Truth telling in clinical practice: is it ever ok to lie to patients?

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ABSTRACT

Truth telling in health care is an important virtue of a health-care professional and is closely linked to respect for persons. It promotes trust in the doctor-patient relationship. Views in the western context regarding disclosure of medical information have changed in the last 4-5 decades, together with the shift from medical paternalism ('the doctor knows best') to respect for autonomy and decision making by patients. Increasingly children are also involved in decision making in health care, and guidelines recommend that medical information should not be withheld from them if they wish to be informed.

INTRODUCTION

Telling the truth, or veracity, is widely regarded as one of the most important virtues of a doctor, despite its not being mentioned in the Hippocratic Oath nor in the Declaration of Geneva.[1] Hébert *et al*.[2] define truth telling in health care as 'the practice and attitude of being open and forthright with patients; that is, it is about encouraging authenticity and genuineness in the relationship between healthcare professional and patient.' This demonstrates respect for the patient as a person and truly involves her in decision making about her own health care.

WHY IS TRUTH TELLING IN HEALTH CARE IMPORTANT?

'Veracity in the health care setting refers to comprehensive, accurate, and objective transmission of information, as well as to the way the professional fosters the patient's or subject's understanding.'[1] According to Beauchamp and Childress,[1] truth telling is closely linked to respecting the patient as a person. It is important so that the patient can make a fully informed decision about the management of her illness or condition, but this is not the only reason to tell the truth. It promotes trust in the doctor-patient relationship as it ties in with trustworthiness and keeping promises. However, 'veracity is prima facie binding, not absolute'; sometimes truth telling may conflict with other obligations in health care.[1]

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CHANGING VIEWS REGARDING DISCLOSURE IN HEALTH CARE

In a study published in 1979, Novack and colleagues[3] found that 97% of respondents to a questionnaire administered in 1977 would disclose a diagnosis of cancer to a patient compared to 90% of doctors who indicated they would not in a study performed in 1961. They based their decision on clinical experience and personal belief rather than on research studies. Other studies have found that doctors are prepared to use deception in clinical practice under certain circumstances.[4,5] The major shift in ethos is coupled to the changing doctor-patient relationship, from paternalism ('the doctor knows best') to respect for autonomy and respect for persons.

Expectations regarding truth telling varies among different cultures and societies. In some cultures personal autonomy is less important than communal personhood, as in some African societies.[6] Pellegrino,[7] addressing cross-cultural aspects of truth telling, concluded that respect for persons was more important than autonomy. This implies that non-disclosure or limited disclosure is appropriate if the patient requests it. His editorial was written in response to a letter by Dr Antonella Surbone,[8] who found that disclosure in Italy was very different from that in the USA. According to the Italian Deontology Code of the late 1970s, 'A serious or lethal prognosis can be hidden from the patient, but not from the family.'[8] This code was subsequently revised to take into account the wishes of the patient regarding disclosure. In Judaism it is believed that hope for survival should not be abandoned 'even till the last breath', and Silbert[9] points out that this may interfere with the doctor's ability to disclose the full extent and gravity of the patient's illness.

WHY MAY DOCTORS FEEL IT IS NECESSARY TO WITHHOLD THE TRUTH FROM PATIENTS?

Sometimes doctors lie to protect themselves, as when medical errors occur, or to withhold the facts of 'near misses'. Other instances include deceiving medical funders to try to obtain benefits for patients to which they are not entitled. The latter constitutes fraud, no matter how well-intentioned the deceit is, and could result in legal action.

Doctors may believe it is not in the patient's best interests to be told the truth, so as to avoid perceived harm. This involves consequentialist reasoning: disclosing bad news to a patient may result in a feeling of hopelessness, refusal of appropriate treatment or becoming depressed.[10] The doctor may not think that disclosure is culturally appropriate. However, today it would be considered unethical to disclose information about a patient's disease or condition to the family without the patient's consent.[1] Beauchamp and Childress[1] suggest that the doctor asks the patient both at the beginning and also during the course of the illness whether family members or friends should be involved. Only at the patient's request should others be informed.[1] Acceding to a patient's request for non-disclosure shows respect for the person's autonomy.

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TRUTH TELLING: ARGUMENTS AND COUNTER-ARGUMENTS

Beauchamp and Childress[1] discuss four arguments that are advanced for non-disclosure or limited disclosure of bad news.[1] The first is the consequentialist argument advanced above, called 'benevolent deception' by some authors. The counter-argument to this is that it is difficult to be certain of the consequences, and so non-disclosure may actually cause more suffering. It may be beneficial to disclose in stages rather than to give all the information up-front and all at once.

