Yes, a mastectomy to most people is unattractive. The aesthetic merit Kant speaks of is the true meaning of beauty. You can still love someone and perceive them to be beautiful minus a breast or limb for that matter. It is what is inside that attracts the cognitive. Beauty is in the eye of the beholder.

It is the cognitive that allows us to behold the breasts as beautiful. Kant believes some things have aesthetic quality to please but will not be able to because of lack of "Form of Finality" (McCloskey 1987). Breasts would have the appropriate "Form of Finality" for Kant. This helps the cognitive to sense the female breast as pleasing.

Even though certain things are perceived to be beautiful, they still can displease the senses because they are scary,
threatening or disagreeable (McCloskey 1987). Kant believes that beautiful things are subject to imperfection. This is what allows us to use the word ugly so easily in our society. We as a society are very quick to judge people and their imperfections.

Kant speaks of "Form of Finality", the cognitive and aesthetic sculpture of qualities as part of us judging something or someone as beautiful. He also speaks of another important aspect of beauty. It is an object that exumes pleasure to the senses. Kant believes that things or objects give us pleasure (McCloskey 1987).

Kant states that "pleasure is incapable of being a representation but presupposes either a representation of a sense, a principle of reason or a form of intuition as its object" (McCloskey 1987). "It is a response of a subject to something which is its object, not just another object amongst objects" retorts Kant.

The senses respond to a female breast as an object of pleasure and beauty. Women faced with this feel that if they lose their breasts they will lose the beauty and sensuality of their bodies. Kant also denotes that pleasure is internal to its objects. The way we reflect on objects causes our mind to take pleasure in the beautiful (McCloskey 1987).

Throughout history a women's form has been reflected on as a beautiful object. It is no wonder that women are
hesitant, at times, to have a mammogram. They fear being diagnosed with breast cancer.

For an object to qualify as beautiful it must emit pleasure from having the "Form of Finality" speaks Kant. Since no two persons have the same senses it is important to have all the qualities that emit beauty and pleasure for an object.

The female breast has all of Kant's qualities of aesthetics. It has "Form of Finality" because it has a special shape that will help to emit pleasure to the cognitive. The breast has proven to stimulate the senses which result in it being recognized as an art form throughout civilization. It has Kant's perceptual form in order for the cognitive to recognize it as a natural object.

The connection between Kant's aesthetic qualities and breast cancer may be very simple. Kant's aesthetics elludes to us that "beauty is in the eye of the beholder". Beauty takes the shape of many forms for the cognitive. Even though its representation may be ugly, it still may be perceived as beautiful.

Breast cancer's representation may be grotesque. But, we can look beyond a woman's mastectomy because it is not the object that represents beauty. It may be the representation of the object that emits pleasure to the cognitive and the senses. The cognitive defines beauty. If society could look at a woman whose experienced a mastectomy with
beauty, sensuality, respect, it would help a woman’s confidence in fighting this disease. Society can apply Kant’s philosophy on how we perceive things in our world today as beautiful and apply it to breast cancer.
Current Controversy on Screening Mammograms

for women under fifty

Breast cancer has been, in the past few years, has sluggishly gained nationwide interest. Women have become better informed and families share their experiences with breast cancer. Participation in mammographic screening programs has finally started to increase. Just when some progress is being made the National Cancer Institute decided to withdraw their support for screening mammograms for women under the age of fifty.

In December of 1993, NCI announced new recommendations for screening mammograms for women age 40 to 49. This has the medical community outraged, confused and severely split by this decision. An entire age group significant to society may be phased out of a screening process that could save lives. NCI decided to withdraw their support at a time when vital headway was being made with screening mammograms for women under the age of fifty. A well respected institute in the medical community making a decision like this will revert all progress that has fashioned the unending strife for breast cancer.

Thankfully, not all experts, in the field of medicine, who are connected with this topic agree with this unwarranted decision. Information on NCI's decision leads many in the
medical profession to believe that it is possible that NCI aligned itself with the recent winds of change of the Clinton administration's concern about the cost effectiveness of health care.

