

# CANCER RESEARCH

VOLUME 18

NOVEMBER 1958

NUMBER 10

## On Being Anonymous

GUEST EDITORIAL

The desire to be anonymous is ordinarily a vestigial trait among scientists. In the evolution from student to investigator to presenter of papers and author, atrophy of the reticence center is often encountered.

This opinion concerns another type of non-anonymity, however, which is not merely a foible. The names of patients who participate as subjects in clinical investigations are not a proper item for report. To identify patients by name in the course of public presentation is a breach of the confidential relationship which exists between the patient and his physician. Because the very nature of reports in the medical sciences usually disclose medical status, any mention of the patient's name breaks the confidence. Firm precedents for keeping the relationship between patient and doctor privileged include the Hippocratic oath and the common law. One of the fundamentals of forensic medicine is to keep the knowledge of "who has what" confidential.

At the last annual meeting of this Association, physicians weren't the only careless name-droppers, nor was the defect confined to clinical reports. In at least one instance, slide data presented by a chemist included full names and diagnoses of the patients who donated specimens. The presentation of names added nothing of scientific worth and, indeed, served to distract.

In a democratic society, men in public life lose in privacy proportionately as they gain in publicity. With our rapid means of communication, we have learned in the last few years of the diseases of noted men, almost as soon as the patients themselves. Myocardial infarction, ileitis, and cerebro-

vascular accident; carcinoma of the lung; and carcinoma of the colon have been reported in the lay press, at various times, to have occurred in two famous generals and a diplomat. Because the health of a public servant can condition the effectiveness of his public service, such reports must be considered in light of their overriding political, rather than medical, implications. Private citizens, if not acclaimed with equal enthusiasm for their achievements, at least can get sick without initiating a study, by newspaper, of some thitherto unfamiliar disease in every American household. Indeed, if the disease of a private citizen is described to the public, scientific or lay, there is no reason to mention his name at all.

The recent practice of describing blood types and coagulation disorders by eponyms, while others labor to replace older eponyms with logical nomenclature, is a patent regression. It is all the more distressing that the recent names are those of patients. Surely this would be an unfortunate precedent to adopt in the field of cancer research.

It is proposed that the use of patients' names in presentations sponsored by the American Association for Cancer Research be disallowed. This is in keeping with long-standing editorial policy of *Cancer Research* and other scientific periodicals. It conforms to the practices of the vast majority of members of this Association and of other scientific societies, and to the generally accepted tenets of medical ethics. It is plain good taste.

JAMES F. HOLLAND, M.D.  
*Roswell Park Memorial Institute*  
*Buffalo 3, N.Y.*