ORIGINAL PAPER 5

Reluctance to seek medical advice about breast symptoms

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SUMMARY. A third of a sample of women with breast symptoms referred by general practitioners to a hospital clinic said they had been reluctant to consult their doctor. Fear, being a nuisance to the doctor, and embarrassment were the three most frequently mentioned reasons for their reluctance. Nearly half of those questioned were prompted to seek medical advice either solely, or partly, because of the thought of breast cancer.

Introduction

WHY do women delay in seeking medical advice for breast symptoms? The Southampton Breast Study found that one fifth of their sample of women referred to hospital with breast symptoms waited more than 12 weeks before first consulting a doctor, and as many as one third of those subsequently recorded as having breast cancer had delayed this long (Nichols *et al.*, 1981). Recent research points to two main reasons for women's reluctance to go to their general practitioner with breast symptoms—fear (Greer, 1974) and an attitude that there is "nothing to worry about" (Greer, 1974; Williams *et al.*, 1976; Adams *et al.*, 1980). However, long delays have been associated with patients who have breast symptoms other than lumps (Nichols *et al.*, 1981; MacArthur and Smith, 1981), which does suggest that some members of the general public may not know about the symptoms and signs of breast cancer.

Although fear and lack of awareness, or denial, of the possible seriousness of a breast condition are very different states of mind, the response can be the same, that is postponement of a visit to the doctor. This paradox can be explained by reference to an arousal model of human behaviour (Tones, 1980): if noticing a breast abnormality causes a high level of arousal and fear, the likelihood of action is low; conversely, if the woman is unaware of the possible seriousness of her symptom, or if she denies its existence, her low level of arousal or fear again reduces the likelihood of action. According to this model of human behaviour, what is required to increase the likelihood of action (seeking medical advice) is a moderate level of arousal. Therefore some degree of anxiety on account of a breast symptom is not only natural and to be expected but also essential to ensure that appropriate action is taken.

What makes women seek medical advice for breast conditions? One study (Eardley, 1974) found that for just over half the sample "knowledge and concern" was the sole reason for seeking medical attention. Those who sought medical advice promptly were more likely to have mentioned the advantages of early diagnosis and treatment and to have immediately thought of cancer in relation to their symptoms than those who had delayed.

As a major part of the Southampton Breast Study, a large group of women referred to a hospital clinic with breast symptoms were interviewed prior to consultation. Their responses to questions concerning reluctance to, and reasons as to why they did, see a doctor about breast symptoms are reported.

Methods

From January 1979 to February 1982, women referred to the breast clinic at the Royal South Hants Hospital were interviewed before their consultation with a doctor. The only exclusions were women who had attended the clinic within the previous 12 months with the same symptoms. At a later date, the hospital notes for each interviewee were examined to ascertain if either benign or malignant breast disease had been diagnosed.

Three items from the complete questionnaire (obtainable from the author) were analysed for this report.

1. a) Did you have any reluctance to go and see your doctor about your breast symptom(s)?
(Yes/No/Don't know.)

b) If yes, can you say why?

2. Why do you think other women might feel reluctant to go and see their doctor about their breast symptoms?

3. Can you say what made you decide to go to the doctor when you did? Was it mainly:

a) The symptom itself?

b) A change in the symptom? (For example, onset or increase in pain or discomfort, lump increasing in size.)

c) The thought that it could be breast cancer?

d) Advice or persuasion from a relative or friend.

e) Something you read or heard about?

f) Other? (Please specify.)

g) Not applicable (doctor found all patient's symptoms).

The first question was included in the questionnaire throughout the study, the second was incorporated shortly after the study began. Since a planned public health education intervention at the beginning of 1981 made the third year's results different in kind, for these two questions only the combined data from the first two years are reported. The third item was only introduced, as an afterthought, at the beginning of the third year of the study, in January 1981.

Results

Reluctance to seek medical advice

During 1979 and 1980 1,217 women were interviewed. Of these, 1,178 women answered the question about their own reluctance to see a doctor. (For 35 women the question was not applicable and four did not answer the question.) Three replied "Don't know" and were excluded, leaving 1,175 cases for analysis. The question about reasons for other women's reluctance was answered by 1,140 women. (The remaining 77 had been interviewed before this question was introduced.)

Overall, 400 (34 per cent) of the women said they had been reluctant to go and see their doctor about their breast symptom(s). When this group was compared with the group of women who said they had not been reluctant to go to their doctor, there was no significant difference ($P>0.05$) detected for the following variables: age; finished full-time education; marital status; social class; had asked for medical advice about breast symptoms and/or had breast examination during pregnancy or breast feeding; known others with breast symptoms; had heard about breast symptoms from a number of different sources (for example, radio, television). Although the percentage of subsequent diagnosis of a malignant lump was higher in the reluctant group of women than in the non-reluctant group, the difference was not significant.