If politics is involved in NCI's decision, a futile decision has been made in an attempt to make a health care package work. An influential institution like NCI supporting these new guidelines will mean a diminished amount of younger women asking for mammograms, less doctors will order them and fewer insurers will pay. A decision like this has serious moral and ethical consequences for women who develop breast cancer, regardless of age.

As a mammographer, it is difficult to accept the new position taken by a well known institute such as NCI. This was a decision that was biased and based on antiquated meta-analysis reports. At this point, it is important to summarize briefly what studies were used by NCI.

When the results of the Canadian breast cancer study were released in 1992 NCI, for reasons unknown to the medical community, decided it was time to re-evaluate its own guidelines. A workshop was organized to perform a meta-analysis type of study done to re-evaluate the data of prior studies. NCI examined a total of eight studies. The studies dated from as far back as 1963 to the early eighties (National Cancer Institute 1994).
Experts from the medical community have vigilantly scrutinized NCI's methods of using studies that were done twenty to thirty years ago when mammography was not as adequately developed as it is today.

Furthermore, it is well known even by those who participated in NCI's workshop that a large body of evidence exists from studies, such as the HIP or the BCDDP which indicated a benefit from screening mammography for women aged 40 and over (Kopans 1993).

Of all the antiquated studies reviewed during this workshop, it was especially infuriating to realize the NCI completely ignored the fact that the Canadian study bared pivotal flaws in the quality of the mammograms used in this study. The flaws were so blatantly obvious that two radiologist advisors from the U.S., Dr. Wende Logan, M.D. and Dr. Stephen Feig, M.D. resigned from the study out of protest (Feig and Kopans 1993). Another consultant, Dr. Laszlo Tabar, M.D. consequently earnestly vocalized his concerns about the poor quality of mammography that was to be used in this study (Feig and Kopans 1993).

The following flaws profoundly affected the viability of the results of the Canadian study. Decisions were made at the beginning of the study that the quality of the mammograms were not to be taken seriously despite the fact that the studies goal was to determine if screening mammography would benefit
younger women (Feig and Kopans 1993). Any type of mammography equipment was authorized for use in this study. Attempts to upgrade this equipment were not even a consideration.

Furthermore, a qualified mammographer was not used to perform the mammograms. Whoever performed the mammograms had no formal training in executing a mammogram. Proper positioning of a mammogram is critical for a radiologist whose goal is to detect early breast cancers. In addition to unqualified mammographers there were unqualified radiologists interpreting the mammograms (Feig and Kopans 1993). The American College of Radiology enforces strict regulations requiring a radiologist to interpret a certain amount of mammograms in order to be competent in reading them (Feig and Kopans 1993).

The negligent attitude of the Canadians resulted in fewer than fifty percent of the mammograms being graded as even "acceptable" by the NBSS investigators (Feig and Kopans 1993). NBSS investigators of this study also project that even untrained radiologists should have detected twenty-five percent of the breast cancers on mammograms one to five years earlier than when they were actually diagnosed (Annals of Internal Medicine 1993). It has yet to be determined how many cancers have been missed due to the inferior positioning of the mammograms and the untrained radiologists.

NCI only allowed individuals who were in favor of excluding
mammograms to women age fifty and over to take part in the review board. They allowed their analysts to improperly use data from trials that were not designed to adequately answer the questions being asked (Kopans 1995). Also, women who were assigned to the study and decided not to participate for reasons unknown were still counted as being in the study (Kopans 1995).

It has been proven to those who truly care about the breast cancer screening controversy in the medical community that NCI was overzealous in their decision to change the screening guidelines. Their conclusion neglected to reflect on the moral and ethical considerations of this decision to women and society. The next chapter is devoted to women and their struggle with breast cancer in society.
Clementina Geraci, only thirty four years old, died of breast cancer at Washington Hospital Center early in March of 1995 (Washington Post 1995). She was a resident in obstetrics and gynecology at Washington Hospital Center. She was diagnosed with breast cancer two years ago at age 32! Geraci's breast cancer was detected by a mammogram that she decided to have because her mother died from breast cancer.

Dr. Geraci went through a mastectomy and chemotherapy. What is unique about Clementina Geraci's case is that, after waiting an appropriate amount of time after chemotherapy, she decided to get pregnant and was successful. Clementina's breast cancer tragically reoccurred when she was three months pregnant. She and her husband opted to give their child life and reduce the chemotherapy treatments for the duration of her pregnancy.

