



## Ethics

### Truth Telling<sup>1</sup>

Presented by

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#### What is truth telling?

Truth telling involves the provision of information to enable patients to make informed choices about their health care and other aspects of their lives through accurate information about their situation. Truth telling requires accuracy and honesty, thus information must be presented to the patient in such a way that it can be easily understood and applied. Truth telling fosters trust in the medical profession and rests on the respect owed to patients as autonomous individuals. It also prevents harm, as patients who are uninformed about their situation may fail to get medical help when they should.

#### Why is truth telling important?

##### Ethics

The truth telling is the corner stone of the ethics of the medical profession.<sup>(1)</sup> The patients should be told the truth because of the respect due to them as persons. Patients have a right to be told important information that physicians have about them.

Not telling the truth can harm patients in many ways; Patients may fail to obtain medical attention when they should about their condition, may make decisions affecting their lives that they would not make if they were aware of their condition especially in the course of a serious illness.<sup>(2)</sup> Above all telling patients the truth about their condition should gain the public's confidence in the medical profession.<sup>(3)</sup>

##### Law

Legal aspects of physician-patient communication are well known through the Egyptian medical syndicate and the MoHP code of practice. Physicians should provide patients with all information about their illnesses and communicate that information in a way that is understandable to the patient. Public awareness of their rights to know has increased in the last decades. Good communication is required after treatment as well as before. During treatment, the practice of "protecting / shielding/ hiding" patients from bad news is hammering insurance and legal firms in Egypt with a lot of cases for compensation due to "I was not told that" " I did not know" i.e. from communication difficulties between physicians and their patients. There is always a debate if the patient's emotional condition is such that telling the truth of bad news could cause harm.<sup>(4,5)</sup> Doctors should always start that all patients are able to cope with the facts, and reserve not telling the truth for cases in which more harm will result from telling the truth than from not telling it.

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1 Summarized from: Philip CH, Barry H, Kathleen CG, Peter AS. CMAJ. 1997;156:225-8.

## **Empirical studies**

### **Physicians**

In a landmark study conducted in 1961, 90% of a sample of 219 US physicians reported that they would not disclose a diagnosis of cancer to a patient.<sup>(6)</sup> Of 264 physicians surveyed almost 20 years later, 97% stated that they would disclose a diagnosis of cancer.<sup>(7)</sup> This indicates a complete reversal of professional attitudes toward truth telling, at least in the context of a diagnosis of cancer.

Cultural values appear to influence physicians' attitudes toward truth telling. In one study, US physicians who reported that they commonly tell cancer patients the truth said that they did so in a way that was intended to preserve "hope" and "the will to live," both valued notions in US society.<sup>(8)</sup> The findings of another study suggested that gastroenterologists from southern and eastern Europe were less likely to be candid with patients than their North American counterparts.<sup>(9)</sup>

### **Patients**

The literature suggests that most patients want to be informed about their situation. For example, in a 1957 study involving 560 cancer patients and their families 87% of respondents felt that patients should be told the truth about their illness.<sup>(10)</sup> In a study done before any treatment existed for multiple sclerosis, many patients with the disease felt they had a right to know what was wrong with them. Some were angry about being asked why they wished to know. One wrote: "Do I have to explain why? Just so that I know."<sup>(11)</sup> A survey conducted in 1982 indicated that 94% of patients wanted to know everything about their condition, 96% wanted to be informed of a diagnosis of cancer and 85% wanted to be given a realistic estimate of their time to live, even if this were less than 1 year.<sup>(12)</sup> Other studies showed that over 90% of patients wanted to be told a diagnosis of Alzheimer disease<sup>(13)</sup> and that over 80% of patients with amyotrophic lateral sclerosis wanted to be given as much information as possible.<sup>(14)</sup>

### **Outcomes**

Truth telling increases patient compliance,<sup>(15)</sup> reduces the morbidity such as pain<sup>(16)</sup> associated with medical interventions and improves health outcomes.<sup>(17)</sup> Informed patients are more satisfied with their care and less apt to change physicians than patients who are not well informed.<sup>(18)</sup>

Some studies suggest that truth telling can have negative consequences. For example, the diagnosis of hypertension may result in decreased emotional well-being and more frequent absence from work.<sup>(19)</sup>

### **How should I approach truth telling in practice?**

Truth telling can be difficult in practice because of medical uncertainty and the concern that bad news might harm the patient. It can also be difficult when medical error occurs and when the patient's family is opposed to truth telling.

The persistent uncertainty in medicine can and should be shared with patients.<sup>(20)</sup> 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,<sup>(21)</sup> their desire not to know the truth of their situation. When such desires are authentic they should be respected. It is possible to deliver the truth in a way that softens its impact; many books provide practical suggestions on telling bad news.<sup>(22,23)</sup> The truth may be brutal, but "the telling of it should not be."<sup>(24)</sup>

Physicians should disclose the occurrence of adverse events or errors to patients but should not suggest that they resulted from negligence. The admission of error is not an admission of substandard practice. Negligence is a finding made in court, not by physicians or their colleagues.

Telling the truth can defuse resentment on the part of the patient and reduce the risk of legal action.<sup>(25)</sup> People sometimes sue physicians out of a "need for explanation -- to know how the injury happened and why."<sup>(26)</sup> Truth telling at the time of the misadventure can ensure that an injured patient seeks appropriate corrective treatment promptly. Such frankness may thus foster, rather than undermine, the patient's trust in physicians.

In some cultural settings patients with terminal illnesses may waive their right to know about their situation or transfer that right to family members.<sup>(27)</sup> Physicians should explore such waivers sensitively with their patients to ascertain whether they are authentic requests. Patients should be explicitly offered the opportunity to be told important information.<sup>(28)</sup> When a patient has a serious illness such as cancer, it may be helpful to document his or her preferences regarding the involvement of

family members. Families who resist disclosure of the truth should be counselled about the importance of truth telling, much as they might be counselled about the appropriate management of any medical problem.

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