Truth Telling in Medicine: The Confucian View

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ABSTRACT

Truth-telling to competent patients is widely affirmed as a cardinal moral and biomedical obligation in contemporary Western medical practice. In contrast, Chinese medical ethics remains committed to hiding the truth as well as to lying when necessary to achieve the family’s view of the best interests of the patient. This essay intends to provide an account of the framing commitments that would both justify physician deception and have it function in a way authentically grounded in the familist moral concerns of Confucianism. It reflects on the moral conditions and possibilities for sustaining a Confucian understanding of truth-telling and consent in mainland China.

Keywords: bioethics, familism, lying, reconstructionist Confucianism, truth-telling

I. INTRODUCTION: SHOULD THE PHYSICIAN DIRECTLY TELL THE TRUTH TO THE PATIENT REGARDLESS OF THE FAMILY’S WISHES?

Truth-telling to competent patients is widely affirmed as a cardinal moral and biomedical obligation in contemporary Western medical practice. However, this has not always been the case. To the contrary, lying in medicine was taken for granted in the West for a long time. It is notorious that Plato did not allow any but physicians to lie, because he recognized that falsehood could be useful to people as a form of treatment (Republic 389b, trans. Bloom). Even a Christian theologian of the stature of St. John Chrysostom (A.D. 334–407) took for granted not only that physicians would deceive, but also that they...
could do so with moral justification. In a general defense of the moral obligation to lie under certain circumstances, St. John Chrysostom argues:

To discover how useful deceit is, not only to the deceivers but to the deceived, go to any doctor and inquire how they cure their patients of diseases. You will hear them say that they do not rely on their skill alone, but sometimes they resort to deceit, and with a tincture of its help they restore the sick man to health. When the plans of doctors are hindered by the whims of their patients and the obstinacy of the complaint itself, then it is necessary to put on the mask of deception, in order to conceal the truth about what is happening – as they do on the stage. (Chrysostom, 1984, p. 49)

That under certain circumstances physicians would need to deceive their patients in order to cure them was generally accepted in the West up until recently.¹

This traditional Western acceptance of the physician’s right and even obligation to withhold truth from the patient because of the physician’s judgment of the patient’s best interests (e.g., Collins, 1927) has largely been discredited in the dominant culture of the West. This has occurred because deception by the physician has become a paradigm example of unacceptable physician paternalism, one that undermines the autonomous choice that is now held to be core to individual dignity. As the American physician-bioethicist Pellegrino asserts, the “human capability for autonomous choices cannot function if truth is withheld, falsified, or otherwise manipulated” (1992, p. 1734). Historically, this condemnation of deceit represents a final victory in the West of a view traceable to Augustine of Hippo (A.D. 354–430) that categorically regarded lying as involving an absolute, intrinsic, wrong-making condition.²

In contrast, Chinese medical ethics, even today, in theory and in practice remains committed to hiding the truth as well as to lying when necessary to achieve the family’s view of the best interests of the patient. This ethics requires that, for any serious adverse diagnosis (such as cancer) or fatal prognosis, the physician must first inform a close member of the patient’s family. Then it is up to the family to decide whether and how to tell the truth to the patient. If the family decides not to tell the truth to the patient, the physician must abide by that decision and hide the truth. Indeed, from time to time the physician will be obliged to lie to the patient in order to cooperate with the family (Fan, 1998).
This Chinese practice should be distinguished from traditional Western medical paternalism. In Western, physician-oriented paternalism, (1) it is up to the physician to judge whether truth-telling is beneficial to the patient, leaving (2) the physician with the final authority to decide whether to tell the truth to the patient. In contrast, in Chinese practice (1) it is up to the family, based on the information offered by the physician, to judge whether the truth will be beneficial to the patient, and (2) the family has the final authority to decide whether to tell the patient the truth. Among other things, the traditional Western practice represented an individualistic feature of physician-patient relations, while the Chinese practice embodied a familist feature (Fan, 2002a).

