



# Truth-Telling

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# Case: Mrs. Kwok

88 yo F

- Previously healthy and active
- Sudden onset of abdominal pain, nausea and vomiting, brought to A&E
- CT scan – bowel obstruction from mass in colon
- Colonoscopy with biopsy confirmed locally advanced colorectal cancer

## Family

- Lives with her husband and eldest son's family
- Has a younger son and a daughter



# Mrs. Kwok cont'd

Dr. Leung went to talk to patient

- Found pt asleep
- Informed eldest son of diagnosis
- Next step: Consult surgery
- Son said,



*“Please don’t tell my mother about the diagnosis. I don’t want to upset her and cause her to be overly anxious.”*

Dr. Leung was unsure how to respond. He suspected patient may have some memory loss.

# Mrs. Kwok cont'd

Consulted geriatrician re: cognitive status

- Diagnosis: “mild cognitive impairment”
- Has capacity to make medical decisions
- Asked if she wants to know her condition and make medical decisions herself



Mrs. Kwok answered:

*“No, you should just tell everything to my son and he can decide what to do for me. I’m already so old.”*

# Mrs. Kwok cont'd

Surgeon evaluated Mrs. Kwok

- Recommended surgical resection
- Dr. Leung informed surgeon of Mrs. Kwok's preference not to know about her condition and defers decision-making to her eldest son



Surgeon replied:

*“How can we keep the truth from a competent patient?”*

*I don't feel comfortable cutting into the body of someone who did not agree to the surgery herself. What will happen when the patient wakes up and finds a big incision in the middle of her abdomen?”*

# Questions raised by case

- Is it justified to withhold the diagnosis from a competent patient because of family's request and concern that the information will be harmful to the patient?
- Under what circumstances would this practice be justified or not justified?

Concepts: "Protective truthfulness" or "collusion"

# Questions raised by case

- Does a competent individual have the right to request not to be told information about his or her condition and defer information and decision-making to another individual of his or her choosing?
- In this case, the treatment to be considered is a surgical procedure which is invasive and carries major risks to the patient.

Do you agree/disagree with the surgeon's view that operating on a competent patient without her direct consent is impermissible (even if there is indirect consent through giving power to her son to consent in her place)?

Concepts: Autonomy, informed consent



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**TRUTH-TELLING IN PALLIATIVE CARE  
NURSING: THE DILEMMAS OF  
COLLUSION  
RACHAEL VIVIAN**



- Perspective from an RN specialist
- Examines the dilemmas of collusion
- Explores from ethical, legal perspectives to emotional and practical consequences of withholding truth from pt
- Role of the RN in truth-telling

# Case Study

- Mr. Smith, 55 yo man with advanced bowel cancer with metastases, treated with chemo
- Family: wife and stepdaughter
- Pt requests to be fully informed of condition and be involved in care decisions
- Subsequently, admitted to hospital for acute illness
- Oncology informed family that pt is no longer appropriate to continue chemo
- Wife and stepdaughter requests to withhold info, oncologist agreed

# Case cont'd

- Nursing staff became uncomfortable in caring for pt (avoided conversation, negative feelings of deceiving pt, denied pt autonomy)
- Conflict between multidisciplinary team (medical vs. nursing)
- Pt became increasingly agitated and anxious
- One day pt stated he was too ill for more treatment and death was inevitable, asked for confirmation
- Wife initially distressed, but later relief since she no longer was burdened by secrecy
- Pt died 3 days later after he had chance for meaningful conversations with wife

# In a nutshell

- Ethical: Ethical theories (Western) alone fail to provide clear guidance on decisions regarding truth-telling
- Legal: Legal requirements (UK) increasingly protect pt's right to autonomy and right to privacy (confidentiality) – favor truth-telling
- Emotional: Challenges arguments for withholding the truth due to concerns that the truth can cause harm and destroy hope
- Practical: Collusion can negatively impact pt-family relationship, pt-provider relationship, and collaboration of multidisciplinary team in providing care to the pt

# Why are ethical theories inadequate?

1) Different interpretations of some theories can be used to justify both sides of the argument

## Utilitarianism

“the end justifies the means”

“greatest good for the greatest number”

For Truth-Telling	For Collusion
Leads to a good death (dies peacefully, pt had opportunity to make preparations for death, closure with family) – benefits pt and family	Telling the truth may not reduce the pain of parting on family, can lead to family distress
Truthfulness have utility to society as whole	Achieves greater happiness for the greatest number (family) – however, later family became unhappy with decision

