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# Oncological Oblivion in Cancer Survivorship: Psychosocial, Medical and Legal Implications in a Comparative European Perspective

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**Abstract:** *Cancer survivorship is not simply about disease control but is also about identity, social reintegration, psychological well-being, family relationships, privacy and access to health information. In this sense, the right to oncological oblivion has been created as a way of protecting people who have overcome cancer from discrimination and from the use of past health information when it is no longer relevant. In this theoretical article, oncological oblivion is studied from an interdisciplinary perspective, combining comparative legal analysis with psychosocial, medical, family and health-information issues. The analysis focuses on the Italian framework introduced by Law No. 193/2023 and contrasts it with selected approaches in the Netherlands, France and Spain. Special attention is given to statutory waiting periods, cancer survivorship, stigma, self-perception and social inclusion. The article also considers the role of family caregivers and healthcare professionals and the relationship between informational self-determination, confidentiality, informed consent, medical records and continuity of care. The development of electronic health records in terms of privacy, data accessibility and persistence of previous oncological information is discussed. The analysis suggests that oncological oblivion is not to be regarded as the mere removal of information about a past disease. It is best understood as part of a wider survivorship paradigm that aims to secure dignity, autonomy, psychosocial well-being and equal participation in social life. At the same time, legal protection must be balanced with the need to retain clinically relevant information for safe and continuous healthcare.*

**Keywords:** *psychosocial well-being; oncological oblivion; cancer survivorship; patient autonomy; caregivers; electronic health records; comparative health law.*

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## 1. Introduction

Oncological forgetting is rooted in the principle of equality enshrined in Article 3 of the Italian Constitution and is closely connected with the protection of human dignity. In the context of cancer survivorship, it aims to allow people who have recovered from cancer to return fully to social life without being required to disclose or repeatedly justify their previous medical history. This is particularly relevant because cancer survivorship is not only about disease control. It also involves identity, self-perception, psychological well-being, social reintegration, and the consequences of a previous illness (Park et al., 2009).

Law No. 193 of 7 December 2023 represents an important legislative development in this area (Repubblica italiana, 2023). Before its adoption, people who had recovered from cancer could still face barriers in areas such as employment, financial services, adoption procedures, and competitive selection processes. These barriers could be related to assumptions about their long-term health and life expectancy. The problem therefore concerns not only the legal implications of a previous disease, but also the social meaning attributed to a previous cancer diagnosis and its possible effects on participation in ordinary social and professional life.

From the perspective of cancer survivorship, the distinction between a person's medical history and their current health status is important. Cancer is not a single disease, and prognosis, risk of recurrence, treatment effects, and long-term outcomes can vary considerably depending on cancer type, stage, treatment, and individual characteristics. For this reason, a previous oncological diagnosis should not automatically determine a person's current social or professional status. The increasing recognition of cancer survivorship has also drawn greater attention to psychological and social issues after treatment, including identity, fear of recurrence, and the effects of cancer on everyday life (Lebel et al., 2013; Park et al., 2009).

Within the Italian legal framework, the development of the right to oncological oblivion should also be considered in relation to the protection of personal and health information. The Italian Constitutional Court has addressed questions concerning personal identity, health information, and access to genetic information, contributing to a wider discussion about the protection of individuals and the use of information about their health conditions (Corte costituzionale, 2013). These developments provided part of the background for the subsequent introduction of specific legislation on oncological oblivion.

The European dimension has also contributed to this development. The European Parliament has addressed the need to reduce discrimination against cancer survivors and to facilitate their social and economic reintegration. In Italy, these developments formed part of the broader discussion that preceded the adoption of Law No. 193/2023, entitled “Provisions for the Prevention of Discrimination and the Protection of the Rights of Persons Who Have Been Affected by Oncological Diseases” (Repubblica italiana, 2023).

The Italian legislation is significant because its scope is not limited to a single contractual or financial area. It establishes protections in relation to banking, financial and insurance services, adoption procedures, competitive and selective procedures, employment, and vocational training. In this way, the law places non-discrimination at the centre of its approach to the relationship between a previous oncological condition and the person's subsequent participation in social life. The practical application of these protections also requires procedures through which a person can demonstrate that the conditions for oncological oblivion have been met.

In 2024, the Italian Ministry of Health established further provisions identifying oncological diseases for which shorter periods may apply than those generally established by Law No. 193/2023 (Ministero della salute, 2024a).

The practical application of oncological oblivion therefore involves not only the recognition of a legal right, but also procedures through which the individual can obtain the relevant certification and exercise that right in the situations covered by the law.

The practical application of the right is particularly important when health information is considered. Once a person is entitled to oncological oblivion, questions arise about how information

concerning the previous disease should be treated by institutions or other entities that have collected or processed it. The issue is therefore connected not only with social reintegration, but also with privacy, confidentiality, informational self-determination, and the legitimate need to access health information for healthcare purposes.

This question becomes even more important in an increasingly digital healthcare environment. Artificial intelligence and other digital technologies are changing the way health information is collected, processed, accessed, and shared. These developments can improve continuity of care, but they also raise questions about the persistence and accessibility of previous health information and its possible secondary uses (Montanari Vergallo et al., 2025).

The issue is not simply whether information about a previous disease should be eliminated. It is about finding a balance between the individual's right to informational self-determination and the legitimate need for accurate medical information when such information is necessary for healthcare. This distinction is particularly important for medical records and electronic health records, which may contain information from the entire treatment pathway. Privacy therefore needs to be considered together with continuity of care, informed consent, and the patient's ability to make informed decisions about the use and disclosure of health information.

A similar problem can be observed in the case law concerning the right to be forgotten in the digital environment. In judgment No. 3952/2022, the Italian Supreme Court addressed the continued availability of information about a person's previous circumstances and its relationship to the protection of personal rights (Corte di Cassazione, 2022). Although this case does not concern oncological oblivion specifically, it illustrates the broader problem of information that remains accessible after its original relevance has diminished.

The psychosocial dimension is also important. A previous cancer diagnosis may continue to influence self-perception and social identity even after treatment has been completed. The transition from patient to survivor is not always immediate or easy, and the continued identification of a person with a previous disease may contribute to stigma and difficulties in social reintegration (Park et al., 2009). Fear of recurrence and other psychological consequences of cancer survivorship may also continue to influence healthcare use and everyday decisions (Lebel et al., 2013).