Women who had been reluctant to consult their doctor were more likely, firstly, not to have previously asked for medical advice about breast symptoms, secondly, not to have previously had their breasts examined by a doctor (in both cases excluding during pregnancy or breast feeding) and, thirdly, not to have practised breast self-examination (BSE) before their present symptoms(s). A further analysis showed that there was a positive relationship ($P<0.005$) between the practice of BSE and both the other two variables. As expected, there was a strong association between reluctance to see a doctor and length of patient delay (defined as the interval between first noticing a symptom and first consultation), a significantly smaller proportion ($P<0.005$) of those in the short delay group having expressed a reluctance to see their doctor than those in the medium and long delay groups (Table 1).

Table 1. Patients' reluctance to see their doctor related to length of patient delay. (Number of women in brackets.)

	Percentage reluctant	
Patient delay (weeks)	Yes	No
Short (≤4)	*24* (177)	*76* (564)
Medium (>4–12)	*49* (108)	*51* (112)
Long (>12)	*54* (112)	*46* (94)
Unknown	(3)	(5)

Table 2. Reasons given by reluctant women for their own reluctance to see a doctor about breast symptoms, and reasons given by all women for other women's reluctance. (Number of women in brackets.)

Reasons for reluctance	Percentage of reluctant women (own reluctance)	Percentage of all women (other's reluctance)
Fear	*44* (177)	*65* (742)
Embarrassment	*16* (63)	*22* (247)
Nuisance to doctor	*23* (90)	*4* (46)
Nothing to worry about	*9* (36)	*1* (11)
Prefer not to know	*6* (25)	*7* (83)
'Wait and see' attitude	*6* (25)	*4* (43)
Someone else's or own previous experience of breast disease	*5* (19)	0 (3)
Ignorance	—	*1* (15)
Other	*12* (47)	*6* (70)
Don't know	*3* (12)	*9* (102)
"They aren't reluctant"	—	0 (4)
Total	(400)	(1,140)

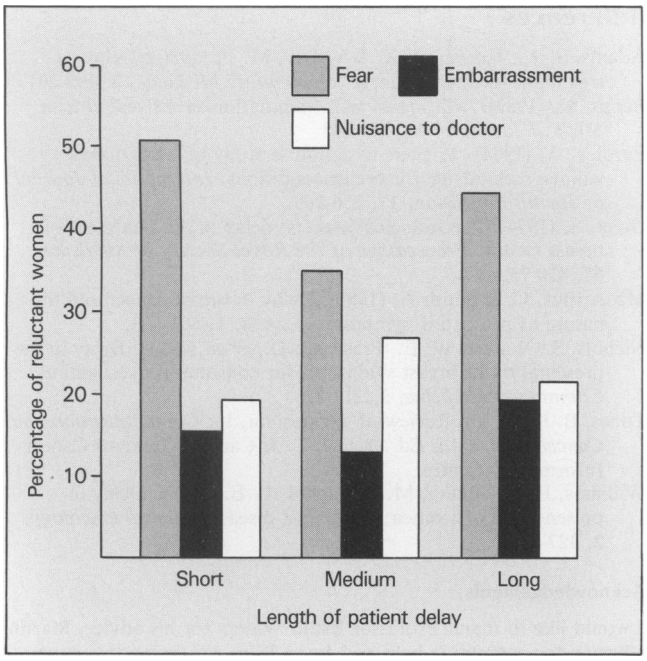
The three most frequently mentioned reasons for reluctance to see a doctor were fear, the thought of being a nuisance to the doctor, and embarrassment, respectively (Table 2). The relationship between these three reasons and length of patient delay is shown in the Figure.

The two main reasons, suggested by the interviewees, for other women's reluctance to see their doctor were fear and embarrassment (Table 2).

Reasons for seeking medical advice

From January to December 1981, 536 women were interviewed. Of these, 514 women answered the extra question about why they decided to go to the doctor when they did. (For 19 women the question was not applicable because a doctor had found all their symptoms. The remaining three were inadvertently not asked the question.)

One hundred and forty-one women (27 per cent) gave more than one reason for deciding to visit a doctor. One



The relationship between the three most frequently mentioned reasons given by women who were reluctant to see their doctor about their breast symptom(s) and length of patient delay.

hundred and thirty-four women (26 per cent) said they were prompted to go to the doctor solely because of the thought of breast cancer, and a further 102 women (20 per cent) were partly prompted by this thought along with other factors. One hundred and forty-six women (28 per cent) said they went to the doctor only because of their symptoms, and a further 28 women (5 per cent) had gone only because of a change in their symptoms. Ninety-five women (less than one fifth) decided to go to the doctor either solely or partly on account of advice from a relative or friend. Thirty-three women went to the doctor mainly or partly because of something they had read or heard about. Of the 28 women who gave other reasons for visiting their doctor, half of them had gone to see, or had been visited by, the doctor about another medical problem.

