

The right to be forgotten for cancer patients: A moral issue of justice

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Abstract. Cancer is a major cause of mortality worldwide, but therapeutic advancements have significantly increased the chances of recovery. However, cancer survivors often experience multidimensional frailty along with persistent social stigmatization. In this context, the right to be forgotten (RTBF) for cancer patients, as an essential protection against discrimination based on medical history, is an emerging and crucial issue in public health and bioethics. This article examines the ethical, social, and legal implications of the RTBF for cancer survivors, exploring the need for uniform regulations and the importance of social recognition of recovery. Through a literature review and critical analysis, the Authors propose guidelines for the implementation of policies that ensure full respect and operability of the ethical principles of equity, autonomy, and dignity for cancer patients.

Key words: cancer survivors, right to be forgotten, right to oblivion

Introduction

Cancer is a major cause of mortality globally, accounting for nearly one in six deaths (16.8%) and one in four (22.8%) among non-communicable diseases worldwide (1, 2).

Estimates suggest that approximately one in five people, male or female, will develop cancer during their lifetime, while about one in nine men and one in twelve women will die from it.

Given these statistics the fight against cancer constitutes an extremely significant challenge, both for healthcare providers, who must effectively coordinate various intervention strategies, and for patients, who are forced to endure a demanding and prolonged journey of care. However, in recent decades, the fight against cancer has seen remarkable progress with a significant increase in survival rates thanks to improvements in early screening methods, advancements in targeted pharmacological treatments, the development of personalized medicine based on genomics,

increasingly precise surgical interventions, and the establishment of high-quality care standards now uniform across all countries (3, 4).

According to the most recent scientific literature, cancer survival or recovery refers to a prolonged remission from the disease, resulting in cancer patients achieving a life expectancy comparable to that of individuals of similar age and sociodemographic characteristics without a cancer diagnosis (5-7).

Currently in Europe, there are over 12 million cancer survivors (8). These rates vary significantly depending on the type of tumor and are closely associated with tumor subtype, tumor biology, age, sex and comorbidities (9).

Recovery from cancer represents a milestone that allows people, former cancer patients to return to living their daily lives fully and peacefully. Nevertheless, these people, after facing a series of challenging physical, psychological, and social hurdles, may continue to experience a further condition of vulnerability even after recovery. This vulnerability no longer stems from

the disease itself but is instead attributable to a social and legal context that prevents them from fully embracing their status as survivors, forcing them to bear the burden of a stigma that can negatively impact their quality of life and their potential for full social, professional, and familial reintegration.

Due to their medical history, many long-term cancer survivors often receive unfair treatment regarding access to banking services (e.g., obtaining a loan or mortgage), commercial services, and insurance, where they are subject to prohibitive or otherwise penalizing premiums due to a prejudiced “high-risk” classification of the policyholder (10, 11).

The oncological history of an individual can also impact other dimensions of private life, affecting highly personal rights such as the fulfillment of the desire for parenthood through the adoption process. Having been a cancer patient can influence the assessment of suitability for adoption and, thus heavily modify a family life project. In this regard, it is worth noting that, in pre-adoptive fostering, Italian law n. 184 of May 4, 1983 (Right of the Minor to a Family), article 22 (paragraphs 3 and 4) assigns the Juvenile Court the task of carrying out investigations concerning, *ex multis*, the health conditions of the applicants, utilizing the social and welfare services of local authorities and relying on local and hospital health agencies. As a result, the discovery of a previous oncological illness, even if fully overcome for a long time, might lead the judicial authority to exclude the couple from adoption due to fears of recurrence and/or premature death (12). Moreover, having a history as a cancer patient can even be a barrier to career aspirations (13).

In light of these considerations, it therefore becomes clear how a past as a cancer patient makes the present very complex, preventing the survivor from shedding the status of a patient, despite no longer being ill. To counter this discriminatory practice, some European countries have established a “Right to be forgotten for cancer survivors” (RTBF), which aims to protect recovered patients from discrimination and ensure their full social reintegration. This right should not be confused with the similar terminology used in the context of the General Data Protection Regulation n. 2016/679 (GDPR).

