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Physician Commentary on Royal Health: Recurring Ethical Tensions Between Privacy and Public Communication

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Abstract

This article critically examines the ethical dilemmas that arise when physicians publicly comment on high-profile medical cases, illustrated through recent cancer diagnoses in the British royal family. It explores the competing demands of societal interest, individual privacy, and professional ethical obligations, emphasizing the risks posed by speculative or conjectural statements. The discussion also highlights how medical professionals can contribute responsibly to public understanding of health issues.

Keywords: Medical ethics, public commentary, General Medical Council, King Charles III, Princess of Wales, Professional responsibility, Goldwater Rule, American Medical Association, Medical Board of Australia, Public health education

Introduction

In February 2024, Buckingham Palace announced that King Charles III had been diagnosed with an unspecified cancer, discovered incidentally during treatment for benign prostatic hyperplasia [1]. This news received extensive media coverage in the United Kingdom, the United States, Australia, and beyond, prompting numerous medical experts to provide commentary on the case [2–4]. A similar surge of professional input occurred in March 2024 when the Princess of Wales disclosed that she was undergoing adjuvant cancer treatment, following months of speculation and public absence [5, 6].

Given the global prominence of the British royal family, it was perhaps unsurprising that physicians were frequently asked for insights. However, this interest also generated tensions between individual privacy, journalistic scrutiny, and public perceptions of a "right to know." Some medical commentary veered into speculative or intrusive territory, raising ethical concerns about professional conduct and the appropriateness of public discussion regarding high-profile patients. In contrast, other physicians avoided conjecture, instead using these cases to provide general education about cancer prevention, diagnosis, and management.

This article first outlines the ethical standards and guidance issued by professional medical organizations in jurisdictions where commentary on the King and Princess was made. It then examines issues related to medical confidentiality and the "right to know," particularly in the context of public office and the monarchy. Finally, the discussion considers the nature of medical commentary surrounding these figures, addressing both the potential harms of speculative statements and the contributions physicians can make to public health education.

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Ethical and professional standards for public medical commentary

The ethics of publicly discussing the health of individuals is a long-standing topic in medicine, particularly in psychiatry, where concerns over "armchair diagnoses" have persisted [7, 8]. The Goldwater Rule, established by the American Psychiatric Association (APA) after a 1964 Fact magazine survey of psychiatrists regarding presidential candidate Barry Goldwater, prohibits psychiatrists from offering professional opinions without a personal examination and proper authorization [9]. This principle has been endorsed by the Royal College of Psychiatrists in the UK and multiple European associations [8], and was reaffirmed by the APA following speculation over Donald Trump's behavior during the 2016 U.S. presidential campaign [10].

Comparable guidelines exist across the broader medical profession. The American Medical Association's (AMA) Code of Medical Ethics, aligned with the Health Insurance Portability and Accountability Act of 1996, advises physicians to refrain from diagnosing individuals they have not personally examined, including public figures and celebrities [11]. The AMA further emphasizes obtaining consent before releasing patient information, avoiding prognostic statements, and clearly stating the limits of one's knowledge [11, 12].

In the United Kingdom, the General Medical Council (GMC) does not explicitly require consent for public statements by specialists [13]. Nevertheless, its guidance on Good Medical Practice mandates that physicians ensure the accuracy of any public statements, avoid misleading information, and frame opinions in a manner consistent with their duty to promote patient and public health [13]. Similarly, the Medical Board of Australia (MBA) recognizes doctors' rights to express personal views, while highlighting the need to consider the potential impact of public comments on professional reputation and ethical responsibilities [14].

These frameworks aim to safeguard confidentiality and uphold professional integrity [9–14]. Yet, their application may differ depending on cultural and jurisdictional context. For example, the GMC notes that its guidance is not prescriptive and requires physicians to exercise professional judgment in determining which standards are relevant and how to apply them in practice [13]. Likewise, the MBA emphasizes individual responsibility in assessing the ethical implications of public commentary [14].

Even the Goldwater Rule, despite its prescriptive language, continues to be debated, particularly in relation to commentary on deceased historical figures or evolving media platforms [8, 15]. The AMA's preference for the term "should" rather than "must" in its Code of Medical Ethics further reflects the nuanced and context-dependent nature of public medical commentary [11, 12].

Medical privacy, the "right to know," and the British monarchy

Despite established professional guidelines, there have been numerous cases in English-language media where medical experts have publicly commented on the health of individuals without having personally examined them or obtained consent. Historically, this has included speculation regarding the physical and mental health of offenders, musicians, actors, athletes, politicians, and other public figures who were not under the physician's care [7, 8, 16].