In the end breast cancer won and took her life but Geraci's son was born healthy. She left behind a videotape of herself reciting bedtime stories to her son. Sadly, Geraci's time ran out and she was unable to finish those nursery ryhmes (Washington Post 1995). This is what woman woman with breast cancer face in today's society.

Breast cancer is being diagnosed in women well under the age of fifty. Most of these women do not have a history of
breast cancer in their family. Clementina Geraci's situation is the reality of Women, Breast Cancer and Society. All women leave behind their loved ones. Others give birth to children they will never get to know or end up leaving them behind at an early age.

The current situation on breast cancer reveals the cold reality that 50,000 women die each year from breast cancer. Breast cancer is a disease that has been recognized since the times of the ancient Egyptians (Ray and Baum 1985). Surgery for breast cancer was practiced by the ancient Greeks. Breast cancer is the most common cause of death in women age 35-55 (Ray and Baum 1985). One in every eight American women may be diagnosed with breast cancer in their lifetime (American Cancer Society 1994).

Breast cancer is the leading cause of cancer related deaths, second to lung cancer (American Cancer Society 1994). It is the number one cause of non-preventable cancer deaths in American women (American Cancer Society 1994).

This means that all women are at risk for breast cancer. The fight for the breast cancer epidemic is a continual uphill battle. Millions of dollars of research have failed to identify the causes of breast cancer. There is no prevention for breast cancer. Recently, the medical community has shifted away from disfiguring surgery, chemotherapy and radiation therapy all of which have had minimal effects on the
breast cancer mortality rates.

In the same manner, during the third century, mastectomies were carried out as a form of punishment not as a form of therapy (Ray and Baum 1985). For example, after having a bilateral mastectomy, Saint Agatha was sent to her grave prematurely (Ray and Baum 1985). In the sixteenth and part of the seventeenth centuries, a mastectomy plus removal of the axillary lymph nodes was suggested because of rapid spreading (Ray and Baum 1985). During those times reoccurrence rate was high and it was astounding that some women did survive.

The only means available today, in the twentieth century, that will provide hope for women to survive from this disease is EARLY DETECTION. One way to reach early detection is through routine HIGH QUALITY SCREENING MAMMOGRAPHY. A mammogram has provided some relief for women in today's society from the fear of being diagnosed with breast cancer. One of the major obstacles to overcome for the medical community is urging women to comply regulararily with the guidelines.

As it stands, only thirty percent of women age forty follow the guidelines on a regular basis. This is unfortunate since it is well known in the medical community that thirty percent of breast cancers develop in women age forty to forty nine. Further, these cancers are known to thrive more rapidly
in this age group.

Trying to find a cure for breast cancer has been neglected far too long. Women have fought battles in society since the beginning of time. Through prehistoric times of the caveman until the beginning of the early twentieth century a woman was considered to be a man's property.

The right to vote issue for women arose in the 1920's. The abortion issue is a heartwrenching battle that will be fought until, it seems, the end of time. Violent crime against women is finally getting the proper attention needed, just like breast cancer. Women have had to fight just as hard for equal rights as they have had to get the appropriate amount of funding to research the cure or cause of breast cancer.

In the book, Psychological Aspects of Early Breast Cancer, Dr. Ervin, a well known psychologist claims: "There are few physical conditions which threaten a woman in so many fronts simultaneously." It is clear that this quote evokes the true psychological situation of breast cancer. On a daily basis women come in for mammograms and are mortified of the mere thought of losing their breast or having to possibly face death.

For women to lose their breasts in today's society, is a sign of a loss of their feminine identity. A woman mourns the loss of her breast just as an individual would a limb. Psychologists say some woman feel ashamed because they mourn
the loss of their breast when they still have all their limbs intact. Women should not feel ashamed when they mourn the loss of a breast. The female breast is a significant part of their body.

Because today's society dictates to women so much about being beautiful and having a gorgeous body it's no wonder women are frightened at the thought of losing their breasts. In terms of dating, what do women under forty or over forty with breast cancer have to look forward to in today's society? There are women who are as young as sixteen years old with breast cancer. This is tragic because the younger they are the faster the cancer spreads.