This paper explores the Chinese practice and addresses the question: should the physician tell the truth to the patient when the family decides that the truth should be hidden? Since the contemporary Chinese (ethical and legal) answer is no, it is necessary to spell out this practice in greater detail, indicate the conditions under which it can be justified, and determine what limits should be placed on family decision-making within a well-functioning Confucian ethos.

This essay begins with a sketch of the current practice of medical deception in contemporary mainland China. The goal there is to determine how the relation among physicians, families, and patients is currently structured. The next section (Section III) turns to providing an account of the framing commitments that would both justify physician deception and have it function in a way authentically grounded in the commitments of Confucianism in Chinese medical history. This will require an examination of Confucian thought so as to free it from non-essential elements and apply it to the contemporary situation in China. The essay concludes with some general reflections on the moral possibilities for sustaining a Confucian understanding of truth-telling and consent in mainland China in Section IV.

II. CONFUCIAN TRUTHFULNESS IN MEDICAL PRACTICE

The differences separating the Confucian Chinese approach to truth-telling from that predominant in the West are stark, as the following set of observations drawn from the experience of Dr. Benfu Li in his medical practice demonstrates. These observations can be expressed as principles in the sense of chapter headings meant to bring together elements of the moral experience of Chinese physicians, as reflected in discussions with other practitioners, as
well as the interview study summarized in this issue by Dr. Yali Cong (Cong, 2004).

(A) First and foremost, truth-telling is set within a context of patient-centered beneficence, where the good of the patient is interpreted by a close family member under the guidance of a physician. This family member, better to be understood as a representative of the entire family, usually consults other close family members in order to make substantive decisions for the patient. As a consequence, the decision to communicate the truth about a diagnosis or prognosis to the patient depends on a consideration of
1. the patient’s condition,
2. the likely impact of the communication on the patient, and
3. the family’s wishes in the matter.

(B) The general justification for deception must remain the patient’s best interests. In mainland China it has been observed that some hospitalized patients have either killed or attempted to kill themselves on receiving a diagnosis of cancer. Chinese physicians are of the view that, if the physician were to communicate the truth to a patient who cannot bear such a disclosure and who needs support, the result would be a constellation of harms ranging from a feeling of hopelessness to a refusal of needed treatment or even an attempt to commit suicide. Moreover, this impact on the patient would also harm the family and make further collaboration regarding treatment difficult. In mainland China, family members sometimes complain against physicians (and they have even brought physicians to court) on the grounds that the physician disclosed information directly to the patient, thus harming the patient through failing to act appropriately under the ethos of medical protection of the patient.

(C) There is an obligation to tell the truth to the family, those in authority as interpreters of the patient’s best interests. As a consequence, whether or not the physician discloses the truth concerning diagnoses and prognoses to the patient, the physician is nevertheless required by Chinese cultural tradition and custom to disclose information as detailed as feasible to close family members. This is also the requirement of current Chinese law. For instance, Clause 26 of the Law of the Medical Profession of the People’s Republic of China (issued by the standing committee of People’s Congress on June 26, 1998 and being
effective since September 1, 1999) stipulates that physician should disclose the truth of an ill condition to the patient or the patient’s family members and in so doing should avoid adverse effects on the patient (People’s Congress, 1998). In practice, the treatment plan must receive approval from the family, who must consent when necessary by having a member sign the consent form. Mainland Chinese physicians can usually in this way harmoniously develop a treatment plan, given the generally good environment of mutual understanding characterizing physician-patient-family relationships in China. An overwhelming majority of patients understand and accept the physician’s keeping information from the patient, as long as all information is disclosed to a family member. Because patients generally are of the view that the family member represents their best interests, patients do not usually blame physicians for non-disclosure or make claims that their rights have been violated.