In the context of elected officials, the public's perceived "right to know" about the health of prospective or sitting leaders remains an unresolved and contested issue [17, 18]. This debate has influenced medical commentary, as seen in the psychiatric discussions surrounding former U.S. President Donald Trump and during the 2024 U.S. presidential election, which included health-related scrutiny affecting President Joe Biden's candidacy [18, 19]. Some physicians defending their speculation about Trump invoked a perceived "duty to warn" regarding behaviors they considered socially concerning [8].

Advocates for greater transparency argue that disclosure of politicians' health is a matter of public accountability and democratic integrity [17]. Conversely, others caution against mandatory disclosure, highlighting the risk of misinformation and the potential for stigma [18]. These debates are shaped by cultural and sociopolitical contexts, with different countries adopting varying norms regarding confidentiality and openness in public life [20].

In the British setting, the royal family occupies a dual role: private citizens and symbolic figures representing national identity and tradition. King Charles III's status as head of state in fifteen countries further complicates public interest in his health, given the largely ceremonial yet highly visible nature of his responsibilities [2, 4]. The long-standing interplay between the monarchy and media—marked by tensions between visibility and privacy [21]—amplifies public demand for medical commentary. Colloquial expressions such as "we pay,

you pose" reflect this dynamic, while cultural products like the series *The Crown* have heightened international attention. Modern digital communication and social media further intensified scrutiny of both the King's diagnosis and the Princess of Wales, the latter of whom was subject to widespread speculation and conspiracy theories [5, 6].

While there is a rationale for public interest, equating this with a right to full disclosure of private medical information—and to sanction speculative commentary—raises serious ethical concerns. Notably, Buckingham Palace's announcement of Charles's diagnosis was explicitly intended "to prevent speculation" [1]. Even in nuanced ethical debates, a boundary between public curiosity and medical confidentiality must be maintained, including for high-profile figures such as monarchs.

The notion that the royal family operates under a social contract—trading discretion for public support and attention—may be practically effective but risks undermining fundamental principles of privacy based on status or prominence. If such reasoning is extended, it could erode confidentiality protections for other public figures and celebrities. In the cases of King Charles III and Princess Catherine, the authors argue that public role should not determine the limits of medical privacy. As Kensington Palace emphasized regarding the Princess: "The princess has a right to medical privacy, as we all do" [22]. This aligns with professional guidance from medical authorities, which stress safeguarding patient confidentiality, ensuring accuracy, and exercising prudence in public commentary [9–14].

Legal considerations and medical privacy

Potential legal implications may arise under Article 8 of the European Convention on Human Rights, to which the United Kingdom is a signatory. This article protects the right to "private and family life," subject to limitations that are "in accordance with the law and necessary in a democratic society" for reasons such as national security, public safety, economic welfare, crime prevention, health, morals, or the rights of others [23]. Historically, the British monarchy has had limited success invoking these provisions, and the European Court of Human Rights has rendered mixed decisions regarding privacy claims by other royal families [23, 24]. These protections, however, have not been definitively tested in cases involving the health of royal figures or political leaders, leaving their relevance open to interpretation. Moreover, the Court's jurisdiction is confined to Council of Europe members, meaning coverage does not extend to other nations where media interest in the monarchy is high.

Within this context, official statements from the royal family regarding King Charles's and Princess Catherine's illnesses drew critique from commentators, some of whom argued that greater transparency could have reduced speculative commentary [25, 26]. Nevertheless, these communications represented a departure from previous norms, such as the concealment of King George VI's lung cancer in 1952 [27]. Catherine's use of a video announcement signaled a step toward modernization, albeit likely influenced by circulating speculation about her health [28]. Importantly, neither Charles nor Catherine disclosed the specific types of cancer they were diagnosed with, leaving interpretive gaps for media and medical conjecture.

It is also important to consider that oncology patients frequently encounter challenges in disclosing their diagnosis even to family members [29], let alone to a global audience. Each patient has their own rationale for withholding detailed medical information, and their right to privacy should take precedence over public claims of a "right to know."

Medical commentary on King Charles and Princess Catherine: Ethical concerns

Following the announcements of their diagnoses, physicians were repeatedly solicited to provide expert commentary. Professional guidelines from various jurisdictions offer critical ethical frameworks for physician engagement with media on health-related issues [9–14]. Nevertheless, as prior research indicates, these guidelines are sometimes interpreted inconsistently and applied variably [7, 8].