The economic and social consequences of a previous cancer diagnosis also deserve attention. Financial difficulties related to cancer and its treatment may continue during survivorship and create an additional form of vulnerability (Gordon et al., 2017). In this sense, the right to oncological oblivion can be seen not only as a way of limiting the use of past medical information, but also as a measure that can help reduce the social and economic consequences of a previous cancer diagnosis and support a return to ordinary social, professional, and family life.

It is important to make a distinction between oncological oblivion and the deletion of medical records. Oncological oblivion does not mean that a person's medical history should be erased or that information which is still medically relevant should be removed. Medical information may still be necessary for diagnosis, treatment, follow-up and continuity of care. The purpose of oncological oblivion is rather to limit the use of information about a previous cancer diagnosis in situations where it is no longer relevant or justified. In this way, protection from discrimination can be combined with the need to preserve information that is necessary for health care.

The question raised by oncological oblivion therefore concerns the relationship between a person's medical past and their present identity and rights. Recovery should not create unrealistic expectations, but neither should a previous cancer diagnosis become a permanent social label. The challenge is to recognise the person's present condition while preserving access to information when such access remains medically or legally justified.

Against this background, this article examines oncological oblivion from an interdisciplinary perspective, integrating comparative legal analysis with psychosocial, medical, family, and health-information perspectives. The Italian framework introduced by Law No. 193/2023 is compared with selected approaches in the Netherlands, France, and Spain. Special attention is given to cancer survivorship, stigma, social inclusion, family caregivers, informed

consent, medical records, and electronic health records. The analysis considers how privacy and informational self-determination can be reconciled with continuity of care and the legitimate need for access to health information, while also contributing to the wider European discussion on dignity, autonomy, and non-discrimination after cancer.

## 2. Literature Review and Analytical Framework

This article uses an interdisciplinary and theoretical approach, combining comparative legal analysis with a review of the literature on cancer survivorship, psychosocial well-being, family caregiving, patient autonomy, and health information management. Oncological oblivion is not considered solely as a legal mechanism. The analysis also examines its implications for people who have experienced cancer, including the transition from active treatment to survivorship and the relationship between past medical information and present social identity.

The legal analysis focuses mainly on Italy and compares the Italian framework with selected approaches in the Netherlands, France, and Spain. Particular attention is given to the different periods established by national legislation and to the situations in which information about a previous cancer diagnosis may continue to affect a person's opportunities and relationships. The interdisciplinary approach connects these legal questions with issues of stigma, identity, family relationships, informational autonomy, and continuity of care.

The literature was selected based on its relevance to the main topics discussed in the article, including cancer survivorship, psychosocial well-being, stigma, family caregiving, patient autonomy, and the management of health information. The legal analysis uses national legislation, official government and institutional documents, and relevant court decisions concerning the protection of people who have recovered from cancer. Italy was selected as the main case because of the specific legal framework introduced by Law No. 193/2023. France, Spain and the Netherlands were selected for comparison because they have developed specific approaches to the use of previous cancer information in insurance, financial and other social contexts. These countries also allow comparison between different legal solutions and waiting periods. The comparison is therefore not intended to cover all European countries, but to examine several different approaches to oncological oblivion and to identify common issues and differences (Quaresima & Ricci, 2026).

### *2.1. Cancer Survivorship, Stigma and Psychosocial Well-Being*

Cancer survivorship is a multidimensional phase in which medical recovery is linked to psychological adaptation, identity, family relationships, and participation in social life. The label of “cancer patient” may persist after active treatment has ended and can influence the way people see themselves and the way they are perceived by others. This makes oncological oblivion relevant not only to privacy but also to questions related to psychosocial well-being. Research on cancer survivors has shown that people may have different perceptions of their identity after cancer, seeing themselves as survivors, patients, victims, or simply as people living beyond cancer (Park et al., 2009).

The right to oncological oblivion can therefore be seen as a measure that may contribute to the protection of dignity, autonomy and social inclusion. Its importance may become clear when a previous diagnosis continues to influence present opportunities even though the disease is no longer active. The question is not simply whether information about a previous illness still exists, but whether this information should continue to influence how a person is perceived or evaluated in social, professional, financial, or family situations.

In Italy, Law No. 193 of 7 December 2023 establishes the conditions under which people affected by oncological diseases may exercise the right not to disclose information about their previous illness in the areas covered by the law (Repubblica italiana, 2023). The general period is ten years after the end of active treatment, with a shorter period for people diagnosed at a younger age. The law also provides shorter periods for certain oncological conditions, as subsequently identified by the Ministry of Health (Ministero della salute, 2024b).

Similar mechanisms can be found in other European countries. In the Netherlands, for example, the right not to disclose a previous cancer diagnosis is also linked to a period following the completion of treatment, with specific rules depending on the age at diagnosis. These differences are important because the waiting period is not only a technical legal requirement. It determines how long a previous diagnosis may continue to affect a person's social and economic opportunities.

From a psychosocial point of view, continuing to be identified with a previous illness may make adaptation and reintegration more difficult. Cancer can change how people perceive their bodies, their identity, their relationships, and their expectations for the future. The difference between the person's current identity and that associated with the previous diagnosis is therefore important. Park et al. (2009) showed that cancer can lead to different and sometimes competing identity positions. Survivorship is therefore not simply a continuation of the patient role, but may also involve a reconstruction of personal identity. The psychosocial implications discussed here are based on the existing literature and are not directly assessed in the present theoretical analysis.

Fear of recurrence is another important part of survivorship. Even after treatment has ended, uncertainty about the possibility of recurrence may continue to affect psychological well-being and healthcare behaviour. A systematic review by Lebel et al. (2013) examined the relationship between fear of cancer recurrence and healthcare use among cancer survivors and demonstrated the continuing psychological importance of the disease after treatment. At the same time, recurrence remains an important medical concern in cancer survivorship, and recent research has explored the use of computational and machine-learning approaches to predict recurrence and treatment response in bladder cancer (Novac et al., 2025). More broadly, research in oncology has highlighted the psychological burden associated with cancer and its impact on quality of life across different stages of the disease trajectory (Vartolomei et al., 2022; Ancuta et al., 2025).

The social consequences of cancer may also extend to the economic sphere. Financial difficulties related to cancer and its treatment may extend beyond the period of active disease and contribute to what has been described as financial toxicity among patients and survivors (Gordon et al., 2017)These consequences are relevant to oncological oblivion because discrimination in employment, insurance, financial services, or other areas may add to the economic and psychological difficulties already experienced after cancer.