The second argument is that the prognosis may in fact be uncertain, and it is difficult to tell the complete truth under these circumstances. However, even if the complete truth is not known, that is not a reason to withhold it from the patient. The third argument postulates that, even if the complete truth is known, the patient will not be able to comprehend it, and the fourth argument is that some patients actually do not want to know the truth about their illness, even if they say they do. Most surveys, however, suggest that the vast majority of patients in fact wish to know the truth so this argument does not hold.[11]

IS LYING ALWAYS WRONG?

Lo[10] states that health-care professionals provide misleading information in different ways, and explains the terms as follows: *Lying* 'refers to statements that the speaker knows are false or believes to be false and that are intended to mislead the listener.' *Deception* 'includes all statements and actions that are intended to mislead the listener, whether or not they are literally true.' Examples are the use of the term 'growth' instead of 'cancer', making ambiguous statements or leaving important information out when counselling a patient. *Misrepresentation* is even broader and includes 'unintentional as well as intentional statements and actions.' *Non-disclosure* means 'that the physician does not provide information about the diagnosis, prognosis, or plan of care.' In other words, the doctor does not provide information that is not specifically requested by the patient.

Immanuel Kant,[12] an extreme deontologist, believed that it is always morally impermissible to lie. He wrote, 'to tell the truth is a duty' and 'it is an unconditional duty which holds in all circumstances.... For a lie always harms another; if not some other particular man, still it harms mankind generally, for it vitiates the source of law itself.' Bok[13] takes issue with Kant's position. 'For although veracity is undoubtedly an important duty, most assume that it leaves room for exceptions.' She believes that there are some harmless lies, such as white lies, which are motivated by good intentions. However, not all white lies are harmless. One's perspective depends on whether one is the liar or the person being deceived. She believes that utilitarians who conclude that white lies are harmless have not taken all the factors into consideration.

TRUTH TELLING AND CHILDREN

Should children be informed about their disease and prognosis? South African and international guidelines suggest that children should be involved in decision making to the extent that it is appropriate to their development and maturity. This is in accordance with respect for the child and recognition of the child's right to participate in health-care-related decisions. The guidelines of the American Academy of Pediatrics state, 'There is a moral and ethical obligation to discuss health and illness with the child patient' and '[i]nvolving children in communication about their health and in decisions regarding their health care shows respect for their capacities, will enhance their skill in the process of making future health decisions, and enables their essential input into decisions'.[14] The British Medical Association's approach is that, '[o]n the whole, we are against the withholding of information if the child seems willing to know it, even where parents request secrecy. We strongly advise against telling children lies in response to a clear question. [Q]uestions should always be answered as frankly and as sensitively as possible: where there is uncertainty about the diagnosis, treatment or likely outcome, this should be acknowledged.'[15]

One of the ethical dilemmas faced by health-care professionals is the disclosure of potentially harmful information to child patients against their parents' wishes. Another is how much information should be disclosed where the diagnosis and/or prognosis are uncertain.[16] Harrison believes that questions posed directly to the health-care professional should be 'answered honestly and fairly, that is, sensitively and in a way that can be properly understood.'[16]

ALLERGY, UNCERTAINTY, AND TRUTH TELLING

Food allergy and the avoidance of potentially harmful foods is an area that causes much distress in patients and their families. Parents are usually advised what to avoid but are often not counselled as to what they may feed their child. They may also be unaware of the meaning of the allergy tests, the risk of anaphylaxis, and the requirement for an adrenaline autoinjector.[17] The high level of medical uncertainty is one of the most difficult aspects to address when counselling patients and families who are faced with potentially life-threatening food allergy and anaphylaxis. Peanut allergy, in particular, is becoming more prevalent, and peanuts are notoriously difficult to avoid as they are often present in processed foods.[18]

Hébert *et al.*[19] write, 'The pervasive uncertainty in medicine can and should be shared with patients. Telling patients about the clinical uncertainties and the range of options available to them allows them to appreciate the complexities of medicine, to ask questions, to make informed, realistic decisions and to assume responsibility for those decisions. Predicting what information a patient will find upsetting, or foreseeing *how* upsetting certain information will be, can be difficult. Patients may indicate, explicitly or implicitly, their desire not to know the truth of their situation. When such desires are authentic they should be respected.'[19]

CONCLUSION

Although the issue of truth telling in medicine has long been a contentious subject, there has been a gradual shift in western medicine from a 'deception-friendly professional disposition to an overtly deception-phobic one'.[20] This has paralleled the changing doctor-patient relationship from paternalism to acknowledgement of respect for the autonomy of the patient; from an unequal power relationship to a partnership in care. Truth telling includes medical facts as well as uncertainties, and is a skill which ought to be taught in our schools of health sciences.

