

Article: The Case for Breast Cancer Screening in Singapore (S B Wee)

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Dear Sir,

Having read the editorial article of S B Wee of May 2002 issue of the SMJ, I agree very much that clinical breast examination, CBE, should be incorporated into the routine check-up for patients under the primary health care physicians. However, I wish to caution the danger of doing breast examination i.e. patient's perception of inappropriate examination resulting in complaints to the relevant authorities.

Given this fear, health care physicians would be unwilling to do CBE in their routine check-ups. As CBE does not seem to be part of routine check-up, there is no opportunity for the physician to gain enough experience in breast examination. Therefore in order for CBE to be applicable, some guidelines and public education are necessary.

Yours sincerely,

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Reply From Author

Dear Editor,

I am grateful for Dr. Ho's comments.

With regards to caution in CBE being perceived as being inappropriate, it is important that primary health care physicians take the time to explain the reason for the CBE to the patient, especially in the presence of a nurse in order to avoid any misunderstanding. This is less of a problem for our females colleagues. While we continue to educate the public on the value of breast cancer screening, doctors have to be aware that such an avenue for opportunistic screening should not be overlooked. Incidentally, I feel that even discussing the need for CBE with a patient can help to increase awareness of breast cancer.

The need for women to undergo regular breast examination by health professionals (which incidentally includes nurses) is commonly mentioned in the numerous educational material on breast cancer available locally. Enhancing the role of CBE for early cancer detection will come about by a willingness among our doctors to incorporate it as part of a routine examination, and is unlikely to be achieved by having guidelines.

Yours sincerely,

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