The literature also points to the importance of physical activity and other health behaviours during recovery and survivorship. Physical activity has been associated with benefits in various aspects of health and functioning, including psychological well-being (Ricci et al., 2018) and perceived health status (Archer et al., 2015; Archer et al., 2016). In survivorship, however, these measures are only one part of recovery (Ricci et al., 2023). They cannot replace psychosocial support or legal protection. Similarly, oncological oblivion is not simply about removing a medical label. It is also about creating conditions in which people can participate in social life without being continuously defined by a previous disease.

The duration of the legal period is therefore an important consideration. A waiting period may have a legitimate purpose because it allows time to take account of differences in medical risk and prognosis. However, a period that is too long may allow a previous diagnosis to remain socially relevant after it has lost much of its practical significance. This question is complex because cancer is not a homogeneous disease. Survival and recurrence patterns differ according to tumour type, stage, treatment, age, and other clinical characteristics (De Angelis et al., 2014).

For this reason, the duration of the period for oncological oblivion should not be considered only as a matter of chronology. Medical evidence, different survivorship experiences, psychosocial adaptation, and the principle of non-discrimination are also relevant. The comparison between countries shows how different legal systems have tried to find a balance between these interests.

The recognition of oncological oblivion can therefore be considered part of a broader approach to survivorship, in which medical recovery is accompanied by social and psychological recovery. The purpose is not to deny the history of the disease or to create unrealistic expectations

about recovery. It is to prevent a previous cancer diagnosis from becoming a permanent social identity or an unjustified barrier to ordinary social and professional life.

### *2.2. Informational Autonomy, Privacy and Social Reintegration*

From an interdisciplinary point of view, the right to oncological oblivion can also be understood as an expression of informational self-determination (Ricci et al., 2019). The survivor is not necessarily asking for the medical fact to disappear. The concern is that this fact should not continue to affect present opportunities in employment, financial relationships, family life, or other areas of social participation.

This is why oncological oblivion is closely connected with the management of health information. Information about a previous cancer diagnosis may still be relevant in some medical situations while no longer being relevant for unrelated social or contractual purposes. The important question is how to define the boundaries between the legitimate use of health information and the protection of privacy and personal autonomy.

The discussion surrounding oncological oblivion also shows the importance of information given to patients and their families. Clear and timely communication about rights, treatment options, and medical procedures is an important part of informed consent and of the experience of people affected by cancer. Healthcare professionals and legal institutions have different but complementary roles: legal rules provide protection, while healthcare professionals provide the information patients need to participate in decisions about their care.

The family dimension is also important. Family members may support a person from diagnosis through treatment, recovery, and survivorship. They may become involved in appointments, documentation, communication with healthcare professionals, and the practical organisation of care. For this reason, education and support for family caregivers have become an important part of cancer care (Pennacchini et al., 2014). At the same time, being a caregiver does not automatically confer a legal right to access the patient's confidential health information.

This distinction is particularly relevant when confidentiality and representation are involved. The patient does not lose the right to control their personal health information simply because a caregiver provides assistance. Questions concerning consent, representation, and access to medical records must take into account the person's capacity, wishes, and the legal rules governing health information. The caregiver may provide essential practical and emotional support while the patient remains the main holder of rights concerning personal health information.

The need to find a balance becomes even clearer in the digital environment. Electronic health records make it easier to store, retrieve, and share health information and can improve continuity of care. At the same time, digital records increase the persistence and accessibility of information about previous diseases. This creates a tension between limiting the use or disclosure of past oncological information and allowing healthcare professionals to access accurate information when such access is clinically necessary.

The development of electronic health records in Italy, including the move towards the Health Record 2.0 and the use of standards such as Fast Healthcare Interoperability Resources (FHIR), shows both the opportunities and the problems created by this transformation. Digitalisation can make relevant information more accessible, improve coordination between healthcare professionals, and support continuity of care. It also requires clear rules about authorisation, consent, data minimisation, and the purposes for which information can be accessed (Ciampi et al., 2023; Corbisiero et al., 2024).

This issue is particularly relevant for cancer survivors because their medical history may cover many years and involve different healthcare professionals and institutions. The electronic persistence of information can create a difference between the legal status of information and its technical availability. Information may be restricted for a particular social or contractual purpose while still being medically relevant in another situation. For this reason, oncological oblivion

should not be understood as a requirement to erase all historical medical information from healthcare systems.

This distinction is important when balancing privacy with continuity of care. A patient may have the right not to disclose a previous cancer diagnosis to an employer, insurer, financial institution, or another entity covered by the relevant legislation. At the same time, healthcare professionals may need access to clinically relevant information in order to provide appropriate care. The challenge is to define restrictions on the use of information precise enough to prevent discrimination without creating risks for patient safety or continuity of care.

The same principle applies to informed consent. Patients should be able to understand what information is collected, who may access it, and for what purposes. Informational autonomy is not only a matter of signing a consent form. It also requires communication that people can understand and that takes account of their individual circumstances. Access to health information can support autonomy when patients are able to understand and participate in the management of their data and their treatment pathway.

The relationship between privacy and information is also important in the digital public sphere. Information about a person's previous health condition may remain available online long after its original relevance has diminished. In judgment No. 3952/2022, the Italian Supreme Court addressed the continued availability of information about an individual's previous circumstances in relation to the broader right to be forgotten (Corte di Cassazione, 2022). Although the case does not concern oncological oblivion specifically, it illustrates the broader difficulty created when personal information remains accessible after its relevance has changed.

For this reason, oncological oblivion should be considered together with informational autonomy, privacy, and social reintegration. The question is not whether society should forget that a person once had cancer. The question is when and in which situations information about that past should stop having consequences for the person's present rights and opportunities.

The approach used in this article therefore connects legal protection with psychosocial well-being, family relationships, informed consent, and digital health information. Looking at these issues together helps to place oncological oblivion within the wider changes taking place in the way cancer survivorship, dignity, autonomy, and social participation are understood.

## 3. Comparative Legal Analysis

### *3.1. The Italian Legal Framework*

Before the introduction of a specific right to oncological oblivion, Italian law already provided forms of protection for workers affected by illness. Article 2110 of the Italian Civil Code regulates the consequences of illness and temporary incapacity to work (Rosati et al., 2019; Tomei et al., 2017), including the protection of employment during the period established by law or collective agreements. This provision was important for people whose health condition temporarily affected their ability to work, but it was not designed to address the forms of discrimination that may continue after cancer treatment has ended (Repubblica italiana , 1942).