Women under forty are especially mortified at the mere thought of dying and losing their breasts. Can these women ever look forward to functioning normally in relationships after experiencing breast cancer. Some women contemplate questions like, who is going to date them after having a mastectomy? Or, Is breast cancer something you hide on the first few dates until you know this relationship may be going somewhere because of your feelings for one another?

It is hard for women both married and single to function normally after breast cancer. Single women fear developing a relationship after losing a breast or some of their hair. Married women fear their marriage will end.

Women with breast cancer in today's society shouldn't
feel like their lives have ended. Psychologically it's probably normal to experience feelings like anxiety, despair, bitterness, depression, anger or suicidal tendencies (Ray and Baum 1985). Although, if women feel this way because of the way they are depicted in society, there is something seriously wrong with the society we live in today.

For the medical community to attempt to restrict diagnostic procedures to individuals has the potential for serious moral and ethical consequences.
The Moral and Ethical Consequences of restricting diagnostic procedures to society

The overall consequences of restricting diagnostic procedures in society presents a moral and ethical dilemma for all individuals involved. As a technologically advanced society, do we let breast cancer go undetected for women under fifty simply because of a nonsensical decision that could be politically motivated? Thus far, the moral fabric of our country has been threatened due to lack of affordable health care to every American. Breast cancer is a disease that has run rampant among women. It has reached epidemic proportions.

For example, since 1980 194,000 people have died of AIDS and 450,000 have died of breast cancer (Ferraro 1993). As Linda Ellerbee, television commentator, points out "AIDS is always fatal and some of us survive" (Ferraro 1993).

NCI has the ability to influence society with the potential to restrict mammograms to women over fifty years of age. A proposal like this creates moral and ethical dilemma's for women with breast cancer who have already fought a long and hard battle for research and education into breast cancer. It also tells women that at any age their lives are not worthy of being saved.

Diagnostic procedures like mammograms, pap smears,
prostate exams or routine physicals that assist in early
detection of a more serious illness should be looked upon as
a moral right by everyone. At this point in time not everyone
has access to these exams especially the poor and uneducated.
Insurance companies in their attempt to enforce managed care,
already restrict certain health related procedures.

Hypothetically, if our health care system was to restrict
diagnostic procedures merely because of age, society will
transform itself into a utilitarian state of nature. A
utilitarian goal for society is to utilize the most productive
participants for the community.

NCI and their fellow collaborators in the medical
community wish to restrict diagnostic procedures like
mammograms to women age fifty and over. It doesn’t make sense
to suggest that women in the age group of fifty and over
should be the only ones eligible for a mammogram. Is a woman’s
life more valuable over fifty than under fifty? A woman’s
life in a utilitarian society would be considered more
valuable to society under the age of fifty.

Theoretically, in today’s society we value life at every
age. Everyone plays a valuable role in making a democracy
work. By restricting mammograms to women over fifty, society
would once again alienate, discriminate, push women and
society back further than both have progressed.

Women with breast cancer have labored hard to fight the
politics of lobbying to obtain more money for the research into this ugly disease. Currently, women have had a problem getting the proper attention needed for the government to listen to their pleas for help in order to grant them research money.

Under current procedures research money from the government has to be divided among the numerous diseases. The most serious illnesses receiving the most funding first. For example, a disease like A.I.D.S that threatens mankind's existence has gotten more funding than any other disease in the past five years (Rock 1994).

In the "budget politics" game funds will also be allocated to those who lobby the loudest for their disease. As little as five years ago, NIH research budget for breast cancer was a mere $80 million compared to other diseases like AIDS or lung cancer (Rock 1994). It is unfortunate that breast cancer did not receive proper funding for more research because it is now reaching epidemic proportions among women. Many breast cancer activists feel that research into breast cancer has been ignored because it is a woman's issue (Ferraro 1993).