The question is to determine whether the moral geography of family decision-making and physician deception can be made morally plausible. This will require both placing it within an account of the Confucian moral vision so as to decide how such practices should be evaluated and revised. But this in turn will require critically assessing the Confucian moral tradition. What will be proposed is not an attempt to remake this tradition in the image and likeness of Western moral and political assumptions, but rather to reconstruct it so as to identify its enduring commitments with a view to providing an account to guide contemporary bioethical and public policy challenges. These reflections will be used to indicate how familist virtues and responsibilities should be understood in order for the deception of the patient by the physician in service of patient care can be virtuous, not vicious. ³

III. CHINESE MEDICAL HISTORY AND THE CONFUCIAN MORAL VISION

The familistic feature of the Confucian Chinese approach to medical decision making has been long-standing in Chinese history. Traditionally, the Chinese physician checked the patient at the patient’s home. The medical communication was made among the physician, the patient and family members all altogether. When a case of fatal diagnosis or prognosis occurred, the physician...
would manage to inform the truth to the family only, hiding it from the patient. It was up to the family to decide whether, when and how to disclose the truth to the patient. Families usually decided to conceal such information from the patient, and physicians were willing to follow such decisions and cooperate with families in deceiving patients. Directly informing the patient of a fatal diagnosis or prognosis by the physician was taken to be not only unsympathetic to the patient’s unfortunate fate and causing unnecessary psychological burden on the patient, it was also taken to be disrespectful to the family, given that the patient was part of the entire family as a whole. It has been ethically improper for the Chinese physician to do so. Indeed, this has become a medical-ethics rule for all traditional Chinese physicians as clearly stated in the medical writings of a famous Han dynasty physician, Chun Yuyi (ca. 215–150 B.C.): Diagnosis of a severe disease should not be told [to the patient]; instead, it should be disclosed only to the family. 4

The Chinese physician’s abiding by the family’s wishes to deceive the patient does not contradict his moral integrity as long as the family’s wishes are not in conflict with his medical judgment of the patient’s best interests (see Section IV). To the contrary, following the family’s decision is in line with the essence of his role as a Confucian physician. Confucianism takes medicine as “the art of ren (virtue).” Ren is the fundamental human virtue that binds people together first in appropriate familial relations5 and then directs other social relations by the model of familial relations. In this regard, a Confucian physician is not an ordinary person.6 He is ideally a kind-parent-like master practicing the virtue of ren with special medical skills for pursuing the Confucian moral ideals: self-cultivation, family-regulation, state-governing, and all-under-Heaven being made peaceful (The Great Learning, trans. Legge). That is, he should be a junzi, an exemplary person of moral integrity and good character in exercising the Confucian virtues, such as filial piety to his parents, loyalty to his emperor, reverence to the old, benevolence to the young, and gradually extending his love to all-under-Heaven. The end of practicing medicine is for leading his Confucian way of life, not for treating people’s diseases as a technician. Given the cardinal place of the family in decision making for the family members in the Confucian way of life, the Confucian physician’s cooperation with the family in taking care of the patient’s best interests is naturally derivative, even if this implies deceiving the patient in some situations.

Some would argue that directly telling the truth to the patient (rather than through the medium of the family) marks a moral progress in medical
practice. For them, it is not only morally proper to overcome the physician paternalism as shown in the past of the West so as to have the patient able to control what happens to his/her body, health and life, but it is also admirable that the patient can strengthen his/her financial or psychological capacity to face his/her bad medical fate in the practice of direct informed consent. It is even more empowering to patients that by appealing to the legally approved arrangements of surrogate decision making (such as advance directives or durable power of attorney as practiced currently in America), they can extend the control of their own body to a stage when they become incompetent. However, no matter how reasonable this view appears to be, it has ignored the fact that the issue of truth telling in medicine is a function of a particular way of life. The Confucian way of life is familistic. An ill person is first and foremost a family member – a weak, uncomfortable and suffering family member that is supposed to relax and rest and be looked after by other family members. Confucians hold that family members should be interdependent, rather than independent, of each other. It is implicit in the interdependence of family members that one should not decide about one’s health problem alone. It is only appropriate for one to be represented by other family members in cooperation with the physician in dealing with one’s disease or disability. It is strange and even inhumane for the Chinese eyes that a suffering patient has to sign a consent form by him/herself in order to receive a surgery. For the Confucian Chinese, the only natural and proper manner in this situation is for a family representative to sign it on the patient’s behalf. In addition, there is virtually no room for the Chinese patient to prepare formal advance directives or employ durable power of attorney for preparing for his/her future health care. When the whole family makes medical decisions for the patient – even when the patient is competent – it is only logical that the family should continue to take responsibility when the patient becomes incompetent (Fan, 2002a).