This right is not merely a shield against information overload, but is an essential means to protect individuals from outdated data that no longer reflect their current condition and do not adequately represent them in the eyes of society.

This article aims to examine the ethical, social and legal implications of the RTBF for cancer survivors, exploring the need for uniform regulations and the assumed importance of social recognition of recovery. Through a review of the literature, and a critical analysis of current regulations, we aim to provide some guidelines for the implementation of policies to effectively improve the quality of life and privacy protection of cancer patients respecting the ethical principles of equity, autonomy and dignity in the care and social reintegration of vulnerable individuals.

The right to be forgotten

The RTBF refers to the possibility of not to be defined or judged on the basis on past events. In the framework of individual rights and personal data protection, the concept of the RTBF extends beyond the mere control of public information, assuming a crucial role in defending the individual from outdated data that no longer reflect his or her current condition and no longer correctly represent him or her in the eyes of the public.

This principle, traditionally applied to news reporting, extends across all sectors of the legal system and is particularly significant in the healthcare context, where the management of past medical information can profoundly affect patients’ privacy, social perception, and the proper application of ethical principles of vulnerability and justice.

The advent of the internet and search engines has greatly complicated this issue, as these tools can store and make information easily accessible indefinitely. This persistence of online data can create significant problems for those who wish certain information, such as a past cancer diagnosis that has since been overcome, to no longer be publicly available.

After recovery, despite having life expectancies similar to their peers, individuals with a history of cancer can face persistent stigma stemming from their past

illness, categorized by the World Health Organization (WHO) as “cancer survivors.” By this term, WHO identifies those people who have recovered from all evidence of the disease, achieving a minimal or zero risk of recurrence and enjoying the same life expectancy as the general population, along with restoration of functional, physical, developmental, and psychosocial health.

The enduring stigma fails to acknowledge that cancer can be overcome and that risk assessments should be updated based on the individual’s current medical status and established scientific evidence. In this context, unlike privacy rights, which protect against the re-emergence of past public disclosures, the right to oncological oblivion allows for the deletion of personal data after a specified period following the end of medical treatment, provided the disease has not recurred. This means that information about an individual’s previous medical condition, accessible through search engines or digital archives, can be removed to ensure that their oncological past does not adversely affect their present and future.

The underlying logic behind this right is that once a patient has been cured and has achieved a significant period of remission, data regarding their illness should no longer be relevant or usable for discriminatory purposes, but only accessible for possible medical purposes of protection of the person concerned.

The RTBF is founded on the notion that complete healing and the passage of time without recurrence diminish the relevance of past medical data allowing the person to be represented based on their current health status.

Recognition of the right to oblivion, rooted in ethical and legal norms protecting fundamental values such as personal dignity, privacy, and justice, serves as a means to preserve one’s identity beyond the illness (14).

In this context, the right to health serves as a key reference point. According to the revised definition by the WHO, it has acquired a dynamic dimension referring to a psychophysical equilibrium that can change over time (improving, worsening, or remaining stable), influenced both by the technical evaluation provided by medical science and the individual’s subjective perception (15). The latter is inevitably influenced by any discrimination and stigma experienced.

Ethical, social, and legal implications

Cancer disease entails many implications that transcend the severity of the disease itself, involving ethical, psychological, existential, social and legal aspects. In addition to the difficulty of the disease itself, cancer patients often face a condition of vulnerability that further complicates their course of treatment: late side effects of cancer treatment, psychological problems, difficulty finding or keeping a job or obtaining career advancement (16).