Breast cancer is one of the few issues that has sluggishly acclaimed nationwide interest in a race for a cure. Taking a lesson from AIDS activists, women summoned their energy generated from the anger that manifests itself from
breast cancer to seize as much money as they were able to maneuver out of Senators and Congressman like every other interest group on the hill (Ferraro 1993). In 1994, breast cancer seemed to finally receive proper funding for research. NCI awarded most of the $325 million to breast cancer for research that the federal government allotted for research into various diseases (Rock 1994).

The power of politics in the breast cancer issue is quite different from any other issue that is lobbied on the hill by special interest groups and their congressmen. A very value oriented difference exists between the advocacy groups who rally behind breast cancer and the interest groups on the hill.

Interest groups are made up of skilled professionals who know how to lobby for issues that always center around money and votes. Compared to breast cancer advocacy groups that are made up of women who are home economics teachers or housewives not skilled professional lobbyists. These women are lobbying for their own lives and others.


Most of these women did not ever consider being involved in politics. Many of these women have been diagnosed with breast cancer well under the age of fifty. They were more
comfortable at home with their families or in a classroom with students rather than in an advocacy group called "1 in 9" (Ferraro 1993).

This name was derived from the statistical incidence of breast disease among women back in 1991, now the incidence rate has changed to 1 out of 8 women developing breast cancer in their lifetime (Ferraro 1993). These women have more at stake than just your ordinary lobbyist going to the hill to talk about issues that are in the news daily and affect both men and women.

Breast cancer advocacy groups have had to be more odiously vocal than any other interest group on the hill because it is an issue of gender. Ferraro points out in the article that these groups have been so persistent that they have raised over $210 million dollars for breast cancer research. Congress, thus far has listened to these women’s outcries.

Money played such a critical role in the breast cancer issue that congress hesitated passing the amendment at first. It was passed only after the realization of how spurious they would look if this change in budget was defeated.

Moral dilemmas lurk at every corner of the breast cancer issue. The NCI’s decision is a prime example of how politics interfere with the value of life. Women are sacrificing quality time that they could be spending with their families
in order to join the fight against breast disease with the little time they have left. Mammograms need to be recognized as not only a preventive medicine but a life saving tool if performed properly.
Genetic Testing: It's Influence on Society

Gene therapy, "the introduction of normal genes into the chromosomes of cells that contain defective genes" (National Institute of Health 1984) has already brought relief to many couples who knowingly have serious debilitating hereditary disorders. Gene splicing also opens a world of health for children of parents with gene disorders.

Some common genetic disorders due to defective genes have already been identified. These are Down syndrome, Klinefelter's syndrome, Cystic Fibrosis, Huntington's disease, Duchenne muscular dystrophy, Sickle cell disease, Hemophilis, Phenylketonuria, Tay Sachs disease, Lesch-Nyhan's syndrome, Thalassemia and many more (National Institute of Health). Many couples have already tested or have altered their children's genes to recreate a better world for themselves and their children.

Gene therapy may also bring new hope to many cancer victims. Just recently, in 1994, a defective gene was identified as a carrier for breast cancer if it runs in your family, although, this is not the cause of breast cancer. There are many women well under the age of fifty who have been diagnosed with breast cancer even though their was no sign of breast disease in their family.

The altering of genes for any type of cancer or other
gene disorder carries many ethical and moral implications for society. This chapter will look at the affects of genetic testing on society as a whole and its benefits to all serious debilitating diseases.

As a society we should be concerned about a potential "Big Brother" atmosphere if serious impairment gene disorders are identifiable before a couple decides to reproduce (Fanos, Reilly and Wertz 1994). Insurance companies may identify a gene that signals a patient as a serious health risk for that company. They could possibly claim a gene disorder as a pre-existing condition with no coverage (Fanos, Reilly and Wertz 1994). Already, fifty one percent of couples polled who had genetic testing had been denied partial or full health coverage.

Ethical issues will be raised for both the medical community and the doctors. Will a patient have to be secretive and pay out of pocket expenses for tests to find out if they have a gene disorder (Fanos, Reilly and Wertz 1994). Insurance companies can exclude care related to various cancer causing diseases. Patients and doctors will be forced to be dishonest to their insurance companies. Doctors will have to alter their patients medical records. Everyone's ethical standards will be lowered for all professionals involved.