Even when families manage to hide fatal diagnoses or prognoses from severely sick patients, it is often the case that these patients already have tacit understanding of their true conditions. If they had wanted to push their families for the whole truth, they could have obtained it. But for the Chinese patient, it does not make much sense to push hard for knowing, e.g., that one contracts a late stage cancer and will most probably have a life of six more months. Although Confucians perfectly understand that everyone has to die, it is not positive to discuss one’s forthcoming death with one’s family members. It is much more comfortable to rely on one’s family members to
do necessary and suitable things on one’s behalf. There may still be a hope for recovery, as Confucians believe that man’s fate is eventually determined by the heavenly force: “Life and death have their determined appointments” (Analects, 12:5, trans. Legge). From the Confucian view of this situation, what is most important is not for one to know everything and make medical decisions by oneself, but to have the love and interdependence of family members. This is the true essence of Confucian truthfulness in this respect.

In this account, it is assumed that the Confucian view is not merely a cultural idiosyncrasy of China, but rather that the Confucian way of life appreciates moral realities fundamental to human life. This truth is not argued for directly, but rather through displaying the character of this way of life as an invitation to step into it and to experience its truth. The truth of the Confucian tradition and way of life can only be appreciated when one lives a life rightly ordered by virtue (ren) and ritual (li). Here one must underscore the crucial importance of traditional Chinese rituals, or li. Li was originally a sacrificial ceremony performed by family members together to memorialize the ancestors of the family (Ho, 1992). It was used metaphorically by the Zhou Chinese (3000 years ago) to refer, more broadly, to human behavior patterns and institutions established and accepted as appropriate, including what we call rites, etiquettes, and social and political systems. Li patterns human life, regulates familial and social relations, directs actions, and shapes institutions. Confucius (489–551 B.C.) reconstructed the li in terms of the fundamental human virtue, ren. The purpose of establishing and exercising rituals is for the virtue of ren (Analects, 3:3, trans. Legge). On the other hand, rituals constitute the substance of the virtue of ren – one cannot really be virtuous without learning and following the rituals (Analects, 12:1, trans. Legge). In short, Confucians recognize humans as ritually directed beings. It is not simply that social rituals bind humans; they also cultivate the virtue and help open humans to the claims of the moral life. They aid one to achieve the moral vision needed to appreciate that the family constitutes the normal way of human life – a social reality necessary for the full development of cardinal human virtues and full human flourishing. The central Confucian rituals are family rituals, including the ways of meeting and cooperating with physicians by families for caring about their ill family members.

The Confucian philosophical, anthropological, and moral-epistemological claim is that by living this well-ordered, ritual-governed life one gains a possibility for moral disclosure of the truths it supports. One is invited into a
domain of human experience unrecognized by many: life in a family structured by love, propriety, and virtue. It is not simply that the family allows individuals qua individuals to achieve virtue and realize their flourishing, but one encounters virtues and human flourishing understandable only within the reality of the family. The virtues and flourishing realized in and by a family cannot be reduced without loss of meaning to the virtues and flourishing realized in and by the individual members of a family.

Admittedly, this is not an argument but an invitation to a moral-epistemic encounter. Yet, the need for such an appeal to an extra-rational source for initial moral content does not beset Confucianism alone. At some point, such an appeal must be made by all accounts of morality. That is, at some point they must all presuppose a foundation that must itself either bring conviction or embrace an infinite regress or a circular argument. This state of affairs leaves the proponent of a Confucian moral vision no better or worse off than any contemporary Western moral theorists, who at crucial junctures in their arguments invoke intuitions or make reference to a supposed “common morality,” thus giving content to their arguments. The displaying of the moral geography of this way of life is itself a refutation that there is, uncontroversially available to all, a common morality and a common set of convincing moral intuitions.