The concept of vulnerability, as outlined in the Barcelona Declaration (1998), arises not only in relation to various transitional moments linked to age or biological and psychological characteristics, but also to political, economic, environmental, or social events, such as oncological illness, which continues to impact individuals’ lives even after recovery (17). Vulnerability is a multidimensional concept that necessitates an integrated and personalized approach, encompassing not only medical and clinical aspects but also ethical, social, and legal considerations.

This approach must include not only the concept of “to cure” but also “to care”, meaning to care for the person holistically, not just treating the disease but also addressing the psychological, social well-being, and quality of life of the individual.

The right to oncological oblivion is a principle aimed at ensuring equity and dignity for cured oncology patients by protecting them from discrimination based on their medical history and the burden of past stigma. Recognizing this right means combining the principle of vulnerability with that of autonomy, allowing individuals (no longer patients) autonomous control over information related to their health, ensuring fair and nondiscriminatory treatment.

The ethical principle of justice demands not only fundamental “fair access to care” but also that the same rights granted to disease-free individuals can be exercised post-recovery.

The former patient’s distress can be further exacerbated by their reliance on various forms of institutional support which although aimed at providing assistance, can unintentionally create a situation in which patients remain dependent on the help they receive, preventing them from fully reintegrating into

society and leading autonomous lives (18, 19). This rigidly assistive approach not only imposes a significant economic burden on society but often fails to address the real needs of the assisted toward a path of independence and equality (20).

The fragility resulting from a past oncological illness can increase discrimination and stigma, making the right to be forgotten an even more important protection to reduce psychological stress and facilitate social reintegration.

Measures to facilitate social integration and professional reintegration should therefore be integral components of patient care.

International context

There are multiple international references that constitute a solid ethical and legal framework for recognizing the right to oncological oblivion. As purely illustrative examples:

- Article 8 of the “European Convention on Human Rights” (1950), which: 1. establishes the right to respect for private and family life, home, and correspondence; 2. provides for the right of every person to the protection of strictly confidential data concerning them, which must be processed according to the principle of fairness, under the supervision of the supervisory authority.
- Article 7 of the “Charter of Fundamental Rights of the European Union” (2000), which emphasizes the essence of protection by replacing the term ‘correspondence’ with ‘communications’.
- Article 16 of the “Treaty on the Functioning of the European Union” (2007), as consolidated by the Lisbon Treaty, which stipulates the right of every person to the protection of personal data concerning them.
- Article 25 letter e) of the “U. N. Convention on the Rights of Persons with Disabilities” (2006), which mandates the prohibition of discrimination in the insurance sector against persons with disabilities, ensuring they have access to fair and reasonable insurance for illness and, where permitted by national law, life insurance.

- Article 4 n. 15 of the GDPR, while not specifically regulating the processing of personal data in the health sector, specifies that personal data concerning health includes “data relating to the physical or mental health of a natural person, including the provision of health care services, which reveal information about their health status”. Due to their nature, health data are classified by the GDPR as sensitive data deserving specific protection in terms of fundamental rights and freedoms.

A further impetus for the development of the RTBF has come from the “Europe’s Beating Cancer Plan” (2021) (21). This document urges Member States to improve the quality of life and equal opportunities of survivors and their families. In this context, the European Cancer Plan stresses the importance of robust national laws that protect the rights of cancer patients, such as the RTBF, to prevent discrimination.

In addition the European Parliament Resolution “Strengthening Europe’s Fight Against Cancer – Towards a Comprehensive and Coordinated Strategy” (2022) emphasized the importance of adopting legislation on the “right to oblivion” in oncology.

The Resolution calls on Member States to enact national laws aimed at protecting the rights of cancer survivors from discriminatory practices by financial service providers. The European Commission is urged to collaborate with businesses to develop a code of conduct ensuring that advancements in oncological treatments are reflected in the practices of insurance companies and banks.

More recently, Directive (EU) 2023/2225, concerning consumer credit contracts, openly encouraged Member States to require that insurance policies not be based on personal data related to consumers’ oncological disease diagnosis after a relevant period of time has passed since the end of their medical treatments (22). It stipulates that “such period of time set by Member States should not exceed 15 years from the end of the consumer’s medical treatments”.