It is questionable whether all medical commentary regarding members of the British royal family adhered to established professional standards [9–14]. Physicians did not have access to verified clinical information beyond official press releases and were not granted consent to comment publicly. As discussed previously, professional guidance emphasizes maintaining confidentiality, accuracy, and prudence in communications with the public [9–14]. Historical examples, such as commentary on King George VI's treatment [27], occurred in an era of limited media reach, mitigating potential impacts

compared to today's globalized and instantaneous media environment.

Regarding King Charles III, publicly disseminated medical opinions about his diagnosis, stage of cancer, treatment options, and related prognostic commentary often lacked clear purpose [2, 3, 30–32]. Such statements rarely contributed to broader public education and offered minimal benefit to patients undergoing treatment. Certain commentary arguably encroached on privacy, speculating on prognosis without firsthand knowledge or consent.

Similarly, coverage of the Princess of Wales's abdominal surgery in January 2024 generated speculation about her recovery and absence from public duties, particularly on social media. Her subsequent disclosure of a cancer diagnosis and ongoing adjuvant treatment three months later fueled conjecture regarding the type of cancer and expected recovery timeline [5, 6, 33, 34]. Some discussions questioned the accuracy of her announcement, occurring amid a media climate rife with rumors and conspiracy theories. Notably, there were reports that clinic staff attempted unauthorized access to her medical records, further highlighting ethical and privacy concerns [35].

Ethical considerations and the role of physicians

Ethical decision-making in medicine is rarely straightforward, and standards are not always uniform, as acknowledged by multiple international professional bodies [13, 14]. In this context, it is debatable whether specific statements made by physicians regarding King Charles or Princess Catherine contravened guidance from the AMA, the GMC, or similar organizations. What remains evident, however, is that some medical commentary may have contributed to sensationalist media coverage, potentially undermining public health messaging and fueling further speculation. This raises fundamental questions about where ethical boundaries should be drawn. Regardless of an individual's social or institutional status, confidentiality must be maintained and personal dignity preserved, forming a cornerstone of medical practice and the social contract between physicians, patients, and society.

In analogous scenarios, physicians are encouraged to exercise caution, as speculative statements about a person's diagnosis or treatment may conflict with the overarching goal of improving population health [7]. Misrepresentation or public conjecture, amplified through media framing, could cause patients to question their own treatment plans, potentially eroding trust in healthcare. Professional associations play an essential role in addressing these risks by providing guidance on ethical expectations and supporting responsible engagement with the media [8].

Constructive engagement: Leveraging public interest

When high-profile individuals are involved, physicians have the opportunity to direct public attention toward enhancing health literacy and collective wellbeing. Professional guidelines from the AMA, GMC, and other organizations recognize the promotion of public health as a legitimate objective [11–14]. By appropriately framing their commentary, physicians can transform curiosity and speculation into informative discourse, clarifying misconceptions without compromising professional integrity [7]. The specificity of such communication should naturally reflect the medical information publicly available.

In practice, several physicians successfully applied this approach following King Charles's disclosure, which was intended to "assist public understanding for all those around the world who are affected by cancer" [1, 3]. This is particularly relevant given the persistent barriers to help-seeking in oncology, especially among men [36]. Similarly, when Princess Catherine publicly discussed her cancer treatment, physicians used the occasion to explain broader topics such as diagnostic innovations, adjuvant therapies, and healthcare service access [28, 37]. These efforts align with the stated objective of informing the public and supporting those affected by cancer.

Although an imperfect measure, Google Trends data indicates heightened searches for "cancer symptoms" in the United Kingdom following the King's announcement on February 5, 2024 **(Figure 1)** and Catherine's statement on March 22, 2024 **(Figure 2)**. This underscores the influence of the royal family in shaping public attention and highlights the potential reach and impact of responsibly communicated medical information.