IV. TOWARDS A RECONSTRUCTIONIST CONFUCIAN VIEW OF TRUTH-TELLING

The following account of Chinese Confucianism and its relationship to families, virtues, and rituals attempts to reapproach the richness of this tradition by separating out that which is essential from that which was contingently part of its past. Though this approach does not accept some contemporary, Neo-Confucian portrayals of traditional Confucian moral insights, it does seek to appreciate the Confucian moral vision in terms of its importance for contemporary social and political problems. In not seeking to return to the past but attempting to appreciate the contemporary implications of Confucian moral concerns and commitments regarding the family, persons of sage virtue, and the Confucian virtues, it can be styled a Reconstructionist Confucianism (Fan, 2002b, 2002c). Health care offers a heuristic that discloses some of the differences between this moral vision and those of the contemporary West.
The family is central to Confucian moral and political theory. In particular, Confucianism recognizes the family as an entity with social properties that cannot be reduced to the properties of its members. Just as one who is a materialist, in the sense of denying the existence of any and all immaterial things and therefore the existence of immaterial souls, may nevertheless hold that there are minds in the sense of self-conscious unities of mental states that are not reducible to physical properties narrowly understood, so, too, Confucians can recognize the existence of families, of which familist attributes can be predicated, without embracing some strong metaphysics of families. Families must at least be recognized as categories of social existence with properties that cannot be reduced, without loss of meaning, to the members that constitute them, just as mental states cannot be reduced to physical states of neurons without losing the meaning of a mental life and moral actions. The Confucian claim regarding the existence of families with familist properties such as familist integrity, virtue, and responsibility, can be appreciated as resting on claims regarding categories of reality.

These claims can be summarized in terms of the recognition of a category of reality in which one encounters the moral life of families, the integrity of families, and the authority of families.

These claims can be summarized in terms of:

1. a familist account of moral concerns that identifies a category of familist values, commitments, and responsibilities, which cannot be reduced without loss of meaning to the values, commitments, and responsibilities of individual family members;
2. a familist account of the existence of the family that identifies families as social entities whose being and integrity cannot be fully understood in terms of its component members;
3. a familist account of the social and political authority of families that recognizes families as independent social entities whose authority cannot be reduced to the authority of its component members, so that families are to be treated as autonomous entities and the source of legitimating authority.

In the light of the Reconstructionist Confucian account of the family, contemporary practice of medicine in mainland China can be seen as conducted rightly if it is governed by a principle of Confucian family-oriented deception of competent patients by physicians set within a larger commitment...
to the autonomy of the family, truth-telling to the family, and beneficence to the patient. This principle can be summarized as follows:

Deception of a competent patient by a physician should occur as determined by the following two necessary and jointly sufficient conditions:

1. the physician finds evidence of manifest mutual concern of the family members for the patient;
2. the family’s wishes are not egregiously in discord with the physician’s professional judgment regarding the medical best interests of the patient.

If either or both of the two necessary conditions are not met, the physician should communicate directly with the patient.

To make this principle a plausible moral guide for physician-patient-family relationships, one must appreciate the familist understanding of social reality, responsibilities, and virtues that still structure the moral life of Chinese physicians and patients. No doubt, in most health care cases in mainland China, condition (1) is easily met. In some cases when the physician is not sure about it, he asks the patient if the accompanying family member(s) can totally represent him/her. The answer is usually yes. It is up to the family to decide which member will serve as a representative of the family for making decisions for the patient, including signing consent forms. However, condition (2) is much more complicated. Given the Chinese cultural background of respecting the expertise of the physician, in most cases the physician could convince the family to accept the physician’s judgment of the medical best interests of the patient. However, if the physician cannot—although such cases rarely happen—no matter whether it is because the family stubbornly holds a medical view radically differing from the physician’s, or because the family immorally wants to abandon the patient, we hold that the physician should communicate directly with the patient to disclose the medical truth to the patient. With this direct disclosure it is not the physician who has violated the normality of the familist way of medical care; it is rather the family that has destroyed the moral integrity of the Confucian familist care of the patient in the first place. The physician’s act constitutes a necessary correction of the improper conduct of the family.7