Table 1 lists the main legislative initiatives enacted by individual Member States. As shown in Table 1 above, in European countries that have implemented the right to oncological oblivion, specific regulations have been established that limit the time

Table 1. Legislative initiatives enacted by individual Member States.

COUNTRY	LEGAL REFERENCE	REGULATORY FRAMEWORK
FRANCE	Law in 2016 (Law No. 2016-41 L 1141-5 of the Code de la santé publique) as amended by Law No. 2022-270 dated February 28, 2022.	The first regulatory intervention regarding the RTBF occurred in the context of the reform on the modernization of the health care system. Subsequently, a second intervention was carried out with the law that came into force in 2022. According to this legislation, individuals with a previous diagnosis of cancer (or hepatitis C), after 5 years from the end of treatments, are not required to inform insurers or loan agencies about their previous illness. Furthermore, the reform abolished the medical questionnaire for home mortgages below € 200,000.
PORTUGAL	Law n. 75 of 18.11.2021	It is legislation aimed at “enhancing access to credit and insurance contracts for individuals who have overcome or mitigated situations of increased health risk or disability, prohibiting discriminatory practices, and enshrining the right to oblivion, amending Law No. 46/2006 of August 28 and the insurance contract regime.”
LUXEMBOURG	Agreement between the Government and the insurance industry representatives that came into force on 29.10.2019	The legislation stipulates that the individual is not required to declare the condition if the corresponding treatment protocol has ended 10 years ago (5 years if the cancer was diagnosed before the age of 18) and there has been no recurrence.
BELGIUM	Law n. C - 2019/40839, April 4, 2019, came into force in February 2020	<p>The law has amended the regulations governing insurance (Law on Insurance, C - 2014/11239, April 4, 2014) and reformed Article 61. The new provisions in Articles 61/1 and 61/2 have introduced a prohibition for insurance companies to consider previous oncological conditions after 10 years from the successful completion of treatment and in the absence of recurrence during the same period. Successful treatment is defined as the period from the end of active treatment to the absence of a new manifestation of the condition.</p> <p>In May 2019, according to Article 61/3, the regulation was implemented through the adoption of a reference table (Doc. N. C - 2019/12990), which established a shortened timeframe to apply the Right to Oblivion for specific oncological diseases. Every two years, the Belgian Health Care Knowledge Centre (KCE) reassesses the reference table based on medical advancements and available scientific data related to the specified diseases.</p>
NETHERLANDS	Decree Law of November 2, 2020	The decree-law establishes that processing data and information related to a cancer diagnosis over time constitutes a disproportionate invasion of privacy if, in the opinion of the healthcare provider who treated the patient, there has been complete remission and no recurrence within ten years from the date of recovery (five years if the patient was under 21 at the time of diagnosis).
SPAIN	Royal Decree-Law No. 5 of June 28, 2023	The Royal decree provides that the policyholder of a life insurance policy is not required to declare that he or she has suffered from cancer after 5 years from the end of treatment of the disease without relapse. The new legislation also covers the case where, despite the fact that the policyholder is not obliged to declare it, the insurer knows the other party's oncological history, to provide that, once the aforementioned five-year period has elapsed, the assicurer cannot consider the existence of the past illness for the purpose of taking out the contract.
ROMANIA	Law n. 200 of September 8, 2022	The regulation stipulates that, when concluding insurance contracts, it is not permissible to inquire about the oncological condition if seven years have passed (five years in cases where the diagnosis was made before eighteen years of age) since the completion of the treatment protocol.
ITALY	Law n. 193/2023	The topic is addressed in a specic paragraph following the recent introduction of legislation.

period during which past medical information can be requested for insurance policies or loan contracts. Typically, this time limit is set at a maximum of 10 years from the date of recovery. These laws aim to protect cancer survivors from financial discrimination, thereby promoting greater inclusion and equity in the insurance and credit markets.

