

## **Truth Telling and Disclosure: *Is it ever acceptable to lie to a patient?***

### Cases

A 10 year-old boy with end stage kidney disease needs a transplant. Among twelve family members an uncle is the only match. This man changes his mind and decides he does not want to be a donor. What will you tell the parents when they ask if a match has been found?

An elderly Korean woman has terminal pancreatic cancer. She wants to know about her condition, but her family members adamantly feel that for cultural reasons only they should know her diagnosis and prognosis.

A woman with a frail psyche has lymphoma. Complex chemotherapy will probably cure her but it carries small but substantial risks for permanent lung or heart damage. If she knows these risks she will likely decline the treatment and succumb to the disease. Will you explain these risks to her?

### Central Issues:

Truth telling is itself a virtue and the lynchpin of all relationships, especially the therapeutic one between patient and physician. The foundation of trust, it is usually in the best interests of patients. Empiric studies show that patients invariably want to know the truth about their medical conditions.

It is also axiomatic in medicine that, whatever else he may or may not be able to accomplish, a physician must first do no harm to his patient.

What if truth is harmful? In other words, is it ever ethical to deceive or lie to a patient for the greater good of doing them no harm?

Consider the cases above. Being truthful in each case is one option, but what would be the consequences? Lying to the family of the boy with kidney failure would obviate the harm of disrupted family relations, especially since the uncle will not otherwise be a donor. Similarly, telling the truth to the Korean patient would be very insensitive to the family's cultural values. Family alliance will be crucial in later care of this patient and it may not be a good strategy to alienate them now or ever. The physician could defer all such inquires to the family. The risks of chemotherapy are relatively small for the woman with lymphoma so the physician might deceive the patient with a biased explanation of the risks.

The point is that truth telling is not always straightforward and must often be weighed against its possible harm.

### Related issues

Medical mistakes are common but not always important. Significant errors leading to morbidity, such as leaving an instrument in the abdomen after surgery, obviously must be disclosed to patients. Should physicians also disclose less important mistakes, such a single inconsequential medication error?

Is it acceptable for physicians to modify medical information on insurance forms so companies would be more likely to reimburse patients? Outright erroneous information is fraud, but there are ways of gaming the system short of this. How far should physicians go to help their patients?

Patients also have an obligation to tell the truth. Still, they deceive physicians for a variety of reasons, i.e. to hide conditions from insurance companies or their employers, to obtain narcotics for sale or personal addiction and to conceal personal information when they do not trust their physician

### Guidelines:

Physicians have a basic obligation to be truthful to patients while being sensitive to cultural and emotional factors. The onus is on the physician to justify deception or lying. Regardless of its merits, if the lie is ultimately uncovered, trust is sacrificed and the patient-physician relationship will likely suffer. This is a contingency the physician must accept with his decision.

### Suggested Readings

1. Gallagher, T., Waterman, A., Eben, A., et. al., **Patient and physician attitudes regarding disclosure of medical errors**, *Journal of the American Medical Association*, 289 (8), 2003, p. 1001-1007. This article shows that patients want and expect full disclosure of errors and it stresses the importance of emotional support for the patient by physicians in this context.
2. The, A., Hak, T., Koeter, G., et. al., **Collusion in doctor-patient communication about imminent death: an ethnographic study**, *British Medical Journal, USA*, 1, 2001, p. 42-46. This piece gives an interesting slant to truth telling wherein physician bias and patient filters in the emotionally charged context of imminent death precludes truth being either communicated or received.