

## IRISH BREAST CANCER CHARTER

Every woman with an actual/potential diagnosis of breast cancer has the right:

- 1 To be treated with respect and dignity by all health professionals she comes in contact with
- 2 To have her physical, psychological, emotional, psychosexual, social and spiritual needs met throughout her care
- 3 To be referred promptly by an informed G.P. to an accredited Specialist Breast Centre, regardless of locality, where a multidisciplinary team includes a breast surgeon, breast care nurse, radiologist, pathologist, medical oncologist, and radiation oncologist – all specialised and experienced in the diagnosis and treatment of breast disease
- 4 To a firm diagnosis within two weeks of being referred to a Specialist Breast Centre.
- 5 To be seen in a private environment when a diagnosis of breast cancer is being discussed. This diagnosis should be given to the patient by the consultant surgeon or senior doctor with the breast care nurse present and a relative/friend also present if she so wishes.
- 6 To have her preferences regarding who should be with her and the amount and timing of information provided on her diagnosis, treatment and recovery, taken into account and all information given and all questions answered in a language and in a format she can understand.
- 7 To be given clear, full, objective and personalised information in both verbal and written form, about the risks, benefits and latest treatment options including possible side effects.
- 8 To be given adequate time to consider options and empowered to participate actively in the decision-making process, within a supportive doctor-patient relationship, if she so desires.
- 9 To be seen by a Consultant from the team at appropriate regular intervals.
- 10 To have access to the Specialist Breast Care Nurse both as an outpatient and as an inpatient.

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- 11 To be given information on social and financial entitlements and all support services, including appropriate complementary therapies, available to patients with breast cancer and their families.
- 12 To a second opinion or to refuse treatment without prejudice to continued medical support.
- 13 To have regular and free access to screening from age 50 onwards.
- 14 To have a brief family history assessment. If there is a strong family history, to have access to genetic testing and counselling services.
- 15 To be given the option of meeting someone who has undergone similar surgery prior to making her decision regarding reconstruction.
- 16 To have access to a prosthesis fitting service delivered by a skilled practitioner.
- 17 To be given relevant and timely information to help her decide on current and future fertility options.
- 18 To appropriate services, flexibility and support for women who have to travel
- 19 To have the opportunity of meeting a breast cancer survivor who has been trained to offer support, e.g. Reach to Recovery.
- 20 To be informed about relevant clinical trials.
- 21 To be given written information on all aspects of a proposed clinical trial including its aims, benefits, potential side effects of treatments, any interim results, before informed consent is given to enter such a trial.
- 22 To participate in a clinical trial on a voluntary basis. Participation is always voluntary and volunteers are free to leave a trial at any time even after they have signed the informed consent document.
- 23 To have the opportunity to provide feedback on her experience of the treatment, including all side-effects, facilities and services she receives. This feedback will be recorded.

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