From the above table, it is evident that the fragmented regulatory landscape risks causing discrimination within discrimination: a European citizen and former oncology patient may be more or less protected depending on their Member State of residence. To address this critical issue, the European Parliament has explicitly urged the creation of common standards for the RTBF within the framework of consumer protection policies outlined in the Treaty on the Functioning of the European Union. By 2025, Member States are required to ensure the introduction of common rules for oncological right to oblivion to overcome the fragmentation of national practices in creditworthiness assessment and ensure equal access to credit for cancer survivors (23).

However, European legislation will take time to be enacted and implemented by Member States. Currently, the adopted documents are not binding, making immediate action by national legislatures essential.

In European countries that have implemented the right to oncological oblivion, specific regulations have been established to limit the period during which past medical information can be requested for insurance policies or loan contracts. Typically, this time limit is set at a maximum of 10 years from recovery.

Currently, eight EU Member States (Belgium, Netherlands, Luxembourg, France, Portugal, Romania, Spain and recently Italy) explicitly recognize this right.

In countries where the right to oblivion has been recognized, differentiated terms are established depending on the type of oncological disease. Former cancer patients affected by conditions specified in the reference grid can obtain an insurance contract under standard conditions after a period adapted to each disease from the end of the therapeutic protocol. In these circumstances, they are obliged to declare their illnesses, and the insurance amount cannot exceed €320,000. According to the law, diseases and the

respective terms for the application of this provision are regularly updated in line with treatment advances and scientific data.

A monitoring committee ensures the implementation of the Convention and compliance with the parties' commitments. Alongside this body, a Committee for Studies and Research has been established, responsible for collecting and studying available data on mortality and morbidity caused by major diseases. A mediation committee is tasked with examining individual complaints from applicants.

Ensuring that former cancer patients are not penalized for their medical history is essential to promote equity and human dignity.

The new Italian legislation

In Italy, the right to oblivion for individuals with a history of oncological illness remains a relatively underexplored and poorly understood topic, despite its profound significance in addressing not only social justice but also ethical imperatives.

The need to ensure the RTBF was first raised in Italy in 2017 by the Italian Federation of Voluntary Associations in Oncology (FAVO), highlighting the near impossibility for cancer survivors to secure life insurance. In 2022, in line with the concerns highlighted by FAVO, the Italian Association of Medical Oncology (AIOM) launched the national campaign "I am not my tumor" (Io non sono il mio tumore). This initiative produced the first guide on oncological right to oblivion, a web portal, and a robust social media campaign aimed at gathering signatures to approve legislation on the RTBF.

Responding to public pressure and in line with the European Council's call to establish specific legislation on oncological right to oblivion by 2025, Italy enacted law n. 193 in December 2023, that aims to ensure equal treatment, non-discrimination, and the right to oblivion for individuals recovered from oncological diseases (Art. 1) (24).

The RTBF has encountered numerous legislative and jurisprudential interventions. These have distinctly characterized this right in relation to privacy, ensuring that facts already in the public domain cannot be

“recalled” to bring them back into the public eye, thus thrusting individuals into unwanted newfound notoriety without their consent (25).

The oncological right to oblivion is defined in Article 1, as “the right of individuals recovered from an oncological condition not to provide information or undergo inquiries regarding their previous medical condition”.

This law establishes (art. 2) that requests for information, acquisition from other sources, or medical examinations (art. 2, para. 4) related to past oncological conditions, from which treatment ended more than ten years ago (reduced to five if the disease occurred before the age of twenty-one), are not permitted. If information has already been provided in violation of the oncological right to oblivion, it cannot affect contractual relationships between parties (art. 2, para. 5). Similarly, contractual clauses violating the oncological right to oblivion and entered into after the law’s enactment are considered null, while the original contract remains valid (art. 2, para. 6).