To apply this principle within the context of contemporary China, one must find it nested within a broad acceptance of familist values and the centrality of
the family. If this is not the case, family members will frequently exit from or degrade the practice. For example, clinical practice shows that it is not easy to keep information from patients and that it will become ever more difficult to do so with easier access to health information, medical knowledge, and other factors. For example, patients can obtain information concerning their illness from a consulting service. Some patients go to different hospitals, and different physicians may inform the patients in different ways, thus giving evidence that a deception is taking place. Other patients can understand the English abbreviations of disease, e.g., a patient can understand that “Ca” represents “cancer”. Some patients can find an opportunity to read the medical records, or ask for a copy of their medical records.8 Other patients are hospitalized in special hospitals, e.g., the tumor hospital, so that even if the physician does not tell the truth, the patient will know the diagnosis from the character of the hospital. Some cancer patients can guess their diagnosis if they are given chemotherapy or radiotherapy, etc. Familist decision processes will therefore function only if patients wish to forgo gaining detailed information themselves and instead are positively committed to familial approaches to medical decision-making. This will require families to be bound by mutual responsibilities and directed by a shared familial sense of virtue, as well as to actively formulate their social institutions and policy in the direction of Confucian familial values.9

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NOTES

1. St. John Chrysostom gives the following account of a physician’s use of deception.

   I will relate to you one of the many tricks which, I have heard, doctors devise. Once a fever fell suddenly upon a patient very violently, and his temperature kept rising. The sick man refused the medicine which would have allayed the fever, but longed and insisted, with requests to everyone who visited him, that he should be given a long drink of neat wine and be allowed to take his fill of the deadly thing he wanted. It would not only have
inflamed the fever but have thrown the poor man into a hemiplegia, if anyone had granted him this favour. . . . The doctor took an earthenware vessel fresh from the kiln and steeped it in wine. Then it took it out empty and filled it with water. Next he gave orders for the room where the patient was lying to be darkened with thick curtains, for fear that the daylight might show up the trick. He then gave the vessel to the patient to drink from, pretending it was full of neat wine. The patient was deceived . . . . He did not stop to examine closely what was offered to him. Convinced by the aroma, . . . he immediately shook off the fever and escaped his imminent danger (Chrysostom, 1984, pp. 49-50).

2. Augustine in De mendacio and Contra mendacium, introduced to Western Christianity the view that direct lying is always to be avoided, a view never accepted by Orthodox Christianity (Ramsey, 1985). Augustine’s view had a wide influence on the West. For Augustine, the evil of lying required two conditions, (1) intentionally telling a falsehood and (2) having the intention to deceive. This view was generally endorsed by Thomas Aquinas (A.D. 1225–1275), who rendered the requirements more stringent. For Thomas Aquinas, it was enough to tell a falsehood, even if one had no intention to deceive (Summa Theologica, II/II, Q 110 art 1). In prohibiting lying, Immanuel Kant (A.D. 1724–1804) can be interpreted as attempting a rational justification of the Western Christian prohibition against lying. For Kant, “to be truthful (honest) is . . . a sacred unconditional command of reason, and not to be limited by any expediency” (1999, p. 500; italics original). We appreciate the instruction of H.T. Engelhardt, Jr. about the interplays of the views held by St. John Chrysostom, Thomas Aquinas and Immanuel Kant.