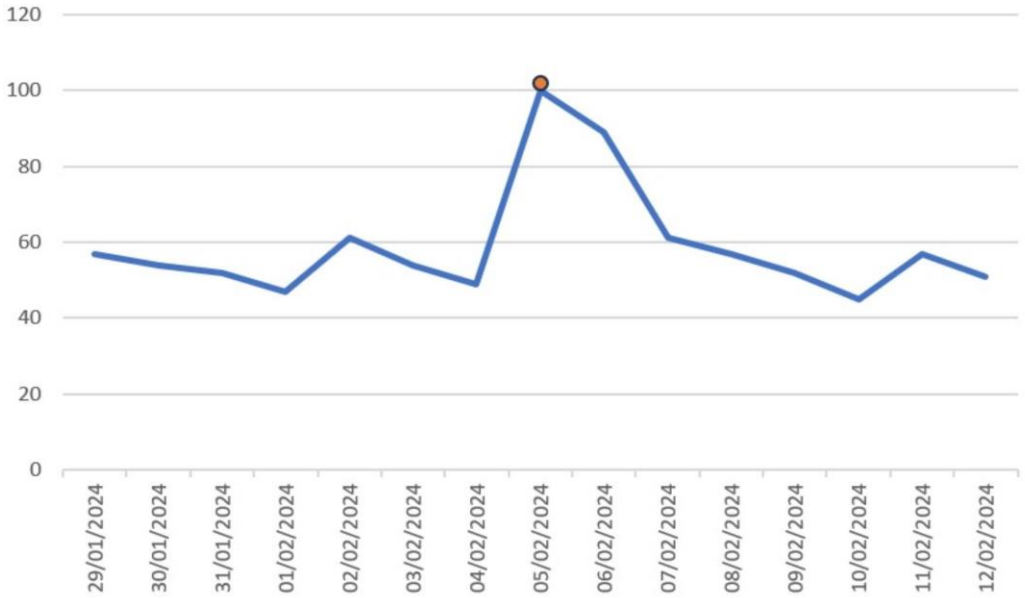

Figure 1. Google search volumes for "Cancer symptoms" in the United Kingdom 29.01.2024–12.02.2024

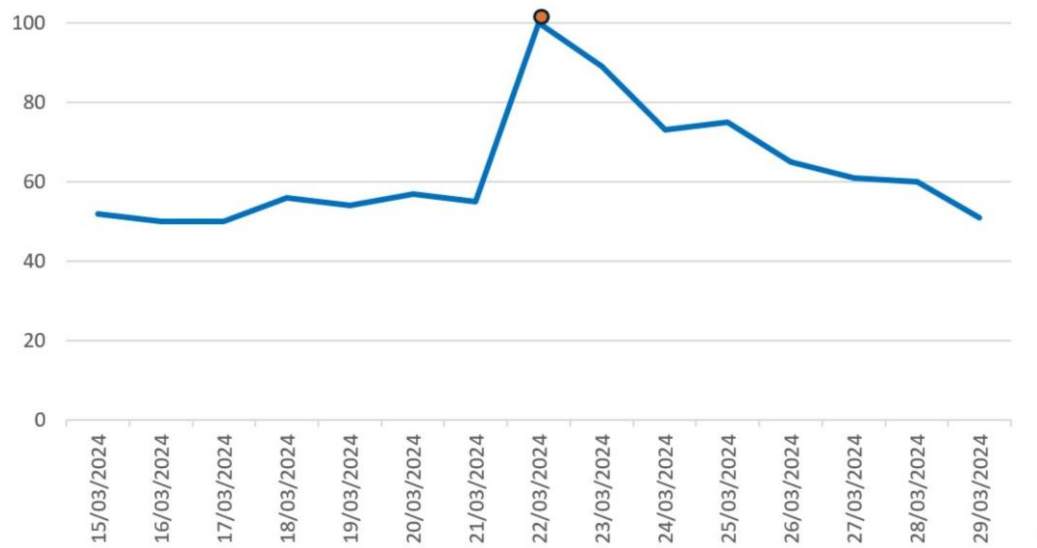

Figure 2. Google search volumes for "Cancer symptoms" in the United Kingdom 15.03.2024–29.03.2024

Conclusion

The 2024 cancer diagnoses of King Charles III and Catherine, Princess of Wales, generated widespread public attention and reignited debates regarding the tension between personal privacy and the perceived "right to know." This scenario placed physicians in a challenging position, requiring them to navigate public expectations for expert commentary while adhering to professional obligations to provide accurate, measured, and ethically responsible information.

The heightened media scrutiny surrounding the royal family occasionally pushed the boundaries of these ethical responsibilities, with speculation about diagnoses and prognoses sometimes straying into areas that could conflict with professional standards, particularly when amplified by sensationalized reporting. At the same time, these events provided opportunities for physicians to leverage public interest to promote awareness and understanding of cancer, contributing positively to population health education.

These cases underscore the ongoing ethical responsibility of medical professionals to protect individual privacy while advancing public health literacy. They reinforce the principle that all patients, irrespective of social rank or public profile, are entitled to the same respect, dignity, and protection of their medical information.

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