Art. 3 addresses family rights, amending art. 22, para. 4 of Italian law n. 184/83 concerning investigations into the conditions of parents applying for adoption or guardianship. Under these new provisions, a past oncological condition can no longer be subject to investigations by social services or courts to determine the suitability of parents applying for adoption, always respecting the conditions set forth in art. 2 (lack of relapse and passage of a specified time period). Art. 3 underscores and supports the notion that a former cancer patient has the same rights as a healthy individual to adopt minors. Notably, compared to other European legislations, greater attention is given to so-called juvenile diseases, extending the age threshold to twenty-one years for defining early-onset illnesses rather than the eighteen years suggested by the European Council. Lastly, the law regulates access to competitive and selective procedures, work and professional training (art. 4). In competitive and selective procedures, whether public or private, requiring the verification of psychophysical or health-related requirements, information violating the oncological right to oblivion cannot be disclosed (subject to the healing and temporal limits already set forth in Art. 2).

Guidelines

The full implementation needs a constant commitment from public institutions, non-governmental organizations, local communities, professional associations, and healthcare providers to promote a culture of respect, inclusion, and awareness regarding the rights of former oncology patients and the ways to make them count.

From a legal perspective, the potential for active collaboration among European Union Member States to develop harmonized regulations recognizing and protecting the RTBF in oncology is a strategic element. Such cooperation can facilitate the creation of a uniform regulatory framework that enhances citizen mobility and ensures equal treatment across the continent. However, practical and operational initiatives may be necessary to ensure these regulations are not merely theoretical but effectively implemented through concrete policies and adequate resources. These initiatives should include awareness programs, training for healthcare professionals, psychological support for former oncology patients, and public awareness campaigns, aimed at creating an environment that promotes the full realization of the RTBF in oncology.

To this end, we propose the following operational guidelines formulated with the aim of ensuring correct dissemination and implementation of the RTBF:

Identification and social recognition of vulnerability in people with a history of cancer

It is crucial to promote awareness and education regarding the rights of cancer survivors to ensure that these rights are effectively exercised and respected in daily practice. Defining this social group represents a fundamental initial step towards distinguishing and identifying individuals characterized by specific vulnerabilities. Similar to people with disabilities, cancer survivors require adequate protection of their rights and the promotion of their well-being. However, unlike other vulnerable groups, cancer survivors do not yet benefit from legal recognition identifying them as a particularly disadvantaged group with specific needs. It could be important to develop and implement specific programs for social and vocational reintegration

for cancer survivors, including counseling services, vocational training, and psychological support.

Involvement of healthcare professionals

To effectively promote awareness of the rights of people with a history of cancer, it is essential to actively engage healthcare professionals. This can be achieved through various initiatives:

1. *Integration of training modules in medical and healthcare curricula:* Including specific modules in university programs and continuous education courses will help raise awareness and prepare healthcare professionals to adequately support these patients.
2. *Organization of seminars and training courses for healthcare staff:* Organize seminars, workshops, and training courses dedicated to the rights of cancer survivors. These events can target doctors, nurses, psychologists, and other health professionals, equipping them with practical tools and up-to-date knowledge to effectively manage the specific needs of these patients.
3. *Distribution of leaflets and practical guides:* Developing and distributing informative leaflets and practical guides aimed at both healthcare professionals and citizens. These materials should contain detailed information on the rights of individuals cured of oncological diseases, available resources, and how to access specific support services.

Training for general practitioners to inform patients about the right to forget

General practitioner (GP) plays a crucial role in informing and supporting patients with a history of cancer. To ensure patients are adequately informed about their rights, it is necessary to develop and implement training programs that provide GPs with the necessary knowledge to inform patients about the right to forget oncological history. These programs should include sessions on legal, ethical, and practical aspects, providing concrete examples of how to apply these rights in daily clinical practice. Furthermore, fostering

collaboration among GPs, patient associations, and healthcare organizations can enhance the quality of support provided to patients with a history of cancer.