3. Confucianism is certainly not the only religion holding a comprehensive conception of truthfulness that morally allows deception in certain contexts such as medical circumstances. Orthodox Christianity, for example, drawing on Plato’s metaphor that deception should be understood as a kind of dangerous but at times useful medicine, recognizes that deception should be used both sparingly and carefully. St. John Cassian the Just Roman (360–432), for example, argues: “And so we ought to regard a lie and to employ it as if its nature were that of hellebore; which is useful if taken when some deadly disease is threatening, but if taken without being required by some great danger is the cause of immediate death” (Cassian, 1994, p. 465). Also see Engelhardt (2000, pp. 354–366). We appreciate the instruction of H. Tristram Engelhardt, Jr. on this point and the citation.

4. This exhortation by Chun Yuyi was originally recorded by the Han dynasty historian Sima Qian in a chapter of his famous Records of History (Shi Ji): ‘Biography of Bian Que and Cang Gong,’ where Dr. Chun’s important case notes (zheng ji) are recorded. See Sima (1996, p. 751). Also see (Wei & Nie, 1994, pp. 105–108).

5. As Confucius points out: “filial piety and brotherly love are the roots of ren” (Analects, 1:2, trans. Legge).

6. Not all traditional Chinese physicians were Confucian physicians. But Confucian physicians played major roles in health care due to their classical training and commitments. More Confucian physicians have arisen since the Song dynasty (960–1279 CE).

7. As we know it, in mainland China most cases that apparently do not satisfy condition (2) are due to families’ economic difficulty. A family makes a quite different decision from the physician’s for the patient (which is, in most cases, to take the patient home) not because the family disagrees with the physician’s professional judgment regarding the medical best interests of the patient; it is simply because the family has intractable financial difficulty to afford the treatment advised by the physician. It is not that the family does not love or care
about the patient. It is just economically impossible to afford it. Currently no more than twenty percent of the entire population in mainland China is covered under certain public health care systems or insurance programs for reimbursing some of their health care costs. The other eighty percent of the people have to pay medical care out of pocket. And some of those people are poverty-stricken. In this situation many Chinese physicians think they should follow the family’s wishes and hide the truth from the patient even when the family’s decisions, due to financial difficulty, are egregiously in discord with their professional judgment regarding the medical best interests of the patient. They do not directly inform the patient because they believe that this can do nothing beneficial and will only cause further psychological pain to the patient. Although we are not absolutely sure whether most physicians are doing the right thing in such situations, we fully understand the dilemma they are facing. We tend to believe that this situation may not have violated Condition (2): although the family’s decision egregiously differs from the physician’s recommendation, the family actually accepts the physician’s judgment regarding the medical best interests of the patient, and the family’s real wishes are same as the physician’s – the family would have accepted the treatment for the patient if it could afford it.

8. In fact, patients and families have been granted a right to copying patients’ medical records under the Regulation of Medical Malpractice issued by Central Government on April 4, 2002 and being effective on September 1, 2002 (Central Government, 2002).

9. Nowadays many medical professionals and institutions in the Pacific Rim (such as Singapore and Hong Kong) are inclined to follow the Western individualist model of health care decision-making. We have encountered reports of complaints from the family members of patients in Singapore who complained about the physician’s insistence on disclosing the truth to the patient in the face of the family’s disagreement. The family was worried about the harm that the bad news would have definitely brought to the patient if informed, but the physician referred to a strict hospital ordinance that demanded direct informed consent. The patient’s family members in the end had to remove the patient from the hospital and look for other hospitals in order to protect their elderly ill family member from the unbearable harm by being told the “truth” (You, 2000). Similarly, in Hong Kong, we have been well aware of the recent public outcry and concern in relation to Hong Kong’s Human Organ Transplant Bill. The Bill (before its Amendment in 1999) makes it a requirement at law that arrangement must be made prior to the transplant for the donor and recipient to express agreement for the transplant. Accordingly, in October 1998 the Committee on Human Organ Transplant refused to accept the request by a patient’s family to sign the consent form for arranging transplant for the patient although the patient had already lapsed into unconsciousness. As a consequence, the patient died without receiving transplantation (Legislative Council, 1999; Tao & Fung, 1998).

REFERENCES