A debilitating disorder revealed in a big brother society could be used against you in terms of job security. The master
minds of genetic testing may influence society to create a perfect race of people with no health impairments.

On the other hand, Genetic therapy could actually help the economy. If parents had the opportunity to eliminate a serious debilitating disorder, this could save the health care industry virtually millions of dollars. Insurance companies presently are achieving managed care instead of the government. They both could join together to force individuals into having genetic testing even if their is no family history of gene disorders.

This is a frightening thought. It could lead to another "Hitler youth corps" wanting to create a perfect world. It is highly probable that we would end up in a society that separates humans with healthy genes from humans with serious gene disorders.

Our society has already evolved into somewhat of a card carrying community because of sexually transmitted diseases like herpes and A.I.D.S. Men and women are drawn together because of a special attraction between them. In the future, testing free of genetic disorders could be the new special something between couples that long to spend the rest of their lives together.

This new attraction will label our society as feelingless, materialistic, vain and shallow. This travesty would not happen in our society. Primarily because our
feelings are controlled by our cognitive, self and our soul. Humans control their own minds but a higher being is in control of our souls. What our society really needs to rectify in order to avoid a big brother atmosphere would be to close the social class gap by providing equal education among the races.

Terminating these gaps could create a society that will be educated in their health and want to put genetic testing to its proper use. We could rise above the sickness and greed of insurance companies and the health care profession itself.

Human gene therapy should be used as a future means of protection for ourselves and children. This medical advancement should be an alert system to aid us in preventing medicine for cancer causing conditions. Our children could be saved of being plagued with the possibility of the heartwrenching debilitating diseases like breast cancer or ovarian cancer.

With new technology of gene testing, unborn children at risk for genetic disorders could lead a possible cancer free life. Of course, we can’t save people from environmental factors that cause cancer. If we as a society know what we are up against, we can take precautions and catch cancer causing genes or other serious crippling gene disorders.
Future Trends in Mammography for Women

To this date, a mammogram is the only technology available capable of detecting early cancers in women’s breasts. Mammographic technology has improved several fold in the past twenty years. It is still expected to evolve beyond its’ current capabilities. There are many new technologies entering the field of radiology that will assist in detecting cancers even earlier than a mammogram.

Magnetic resonance imaging is one of the potentially useful diagnostic instruments for breast imaging. Just like all new technologies, MRI has its strengths and weaknesses. It has impeccable visualization of the chest wall with tomographic capability (American College of Radiology 1994). This aid in finding tumors that are too close to the chest wall to detect.

There is no compression of the breast with MRI. This is a plus for women who at times avoid having a mammogram because of the compression. MRI shows blood products and cysts much more easily than mammography (American College of Radiology 1994). Blood products are not visualized at all on mammograms. Cysts are better visualized on ultrasound or MRI. Ultrasound and MRI are less painful than mammography. Although, mammography is still the better technology in detecting microcalcifications that may represent an early
cancer. MRI is also used in the detection of implant ruptures. Unfortunately, MRI seems to have more weaknesses than strengths where breast imaging is concerned.

Because the anatomy of the breast varies there is no standard in imaging the breast like mammography. This makes achieving the slices difficult for MRI. It does not detect small lesions as well as mammograms. Some patients can’t have an MRI because of metals in their bodies or claustrophobia. Lying down in the MRI tube for an hour or more can be extremely uncomfortable. In certain situations, a patient must lie prone or with their head to the side. In addition, MRI is time consuming and costly to perform.

Breast cancer patients have high anxiety levels. Accordingly, it is difficult to motivate patients to participate with MRI. Cardiac motion is another weakness of MRI (American College of Radiology 1994). The heart beating creates too much motion on the scan making it difficult to read. MRI has many false negatives and is slow to enhance cancers. It is a technology that needs further research and development. Currently MRI is still useful for certain aspects of the breast imaging. A newer technology that is still in its research stages is Digital Mammography. There are no digital systems available at present for use at this point.

Digital radiography takes the image on film and converts it to an electrical signal (American College of Radiology 994).
In order for digital systems to work, the conventional technique of taking mammograms is still needed. Proper positioning, technique and processing time are still crucial in executing a perfect mammogram.