Cancer creates particular difficulties in this area because oncological diseases, treatments, residual effects, and recovery patterns vary among patients. Returning to work may require individual arrangements, including changes in working conditions or, where appropriate, part-time work. Protection during illness should therefore be seen as part of general occupational and social protection and not as an equivalent of the right to oncological oblivion.

A more specific form of protection was introduced by Law No. 193/2023, concerning the prevention of discrimination and the protection of people who have been affected by oncological diseases. The law establishes the right to oncological oblivion for people who have recovered from cancer, allowing them, in the situations covered by the legislation, not to provide information or undergo investigations concerning their previous oncological condition (Repubblica italiana, 2023). The purpose is not to deny the person's medical history, but to prevent a previous cancer diagnosis

from continuing to have consequences in areas of social and economic life after the legal conditions for oblivion have been met.

This distinction is important in employment and selection procedures. A previous cancer diagnosis should not, by itself, be treated as evidence of current incapacity. Where a professional activity requires specific physical or psychophysical standards, the assessment should concern the person's present condition and the actual requirements of the position. This is especially relevant in occupations where health and safety requirements are strict. The issue is therefore not whether the person has ever had cancer, but whether they are currently fit to perform the activity in question.

The jurisprudence of the Regional Administrative Court of Lazio provides an interesting example. In Judgment No. 11244 of 1 June 2024, the court annulled the exclusion of a candidate from military service where the decision was related to an oncological disease suffered during childhood. The court considered that a condition in complete remission, even when periodic follow-up continues, cannot automatically be treated as an active pathological condition (Tribunale Amministrativo Regionale per il Lazio, 2024a).

A similar issue appeared in Judgment No. 18174 of 21 October 2024, concerning a candidate for a trainee firefighter position. The case involved a person who had previously undergone treatment for cancer and later applied for admission to the selection procedure. The decision illustrates the difficulties that may arise when older medical criteria and new approaches to cancer survivorship meet in professional selection procedures (Tribunale Amministrativo Regionale per il Lazio, 2024b).

These cases are relevant because they show a gradual change in the way previous cancer is considered in relation to professional fitness. The focus moves away from the simple existence of a historical diagnosis and towards the person's current health condition and actual ability to perform the required professional activity. This does not mean that previous medical information becomes irrelevant in every situation. Rather, its relevance has to be assessed in relation to the purpose for which the information is requested.

Law No. 193/2023 also has a broader scope than frameworks limited to insurance or financial services. It covers areas such as adoption procedures, employment, vocational training, and competitive or selective procedures (Repubblica italiana, 2023). This broader scope is important because discrimination after cancer can occur in many areas of life, not only when a person applies for insurance or credit.

The development of oncological oblivion is closely connected with the wider concept of cancer survivorship. Survivorship does not simply mean the absence of active disease. It also includes physical, psychological, social, and relational aspects of life after treatment. A previous cancer diagnosis may continue to influence identity, self-perception, employment, financial security, family relationships, and social participation even when the disease is no longer active (Borgia, 2023; Park et al., 2009).

This approach is also consistent with the objectives of the Italian National Oncology Plan 2023–2027, which places emphasis on integrated cancer care, continuity of care, information, and quality of life throughout the cancer trajectory (Ministero della Salute, 2023). Legal protection after cancer should therefore be considered together with developments in survivorship care and psychosocial support.

At the same time, advances in cancer treatment have changed the experience of survivorship for many patients. Personalised treatments, immunotherapy, and other therapeutic developments have contributed to longer survival in several types of cancer. Digital technologies and artificial intelligence are also becoming increasingly relevant in oncology, from research and diagnosis to treatment and management of health information. These developments raise new questions about privacy, the use of health data, and the relationship between patients and healthcare professionals (Montanari Vergallo et al., 2025). They should not, however, be interpreted as meaning that cancer has become universally curable. Rather, they show why the distinction between active disease, remission, and long-term survivorship has become increasingly important.

The family dimension should also be considered. Cancer rarely affects only the individual who receives the diagnosis. Family members may provide emotional support, practical assistance, and help with treatment and everyday activities. At the same time, the patient's right to confidentiality and informational self-determination may come into tension with the interests of relatives. A patient may choose not to disclose certain information about the diagnosis or prognosis, and this decision may have consequences for family relationships and practical arrangements. Respect for autonomy and confidentiality therefore remains important, while communication and psychosocial support may help families deal with these situations (Orsini &Agliano, 2024).

The psychological dimension of survivorship provides another reason for looking beyond the purely medical definition of recovery. A cancer diagnosis may produce distress, uncertainty, and changes in self-perception, including after treatment has ended. Psycho-oncology can help patients adapt to the post-treatment period and resume family and social roles (Biondi et al., 2014). The legal recognition of oncological oblivion can be understood as one element of this wider process of returning to ordinary social life.

### *3.2. Comparative European Profiles: The Netherlands, France, and Spain*

The Italian approach becomes clearer when compared with other European models. The comparison is useful because the countries considered here have adopted different solutions concerning the waiting period, the areas covered, and the way cancer history may be used after treatment.

France was among the first European countries to introduce a specific legal mechanism for cancer survivors. Under the original version of Article L. 1141-5 of the French Public Health Code, the relevant period was generally ten years after the end of therapeutic treatment, with a five-year period for cancers diagnosed before the age of 18 (République française, 2016). The framework was subsequently changed by Law No. 2022-270 of 28 February 2022. Under the current provision, insurers may no longer collect information relating to a previous cancer once five years have passed from the end of the therapeutic protocol (République française, 2022).

The French example is important because the statutory period was reduced from ten to five years. This shows that legal waiting periods are not necessarily fixed and may change as cancer treatment and survival outcomes develop. It also raises a broader question: should statutory periods be periodically reviewed rather than treated as permanent legal thresholds?

Spain adopted a five-year approach through Royal Decree-Law No. 5/2023. After five years have elapsed from the completion of radical treatment without relapse, a previous cancer diagnosis may no longer be used as a basis for discrimination in the relevant insurance and financial contexts. The legislation also removes the obligation to disclose the previous cancer history when taking out life insurance once the statutory conditions have been fulfilled (Jefatura del Estado, 2023). The Spanish Ministry of Health subsequently provided further information on the calculation of the five-year period and its application to treatment with curative intent (Ministerio de Sanidad, 2025).