Is it ever acceptable to lie to patients? I would argue that it is not morally acceptable to lie, even if the intention is benevolent and aimed at minimising anguish, for example at being told bad news. Rather approach the disclosure as a staged discussion, be sympathetic, and ensure support to enable the person to work through the process.

Declaration of conflict of interest

The author declares no conflict of interest.

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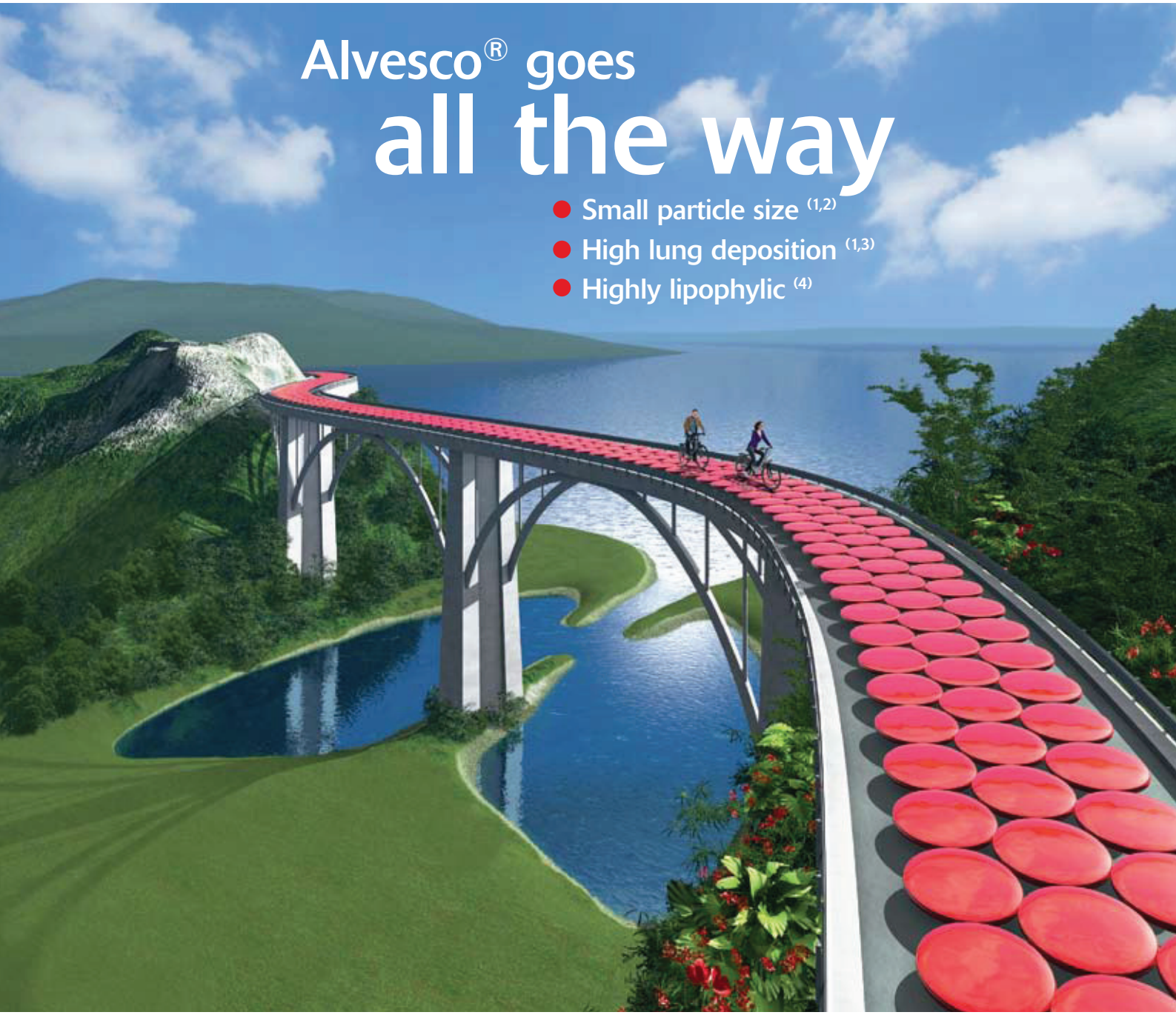

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