Promotion of information on the rights of individuals with a history of cancer and spreading the culture of inclusion

To ensure full recognition of the RTBF, not only in theory but also in practice, it is crucial to promote a bioethical discussion that raises society's awareness of its importance and implications (26). Education and awareness are valuable tools for promoting campaigns that reduce stigma and enhance public awareness regarding post-oncological vulnerability.

Launching awareness campaigns through all social media is essential to spread the culture of respect and inclusion for cancer survivors. These campaigns should highlight not only legal rights but also the importance of emotionally and socially supporting those who have overcome the disease.

Awareness of sensitive information

For the oncological forgetfulness project to materialize into effective legislation, a profound cultural shift is also necessary, especially in a contradictory social context. On one hand, there is a tendency to conceal illnesses considered taboo, while on the other hand, there is widespread sharing on social media of intimate details of private life.

The possibility of publishing personal and sensitive information on social media makes it possible to reconstruct a person's medical history, particularly critical for pediatric oncological conditions that heavily impact families. When coupled with the often misunderstood notion of sharing one's experience as a therapeutic necessity for psychological support, it becomes clear that legislation on the right to forget is insufficient without a robust educational component and initiatives to raise public awareness about the risks of discrimination stemming from improper use of new technologies and non-consensual disclosure of health data. It is therefore opportune to promote awareness campaigns on the risks of sharing sensitive information on social media, with particular attention to health

data. In this context, introducing educational programs in schools to teach young people about the importance of digital privacy and the dangers associated with sharing personal information online is equally important. This can contribute to developing a culture of respect for privacy from a young age.

Supporting the involvement of oncological patient associations to disseminate detailed information about the law and guaranteed rights

Engaging oncological patient associations is crucial for ensuring widespread and accurate dissemination of information regarding legislation on the right to forget and associated rights. These associations, having direct contact with patients and their families, can act as effective intermediaries between institutions and citizens, ensuring that rights are not only known but also effectively exercised.

Information points

Establishing information points in healthcare centers and municipalities where trained personnel can provide consultations and informational materials is essential to ensure that information on the rights of oncological patients is easily accessible.

Monitoring committee

Establishing a dedicated monitoring committee composed of representatives from institutions, patient associations, and healthcare professionals to oversee law enforcement is essential to ensure that policies are implemented correctly and that any issues are identified and resolved promptly.

Given the establishment of different timeframes for accessing the right to oblivion based on tumor type, continuous monitoring and updating of scientific evidence will be necessary to ensure the adequacy of these terms, enabling prompt adjustment of legislation

Surveys and questionnaires

Conducting surveys among people who have recovered allows for the evaluation of the effectiveness of

measures adopted from the perspective of the directly involved, providing valuable feedback to improve policies.

If implemented, these initiatives would not only improve the quality of life of cancer survivors but also contribute to a fairer and more inclusive society, recognizing and protecting the vulnerabilities of all citizens. Only through a coordinated and inclusive approach can we ensure the prevention of discrimination and the protection of the rights of individuals cured of oncological diseases.

Conclusion

The introduction of legislation on oncological oblivion is a significant step towards protecting the rights of individuals who have overcome cancer. However, to ensure effective impact, this legislative initiative must be complemented with additional tools and approaches. It is essential to implement educational programs aimed at promoting a cultural shift that recognizes vulnerability and offers support and inclusion. Despite the fact that some healthcare services may provide excellent care during treatment, they can sometimes overlook the patient after complete recovery. Ensuring respect for the right to forget and prohibiting discrimination allows for a person-centered approach to care, both during and after oncological treatment.

The fragility of recovered oncological patients and the right to forget are interconnected aspects that require an integrated approach, considering clinical, psychological, social, and ethical implications. This approach can significantly improve the quality of life of cured patients, promoting equity and social justice in the context of post-oncological management.

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