The Netherlands provides a different model. The Dutch *schone lei* (“clean slate”) approach generally applies a ten-year period after complete remission for certain life and funeral insurance products. For people diagnosed before the age of 21, a five-year period applies. In addition, shorter periods are available for certain cancer types, based on survival data and medical evidence (Nederlandse Federatie van Kankerpatiëntenorganisaties [NFK], n.d.; Verbond van Verzekeraars, 2020).

The Dutch model is interesting because it shows that the debate does not have to be reduced to a simple choice between five and ten years. Waiting periods can also be differentiated according to age at diagnosis, cancer type, and available evidence. Such an approach allows the legal framework to take account of changes in prognosis and survival.

These waiting periods are primarily legal and policy choices, although they can be informed by medical evidence concerning survival and recurrence. They do not necessarily correspond to a single medical threshold after which the risk of recurrence disappears. Medical evidence can

support different periods according to cancer type, age at diagnosis, and prognosis, while the final period remains a matter for the legal framework.

The comparison also shows an important difference in scope. France and Spain have developed mechanisms that are mainly concerned with insurance and related financial relationships. The Dutch model is similarly focused on specific insurance products. Italy, by contrast, has established a broader framework covering insurance and financial services as well as adoption, employment, vocational training, and competitive or selective procedures (Repubblica italiana, 2023).

This broader Italian approach is relevant from a psychosocial perspective. The consequences of cancer-related stigma are not limited to financial relationships. A person may also face difficulties in employment, education, professional selection, or family-related procedures. Protection that covers only insurance therefore leaves other possible forms of discrimination outside the main field of protection.

At the European level, the discussion has increasingly moved towards greater consistency between national approaches. The European Parliament called on Member States to establish a right to be forgotten for cancer survivors and supported the development of common standards, including a ten-year period in general and a shorter period for people diagnosed at a younger age (European Parliament, 2022). This was a political resolution rather than binding European legislation. More recent European discussions continue to raise the issue of minimum standards and greater harmonisation.

For this reason, European harmonisation should not necessarily mean that every country must adopt exactly the same waiting period. A common framework could also allow periodic review of statutory periods, differentiation where scientific evidence supports it, and stronger protection against discrimination in areas such as employment and financial services. The European Cancer Plan has also placed emphasis on improving the quality of life of cancer survivors and addressing inequalities and discrimination associated with cancer (European Commission, 2021).

The comparative analysis therefore suggests that oncological oblivion is developing in several directions at the same time. The length of the waiting period is important, but it is not the only issue. It is equally important to ask where the protection applies, what information can still be requested, how current health should be assessed, and how the right to informational self-determination can be reconciled with legitimate medical or safety requirements.

*Table 1. Main comparative features of oncological oblivion discussed in the article*

| Jurisdiction | General period | Younger-age provision | Main protected areas | Main relevance |
|---|---|---|---|---|
| **Italy** | 10 years | 5 years for disease diagnosed before the age of 21 | Broad scope: insurance and financial services, adoption, employment, vocational training, competitive and selective procedures | Broad scope of application |
| **Netherlands** | 10 years generally, with shorter periods for some cancers | 5 years when diagnosed before the age of 21 | Mainly insurance: life and funeral insurance, with differentiated periods for some cancer types | Differentiated periods based on cancer type and evidence |
| **France** | 5 years maximum | No separate longer waiting period under the current framework | Mainly insurance and credit-related contexts | Reduction of the statutory maximum |
| **Spain** | 5 years | No separate younger-age period | Mainly insurance and financial products and related contractual contexts | Example of convergence towards a five-year period |

*Note.* The periods in the table refer to the main statutory or regulatory mechanisms discussed in the comparative analysis. They should not be understood as identical in scope or operation. In particular, the Dutch framework includes shorter periods for selected cancer types, while the Italian framework covers a substantially wider range of social and legal situations than the insurance-focused models.

### *4. Family and Caregiver Implications*

The psychosocial implications of oncological oblivion also concern family members and other people who are involved in the patient's care. Cancer is often experienced within the family, not only by the person who receives the diagnosis. Relatives may provide emotional support, practical help, assistance with treatment, and support in everyday activities. For this reason, the position of the family caregiver deserves attention when discussing the consequences of cancer survivorship and the protection of personal health information.

In Italy, Law No. 205 of 27 December 2017 introduced a statutory definition of the family caregiver. The law refers to a person who assists and cares for a spouse, a party to a civil union, a cohabiting partner, or a family member or relative within the degrees specified by the legislation (Repubblica italiana, 2017). The caregiver may become an important part of the patient's support system, particularly when treatment is prolonged or when the effects of cancer continue after the active treatment period.

The caregiver's role, however, can be challenging. Long periods of assistance may be associated with emotional distress, uncertainty, changes in family roles, and difficulties in combining caregiving with employment and personal life. These problems may continue even when the patient's clinical condition improves. Cancer survivorship should therefore be considered not only in relation to the patient's recovery, but also in relation to how family relationships change during and after the illness.

This is relevant to oncological oblivion because a previous cancer diagnosis may lose its legal relevance while remaining significant in family life. A family member may continue to remember the illness, provide support, or be involved in decisions concerning the survivor. At the same time, the patient's right to privacy does not automatically disappear because another person has acted as a caregiver.

The relationship between the patient and the caregiver is particularly sensitive when health information is involved. A caregiver may need information in order to provide practical assistance, but this does not in itself create an unrestricted right to access the patient's medical information. The patient's autonomy and confidentiality remain important, and the sharing of information should be connected to the patient's wishes, the applicable legal framework, and the actual needs of care.

This issue becomes even more important when the patient has difficulties in managing personal affairs or making certain decisions. Italian Law No. 6/2004 introduced the institution of the *amministratore di sostegno*, who is appointed by the guardianship judge to assist a person who is unable, wholly or partly, to manage their own interests. The powers of the support administrator are defined by the judicial decision and should be limited to what is necessary for the protection of the person concerned (Repubblica italiana, 2004). The purpose is therefore to provide protection while preserving the person's autonomy as far as possible.

The Constitutional Court has also emphasised the protective nature of this institution and the need to consider the concrete circumstances of the person concerned (Corte costituzionale, 2019). This is particularly relevant in situations where medical decisions, access to health information, and family involvement overlap. The presence of a caregiver or support administrator should not automatically be understood as replacing the patient's wishes.

The same principle applies to confidentiality. A person who has overcome cancer does not lose the right to control personal health information simply because family members have been involved in the treatment process. In some cases, the patient may want relatives to have access to certain information; in others, the patient may prefer to keep particular information private. These preferences should be respected unless a specific legal or clinical reason requires otherwise.