Discussion

Reluctance to consult a doctor about breast symptoms appeared to be unrelated to factors such as age and social class, but strongly associated with a lack of previous breast examination by a doctor or with having sought medical advice about breast symptoms (unrelated to child-bearing). Reluctance was independently associated with non-practice of breast self-examination. This latter finding suggests that factors such as a woman's lack of familiarity with her breasts and a negative attitude towards the importance of early diagnosis may increase the likelihood of reluctance to present with breast symptoms. Conversely, it suggests that the practice of breast self-examination might contribute to brighter prognosis simply by reducing the delay between discovery of symptom and consultation with general practitioner. Fear was the main reason given by reluctant women for their own reluctance, and it is noteworthy that an even higher proportion of women gave fear as a reason why other women might be reluctant to go and see their doctor about breast symptoms. It is, perhaps, easier to attribute fear to others than to admit one's own. The fear was expressed in many ways—fear of the 'unknown', of 'something serious', of cancer, of the operation, of losing a breast.

While almost a quarter of the reluctant group of women gave "being a nuisance to the doctor" as a reason for their own reluctance, this was hardly mentioned in relation to other women's reluctance. It would seem important for the medical profession to stress to the public that they are happy for women to consult them about breast problems and that their time is not being wasted.

The embarrassment of being examined by a male doctor caused many women to delay in seeking medical advice.

While there were no sizeable figures for any other reasons for reluctance, one or two are worth mentioning, such as thinking that the symptom would go away and thinking that it was nothing to worry about. It appears that there are still some women, even if they are only a minority, who are not sufficiently aware of the possibility of developing breast cancer.

The relationship which emerged between fear and length of patient delay is consistent with the arousal model of human behaviour: fear was given as a reason for reluctance most often by women who had waited less than four weeks before consulting a doctor and least often by those in the medium delay group.

The question regarding reasons for seeking medical advice was only introduced at the beginning of the third year of the study, just prior to the public campaign. Thus the answers given might have been influenced by the campaign. Surprisingly, advice from a relative or friend does not appear to have been an important motivating factor. Nearly half of the women admitted that they had associated their symptoms with breast cancer.

Results from the Southampton Breast Study suggest that only one in 10 women referred to a hospital clinic with breast symptoms will have breast cancer (Nichols *et al.*, 1981). Health education about breast cancer is problematic. Apart from the controversy concerning the promotion of breast self-examination (Baum, 1982), it is difficult to strike the right balance between excessive anxiety and complacency. Women need to be made sufficiently aware of the facts about breast cancer so that they will act promptly if they notice anything unusual about their breasts, with the assurance that for the majority (except in the over-65 age group) there will be nothing seriously wrong.

COLLEGE ACCOMMODATION

Charges for college accommodation are reduced for fellows, members and associates. Members of overseas colleges are welcome when rooms are available, but pay the full rate. All charges for accommodation include a substantial breakfast and now include service and VAT.

Children aged 12 and over can be accommodated when accompanied by a parent. Accompanied children aged between six and 12 may be accommodated upon a trial basis and arrangements can be made for young children to share a room with their parents at a reduced rate. Children over six may use the public rooms when accompanied by their parents. Younger children cannot be accommodated, and dogs are not allowed. Residents are asked to arrive before 21.00 to take up their reservations or, if possible, earlier.

From 1 April 1982, the room charge per night will be:

	Members	Full Rate
Single room	£14	£22
Double room	£28	£44
Penthouse (self-catering with kitchen)	£60	£80

Reception rooms are available for booking by outside organizations as well as by members. All hirings are subject to approval, and the charges include VAT and service. A surcharge may be made for weekend bookings.

	Members	Full Rate
Long room	£105	£210
John Hunt Room	£70	£140
Common room and terrace	£70	£140
Dining room	£35	£70

Enquiries should be addressed to: **The Accommodation Secretary, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 01-581 3232.**

Whenever possible, bookings should be made well in advance and in writing. Telephone bookings can be accepted only between 08.30 and 18.30 on Mondays to Fridays. Outside these hours, an Ansafone service is available.

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Termination of pregnancy

At the University of Washington Family Medicine Clinic, termination of pregnancy procedures were performed on 260 patients. Their records were reviewed, and an analysis was completed on demographic rates during and following the procedure. The majority of patients were not primigravida. Fifteen per cent were between six and eight weeks of gestation. Following the procedure, 3.8 per cent had excessive bleeding and 2.7 per cent developed endometritis at rates comparable to those found in the obstetrics and gynaecology literature. No known perforations occurred. Outpatient termination of pregnancy performed on selected patients in a family practice setting can be a procedure of low morbidity.

Source: Marshall, J. H. & Bergman, J. J. (1982). Outpatient termination of pregnancy, experience in family practice residency. *Journal of Family Practice,* **14,** 2, 245-248.