# Four Principles of Biomedical Ethics (Beauchamp and Childress 2001)

Principle	For Truth-Telling	For Collusion
<b>Autonomy</b>	Respects pt autonomy – however, true autonomy for seriously ill pt is debated	
<b>Beneficence and Non-maleficence</b>	<p>Benefit to pt: has chance to prepare for death, find meaning</p> <p>Harm to pt: undermines autonomy</p> <p>Benefit to family: pt can attend to own affairs, spared burden of secrecy</p>	<p>Harm to pt: cause distress, hopelessness</p> <p>Benefit to family: satisfy wish to protect loved ones from painful truth</p>
<b>Justice</b>	Prevent equality of access to needed services/care (e.g. palliative care)	

# Why are ethical theories inadequate?

2) Some theories cannot stand alone when applied in practice

## Deontology

“moral worth of the act”

Being truthful is a moral act (lying is wrong)

Counterargument:

Cannot be an absolute rule

Exceptions to the rule in practice

# Legal (UK)

- Evolving situation increasingly favors truth-telling
- Early case law: respects doctor's clinical judgement of pt's best interest
- Recent developments: support pt right to information and treatment decisions (autonomy, informed consent, confidentiality)
- Few exceptions
  - therapeutic privilege: withhold truth on grounds that information is thought to be detrimental to pt's wellbeing (open to judicial scrutiny)
  - serious illness: temporary state, capacity can be restored



# Emotional

Challenges to argument that truth can cause harm and destroy hope

- In the literature, pt can retain hope and optimism even with knowledge of poor prognosis
- Open relationships with family and staff are core components of maintaining hope
- Distress at hearing bad news is a part of psychological preparation for death (Kubler-Ross)
- “Benefit of knowing and being able to vent emotions is greater than coping with uncertainty”
- Allows pt to search for meaning and purpose at end of life

# Practical: Negative impacts

- Pt-family relationship
  - Burden of secrecy can cause family to withdraw emotionally and socially
- Pt-provider relationship
  - Avoidance behavior
  - Destroys trust in relationship
- Team conflict and fragmentation leads to inadequate care
  - RN experiences “moral distress” when doctor withholds truth (doctor has role of prognostic disclosure)
  - RN has role as pt advocate, should be involved in decision about truth-telling



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# TRUTH TELLING IN MEDICINE: THE CONFUCIAN VIEW

RUIPING FAN AND BENFU LI

- Perspectives of scholars of Chinese medical ethics
- Focuses on question of whether the doctor should tell the truth if family decides to hide the truth (collusion)
- Provide moral justification of physician deception (historical and modern practice) grounded in Confucian view
- How Confucian understanding of truth-telling can be sustained in contemporary China (Reconstructionist Confucianism)

# In a nutshell

- Current and traditional practice of withholding the truth in Confucian moral tradition should be distinguished from Western traditional practice of paternalism
- Pt's best interest is the general justification for deception
- Authority of determining pt's best interest rests with family rather than the physician
- Family has ultimate authority to decide IF and HOW to disclose truth to pt
- In Confucian view, autonomous unit is the family rather than the individual
- Chinese law allows for non-disclosure to pt to avoid harm to pt. Obligation to tell family and obtain consent from family

# Confucian moral vision: Historical context

- Traditional Confucian way of life is familist (interdependent) – ill person is first and foremost a family member and should be taken care of by family
- Confucian physician (junzi) is an exemplary person of moral integrity and character exercising Confucian virtues, practicing medicine reflects Confucian way of life
- Cooperation with family in withholding truth is consistent with Confucian way of life

# Reconstructionist Confucian View: Contemporary China

Family has social and polity authority =  
autonomous entity

Guiding principle in truth-telling should be  
governed by a Confucian familist view (2 conditions  
must be met for doctors to withhold truth):

- 1) Doctor finds evidence of mutual concern of  
family for the pt
- 2) Family's wishes not in significant disagreement  
with doctor's judgment of medical best interest

# Reconstructionist Confucian View: Contemporary China

- Broad acceptance of familist values must be present
  - Hard to keep access to health information from pt in modern clinical practice
  - Pt must be committed to familist approach and agree to forgo wanting to know the details of truth themselves