The ethical difficulty is that family members may also be directly affected by the patient's condition. They may need information in order to provide care, make practical arrangements, or understand changes in the patient's health. This can create tension between individual confidentiality and the legitimate interests of relatives. The appropriate response is not to give family members unrestricted access, but to find a proportionate way of supporting both the patient and the family.

Psychological support can be useful in this process. A cancer diagnosis may affect the patient's emotional state and self-perception, but it can also change family dynamics. Psycho-oncology therefore has a role not only in helping patients manage distress, but also in supporting adaptation to the post-treatment period and the return to family and social roles (Biondi et al., 2014).

The involvement of caregivers also has a practical dimension. Family members may need information about treatment, follow-up, medication, symptoms, or available services. Caregiver education can help them provide more appropriate support and reduce uncertainty about their role. At the same time, education should not be confused with automatic access to all of the patient's health information.

Structured support programmes for caregivers may also be useful. The literature on cancer caregiving suggests that interventions addressing communication, emotional support, practical skills, and coping can help families manage the demands associated with cancer and survivorship. Such programmes are particularly relevant where caregiving continues for a long period or where the survivor has persistent physical or psychological difficulties (Nightingale, 2024).

Another relevant issue concerns the interaction between family support and social reintegration. When a person has completed cancer treatment, excessive protection by relatives may sometimes reinforce the idea that the individual remains primarily a patient. The goal of survivorship care should instead be to support the person's return to ordinary family, professional, and social roles. In this sense, the right to oncological oblivion and family support should not be seen as opposing principles. Both should contribute to restoring autonomy and participation.

Digital health adds another layer to this relationship. Electronic health records and other health-information systems make it easier to preserve and share clinical information, but they also raise questions about access. A caregiver who helps a patient with digital health services may assist with the practical use of a system without automatically becoming entitled to unrestricted access to the patient's complete medical history. The distinction between assistance and autonomous access should therefore remain clear.

This distinction is especially important for former cancer patients because oncological information can remain present in medical systems long after the period in which it has social or legal relevance. The caregiver may still need clinically relevant information for current care, while information that should no longer affect employment, insurance, adoption, or other areas of social life should not continue to produce discriminatory effects.

The family dimension therefore reinforces the central idea of oncological oblivion. Protecting the survivor from the unnecessary use of past cancer information does not mean excluding family members from care or eliminating clinically necessary information. It means keeping the patient's autonomy and confidentiality at the centre while allowing appropriate support and communication when they are needed.

## 5. Electronic Health Records, Informational Autonomy and Continuity of Care

Cancer patients and survivors have the right to access information concerning their health and medical history, including medical records and electronic health data. Medical records are an important source for reconstructing the patient's clinical history and for ensuring continuity of care. For this reason, medical documentation needs to be accurate, clear, complete, and properly recorded. In Italy, the Ministry of Health has addressed the proper compilation of medical

documentation and the need to record clinically relevant information in a way that avoids omissions and ambiguities (Ministero della Salute, 2018).

The development of digital technologies has changed the way health information is stored and shared. Electronic health records can make relevant clinical information available across different healthcare settings and can facilitate communication between professionals involved in the same patient's care. This is particularly important in oncology, where treatment and follow-up may involve several specialists, hospitals, and geographical areas.

In Italy, the Electronic Health Record (*Fascicolo Sanitario Elettronico*, FSE) has progressively developed towards the FSE 2.0 framework. The regulatory development of FSE 2.0 has included the integration of essential health data and guidelines for implementation, with the aim of improving interoperability and the availability of health information across healthcare settings (Ministero della Salute, 2022a, 2022b). The framework also defines the responsibilities of the different actors involved, access levels, and safeguards for the processing of health data.

Access to electronic health information is not the same as simply having information stored in a digital system. Health data receive special protection under the General Data Protection Regulation (GDPR), which establishes specific conditions for processing data concerning health (European Parliament & Council of the European Union, 2016). In the Italian FSE framework, it is important to distinguish between the automatic population of the record and the consultation of the information contained in it. The inclusion of documents in the FSE does not require separate consent for every individual document, while consultation for healthcare purposes is subject to the applicable consent and access rules. Consent to consultation can also be revoked (Garante per la protezione dei dati personali, 2026).

This distinction matters because information stored electronically is not automatically available to everyone who may have the technical ability to access it. Access must be linked to a legitimate purpose and to the appropriate authorisation. The FSE 2.0 framework also includes mechanisms concerning the patient's control over the visibility of certain information, the recording of access operations, and the protection of particularly sensitive data (Garante per la protezione dei dati personali, 2024).

Interoperability is another important part of this development. The Fast Healthcare Interoperability Resources (FHIR) standard provides a framework for the structured exchange of healthcare information between different systems and professionals. In principle, interoperable standards can make it easier to transfer relevant clinical information when patients move between healthcare providers or geographical areas (Ciampi et al., 2023).

Digital health also gives patients a more active role in managing information about their own health. The personal health notebook can be used to collect and manage selected information concerning healthcare services, certificates, laboratory results, and other elements of the treatment pathway (Ciampi et al., 2023). This creates an additional dimension of informational autonomy because patients are not only recipients of information but may also participate in organising and managing it.

The digitalisation of health information may also help family caregivers. In long or complicated treatment pathways, caregivers may assist patients in using electronic systems, organising documents, keeping track of appointments, and communicating relevant information to healthcare professionals. This can help reduce part of the practical burden associated with cancer treatment. However, helping a patient use a digital system is not the same as having an independent right to access the patient's health information. Where the patient is able to make decisions, access by relatives or caregivers should remain subject to the patient's wishes and the applicable confidentiality rules.

The distinction between institutional health records and information voluntarily entered or managed by patients is also important. Different types of information may have different purposes and different rules concerning access and authorisation. Digital accessibility should therefore not be confused with unrestricted accessibility. A patient-centred system needs to make clear who can

access particular information, for what purpose, and under what legal or consent-based conditions (European Parliament & Council of the European Union, 2016; Garante per la protezione dei dati personali, 2023).

Emergency situations illustrate this balance particularly well. The FSE 2.0 framework provides specific mechanisms for access when there is a serious and imminent risk to the patient's health or physical integrity. In such circumstances, access may be possible under defined conditions and for as long as necessary to provide indispensable care (Garante per la protezione dei dati personali, 2025). The purpose is to make clinically relevant information available when it is needed without turning emergency access into unrestricted access.