A radiologist still needs to see all of the breast on the film. Patients also should realize that proper compression of the breast is the most important part of the mammogram. The mammographer and radiologist must understand that a woman's life is in their hands.

With digitizing mammography, a radiologist or mammographer can adjust the technique of the film with a computer to see through very dense tissue (American College of Radiology 1994). This is the main problem younger women have with getting a mammogram. Their tissue is so dense it is difficult to detect an early cancer. In the future, the radiologist will also be able to manipulate the image with a computer and apply artificial intelligence techniques to identify cancerous areas of the breast as hot spots (American College of Radiology 1994).

It's the image enhancement of denser breasts in digitizing mammography that makes this technology worthwhile. At any age a woman with dense breasts should be able to obtain a proper diagnosis from a mammogram. With digital systems in place, hospitals around the world will be able to communicate with each other to examine patients prior films or to form
second opinions for diagnostic purposes.

The FDA/NIH Optimized mammography system is another future technology that is ready and waiting to be tested on humans. Even though the radiation dose of mammography is already low, the Optimized mammography system will help to lower the radiation dose of a mammogram even further (National Center for Research Resources 1995).

Optimized mammography lowers the dose because it has an improved anti-scatter device built by Dr. Alec Eidsath and colleagues (National Center for Research Resources 1995). This anti-scatter device helps to produce a sharper image by absorbing stray x-rays that cloud the image on the film (National Center for Research Resources).

This new system will benefit younger women who wish to get mammograms more often by lowering the radiation dose while still adequately penetrating the dense tissue in their breasts. Preliminary tests showed it can reduce the radiation dose by as much as two-thirds (National Center for Research Resources 1995). By using a tungsten source rather than a molybdenum source and by altering the distance between the sources aids in the reduction of radiation. The masterminds behind this technology hope to show that this system is as diagnostically accurate as the mammographic machines on the market today while lowering the radiation dose significantly.
Conclusion

As a mammographer experiencing women’s reactions to having a mammogram daily, it is clear that these women honestly fear the thought of having this exam done on an annual basis. For NCI and others in the medical community, to openly come forth and announce that mammograms are worthless for women under fifty would reverse all progress that has been made thus far with the detection of early cancers through the use of mammography.

Most of the women diagnosed with breast cancer that I have seen as patients have all been diagnosed well under the age of fifty. Their cancers have generally been detected through self breast exams or mammography. Most of these women have experienced mastectomies in an attempt to save their lives. They wouldn’t be here today if the medical community felt that a mammogram was meaningless.

Studies have shown that it is more cost effective to detect an early breast cancer rather than have it metastasize to the liver or lungs thus increasing the cost of treatment and lowering overall mortality to the patient.

Money is the most basic part of the problem in this breast cancer controversy. NCI employed a biased group of individuals to serve on a workshop in order to denounce the use of mammography. Many in the medical community say that it
was politically motivated in order to ride the recent winds of change with the Clinton administration's concern for a cost effective health care system.

Apparently a human life is not a valuable commodity in society anymore. This world is not a perfect one. Women are viewed as secondary in civilization both past and present. A woman's exterior qualities are a significant part of what she represents to society. Kant's perception of the role of beauty in breast cancer is unacceptable in an imperfect world. Women in society have sacrificed enough without having to face possible restriction of a diagnostic procedure designed especially to detect breast cancer. They will face more discrimination if genetic testing for serious disorders becomes mandatory in our society.

With these key points in place, it would be futile to women and society to deny them access to mammograms under the age of fifty. Mammography is the only method proven to detect early cancers. New and improved technologies will eventually take its place. These costly technologies cannot be marketed quickly enough for women to risk putting off obtaining a mammogram while waiting for these new technologies to come on line.

Mammograms are needed to detect early breast cancers in order to reduce mortality rates among women. How is it that a government or corporation can rationalize away the lives of
women in the name of profit and loss? What is the measure of a civilization that coldly allows thirty percent, or more realistically fifteen thousand per year to die in the name of capital gain? We must not allow the vulgar arrogance of profiteers take away our daughters, sisters, mothers, grandmothers or friends. Persistent, continual efforts at promoting the awareness and benefits of early detection is the only reasonable moral and ethical path that we can take.
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