The relationship between electronic health records and oncological oblivion is particularly important. Digital records have a long memory. This can be very useful for continuity of care, but it also means that a previous cancer diagnosis may remain visible long after the period in which it should have consequences outside healthcare. The question is therefore not simply whether information is stored, but who can see it, for what purpose, and under what conditions.

This is where the distinction between the legal right to oncological oblivion and the clinical need to preserve medical information becomes essential. Oncological oblivion should not be understood as the indiscriminate deletion of a patient's medical history. Previous diagnoses and treatments may remain clinically relevant for future care, including decisions about treatment, surveillance, drug interactions, genetic assessment, or the interpretation of new clinical findings. What the right to oncological oblivion seeks to limit is the use or disclosure of previous oncological information in the social, contractual, professional, and other contexts covered by the legislation once the statutory conditions have been fulfilled (Repubblica italiana, 2023).

For a cancer survivor, the same information may therefore have two very different meanings. A previous diagnosis may still be important for a doctor treating the patient years later, while it may no longer be legitimate to use the same diagnosis to discriminate against that person in employment, insurance, adoption, or other protected areas. The challenge is to keep the information available where it is medically necessary without allowing it to continue to affect the person's social opportunities.

The Patient Summary is relevant in this respect because it provides a structured overview of the patient's current clinical condition and relevant medical history. The personal health notebook has a different function, allowing the individual to collect and manage selected health information. Together, these components show the two sides of digital health: the organisation of clinically relevant information by healthcare systems and the patient's own participation in managing personal health information (Ciampi et al., 2023).

Continuity of care is particularly important in oncology because treatment often involves several healthcare professionals and institutions. Poor communication between systems can lead to repeated examinations, delays, incomplete information about previous treatments, or difficulties in follow-up. Interoperability can reduce some of these problems and make the treatment pathway easier to coordinate (Ciampi et al., 2023; Corbisiero et al., 2024).

For patients and caregivers, better digital organisation can also reduce the administrative burden associated with repeatedly providing the same documents or reconstructing previous treatment histories. This may be especially useful when treatment takes place in different healthcare settings. At the same time, better access to information also means that governance becomes more important. The more persistent and accessible the data are, the more important it becomes to define clearly who can use them and for what reason.

The effectiveness of electronic health records does not depend only on technology. The quality of the information entered into the system is equally important. Incomplete or poorly structured records can limit the benefits of interoperability, even when different systems are technically connected (Ciampi et al., 2023; Corbisiero et al., 2024). The implementation of FSE 2.0 therefore also requires professional training, organisational coordination, standardised data structures, and appropriate governance. For cancer survivors, interoperability is also relevant

because it can make information about previous cancer treatment more easily available across different healthcare settings. This can improve continuity of care, but it also raises the question of how information about a past cancer diagnosis should be accessed and used when it is no longer relevant for a particular purpose.

Earlier Personal Health Record (PHR) systems already showed that patients could become more actively involved in the management of their health information. These systems can support access to information, patient activation, and engagement with healthcare (Ant Ozok et al., 2014). This possibility is particularly relevant in oncology, where patients may have to manage complex treatment and follow-up pathways over many years.

The temporal dimension is important for cancer survivors. A reliable digital history can make follow-up easier and prevent patients from having to reconstruct their medical history every time they see a new professional. At the same time, the persistence of oncological information can create concerns about privacy, stigma, and inappropriate secondary use. The same information may therefore have continuing clinical value but decreasing social or legal relevance.

Patient participation is consequently an important part of digital health governance. Patients should be able to understand what information is stored, how it is used, who may access it, and what forms of control are available to them. Transparency in this area supports informational self-determination and strengthens the patient's role in healthcare.

The relationship between electronic health records and oncological oblivion should therefore not be reduced to a simple choice between keeping data and deleting them. The more appropriate approach is a differentiated one. Clinically necessary information should remain available for legitimate healthcare purposes, while inappropriate disclosure or use in the social and institutional contexts protected by oncological oblivion should be prevented.

In this sense, electronic health records are both an opportunity and a challenge for cancer survivorship. They can improve continuity, coordination, and patient participation, but they can also make a previous oncological history more persistent and more visible. The aim should not be to erase the medical past. It should be to ensure that this past remains available when it is needed for safe healthcare without continuing to define the person's social identity and opportunities when there is no longer a valid reason for it.

## 6. Discussion

The analysis presented in this article shows that oncological oblivion cannot be understood only as a legal rule concerning the disclosure of a previous cancer diagnosis. It is connected with the way cancer survivors return to social and professional life and with the continuing presence of medical information after treatment. The Italian framework is particularly relevant in this respect because it extends protection beyond insurance and financial relationships to areas such as employment, adoption, vocational training, and competitive or selective procedures (Repubblica italiana, 2023).

The comparison with France, Spain, and the Netherlands also shows that there is no single European model. France and Spain currently use a five-year period in the main insurance-related frameworks, while the Netherlands generally retains a ten-year period but provides shorter periods in particular circumstances. Italy has adopted a broader approach in terms of the situations in which previous cancer may lose its legal relevance. These differences reflect different legislative choices and also show that the concept of oncological oblivion is still developing (République française, 2022;Repubblica italiana, 2023; Koninkrijk der Nederlanden, 2020; Jefatura del Estado, 2023).

The five-year period is particularly interesting in the European comparison. Its adoption in France and Spain should not, however, be interpreted as proof that five years represents the scientifically optimal point at which cancer history ceases to have relevance. Statutory periods are legal decisions and may be influenced by medical evidence, social considerations, insurance practices, and broader policy objectives. The available evidence does not allow a simple conclusion that one fixed period is appropriate for all cancers and all survivors.

The Dutch approach illustrates this problem more clearly. Different cancer types may have different waiting periods, reflecting differences in prognosis and survival. Such differentiation may be more consistent with the medical reality of cancer than a single period applied in exactly the same way to every diagnosis. At the same time, differentiated rules can become more difficult for patients to understand and may create additional administrative complexity.

The Italian model raises a somewhat different question because of its broader field of application. A previous cancer diagnosis may have consequences not only in financial relationships but also in employment, professional selection, adoption, and other areas of social participation. From the perspective of cancer survivorship, this is important because the end of treatment does not necessarily mean the end of the social consequences of the disease. Stigma and the fear of being treated differently may remain even when the person is medically well (Park et al., 2009; Lebel et al., 2013).

This is one of the reasons why oncological oblivion can be considered part of a wider survivorship framework. The objective is not simply to prevent a person from being asked about a previous disease. It is also to support the person's return to ordinary social roles and to reduce the extent to which a past illness continues to shape present identity and opportunities.

At the same time, the right to oncological oblivion must be distinguished from the clinical value of the patient's medical history. This distinction becomes especially important with the development of electronic health records. A previous cancer diagnosis may no longer be relevant for an insurance application or employment procedure while remaining highly relevant for a doctor treating the patient years later. Deleting clinically necessary information could therefore create risks for continuity and safety of care.

The digitalisation of health information makes this distinction more difficult in practice. Electronic records allow information to remain available over long periods and to be shared between different healthcare settings. This can be very useful for patients who have undergone complex treatments, but it also increases the possibility that historical information will be seen or reused in contexts for which it was not intended. The problem is therefore not simply data retention. It is also a question of access, purpose, authorisation, and governance.

This issue may become even more important with the development of artificial intelligence in healthcare. AI systems depend on large amounts of health data for research, prediction, and clinical decision-making. The value of historical information for medical purposes may therefore increase, while concerns about privacy and secondary use also become more significant. The principle of oncological oblivion should consequently be developed in a way that does not interfere with legitimate clinical uses of health information but prevents inappropriate use outside those purposes.

Family caregiving adds another dimension to the discussion. Relatives may remain involved in the patient's life long after treatment has ended, particularly when physical or psychological consequences persist. Their support can be important, but it does not automatically give them unrestricted access to the patient's health information. The patient's autonomy and confidentiality should remain central, while practical mechanisms should exist to allow appropriate family involvement when the patient wants or needs it.

The analysis also suggests that oncological oblivion should not be separated from questions of informational self-determination. A person should have some control over how information about a previous cancer diagnosis is used and by whom. This does not mean that the individual can simply remove all traces of the medical history from healthcare systems. Rather, it means that the relevance of the information should depend on the context in which it is being used.

From this perspective, the Italian framework can be seen as an important step, but its effective implementation remains crucial. A legal right is meaningful only if people can understand when they are entitled to it, how they can demonstrate that the required period has elapsed, and what institutions must do once the conditions are fulfilled. Clear procedures are therefore as important as the recognition of the right itself.

The European comparison also points to the possible value of greater coordination between Member States. This does not necessarily require identical legislation. A common European framework could establish minimum principles concerning discrimination, waiting periods, access to insurance and employment, and the treatment of previous cancer information. At the same time, national systems could retain some flexibility to take account of differences in healthcare systems and available medical evidence.

## 7. Limitations and Future Research

This article has several limitations. First, it is a theoretical and interdisciplinary analysis and does not include an original empirical sample. The conclusions are based on legal sources and literature concerning cancer survivorship, psychosocial well-being, caregiving, health information, and patient autonomy. The article therefore cannot determine how cancer survivors themselves experience the application of oncological oblivion in everyday life.

Second, the comparative analysis is limited to Italy, France, Spain, and the Netherlands. These countries were selected because they illustrate different approaches to the issue, but they do not represent the entire European legal landscape. Other national systems may provide additional models that could contribute to a more complete European comparison.

Future research should therefore include empirical studies involving cancer survivors, family caregivers, healthcare professionals, employers, insurers, and other actors who are directly affected by the implementation of oncological oblivion. It would be particularly useful to examine whether survivors experience changes in stigma, self-perception, social participation, or willingness to disclose their medical history after the legal protection becomes available.

Further research is also needed on digital health. The increasing use of electronic health records and AI-based healthcare systems raises questions that cannot be answered only through traditional privacy rules. Research should examine how historical oncological information is retained, who can access it, how access is recorded, and how clinically necessary information can be protected from inappropriate secondary use.

Finally, the European discussion would benefit from research that connects legal waiting periods with contemporary evidence on cancer survivorship and prognosis. Such research could help policymakers review existing periods over time rather than treating them as permanently fixed. The broader objective should be to develop rules that protect cancer survivors from discrimination while preserving the information that remains necessary for safe and continuous healthcare.

## 8. Conclusions

Oncological oblivion should be understood as an important part of cancer survivorship. For people who have overcome cancer, recovery is not limited to the medical absence of disease. It also involves returning to family life, work, social relationships, and ordinary activities without continuing to be defined by a previous diagnosis. In this sense, the recognition of the right to oncological oblivion represents an important step in protecting dignity, equality, autonomy, and social inclusion.

The analysis also shows that this right cannot be separated from the role of family caregivers and from the management of health information. Caregivers may provide essential emotional, practical, and administrative support, but their involvement does not remove the survivor's right to confidentiality and control over personal health information. The same principle applies to digital health systems, where access to information should depend on the purpose and the applicable legal and confidentiality safeguards.

The comparison of Italy, France, Spain, and the Netherlands shows that European countries have followed different paths. France and Spain have moved towards five-year periods in important insurance-related contexts, while the Netherlands combines a general ten-year period with shorter periods in particular circumstances. Italy has adopted a broader approach, extending protection to areas such as employment, adoption, vocational training, and competitive procedures. These

differences suggest that further European discussion is needed, particularly concerning the relationship between waiting periods, medical evidence, and the areas of social life that should be protected.

At the same time, the analysis does not support the idea that oncological oblivion requires the deletion of the medical past. A previous cancer diagnosis may no longer be relevant in an insurance or employment context while remaining clinically important for a doctor who needs to understand the patient's previous treatment. Electronic health records make this distinction even more important because information can remain available for many years and can potentially be accessed in different healthcare settings.

The main challenge is therefore to create a balance between two legitimate interests: protecting cancer survivors from the unnecessary use of their previous medical history and preserving the information that is still needed for safe and continuous healthcare. This requires clear rules concerning access, confidentiality, data governance, and the different purposes for which health information may be used.

From this perspective, several priorities can be identified. The procedures for implementing oncological oblivion should be clear and accessible to those entitled to exercise this right. European countries could work towards greater consistency in waiting periods and protection against discrimination, while still allowing national systems to respond to differences in cancer types and healthcare structures. Caregivers should receive appropriate support without undermining patient autonomy. Finally, electronic health records and emerging AI-based health technologies should be developed with safeguards that distinguish legitimate clinical use from inappropriate social or institutional use of historical cancer information.

The right to oncological oblivion is therefore more than a rule about whether a person has to disclose a previous cancer diagnosis. It is part of a broader effort to allow cancer survivors to move forward after illness. A person’s medical history may remain important for healthcare, but it should not continue to determine a person's social identity, opportunities, or relationships when there is no longer a valid reason for it.

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