TRUTH-TELLING AND DECEIT

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Worshipful Society of Apothecaries DPMSA

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PLAN

First half:

- Ice breaker activity
- What do we mean by truth telling and lying?
- What is the philosophical basis behind truth telling?

Second half:

- Cases in group
- Harms of truth-telling, when it might be justifiable to lie, practicalities of truth-telling and examples

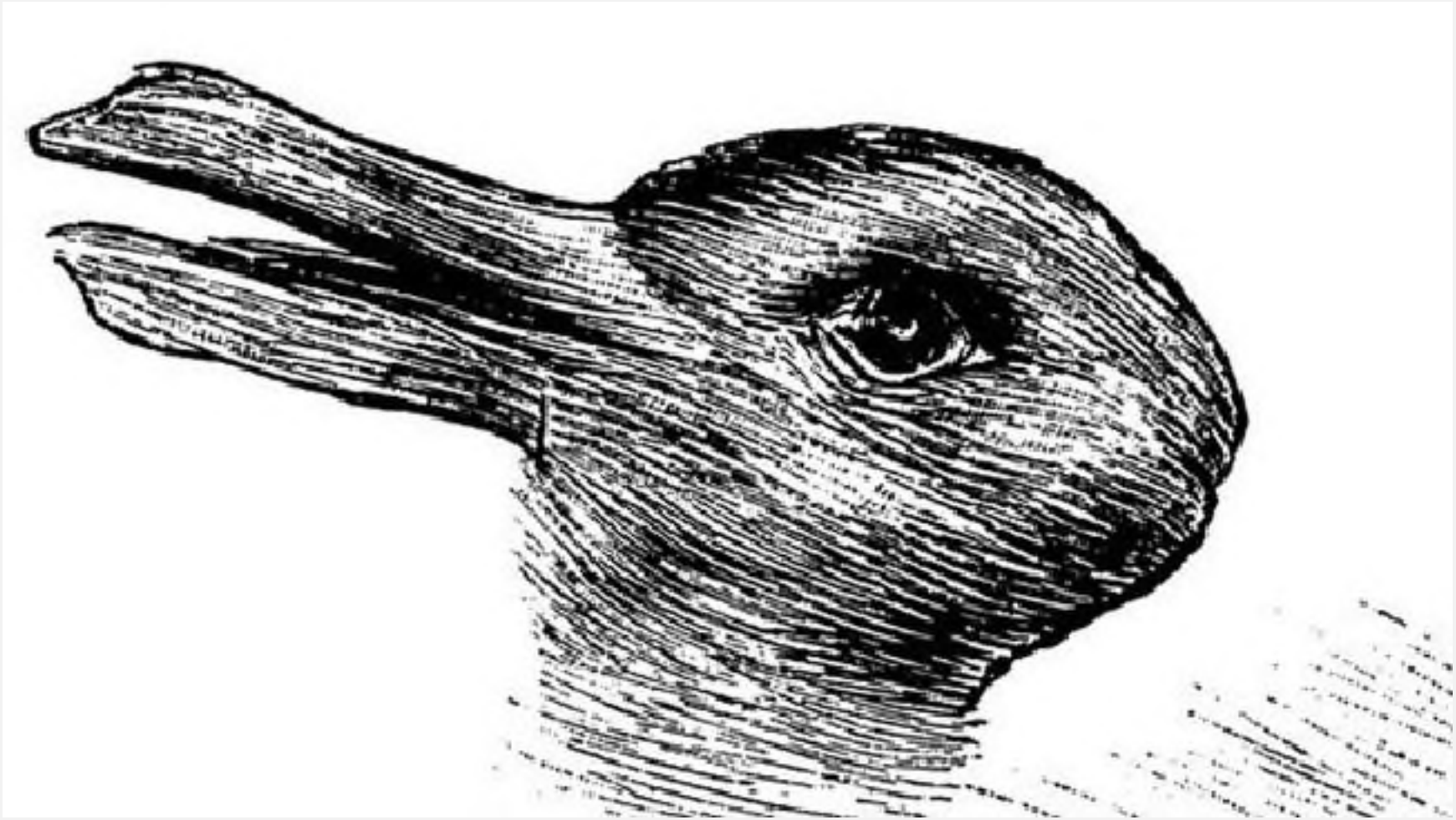
ICE BREAKER – 3 MINUTES

Group to nominate one person (or volunteer!)

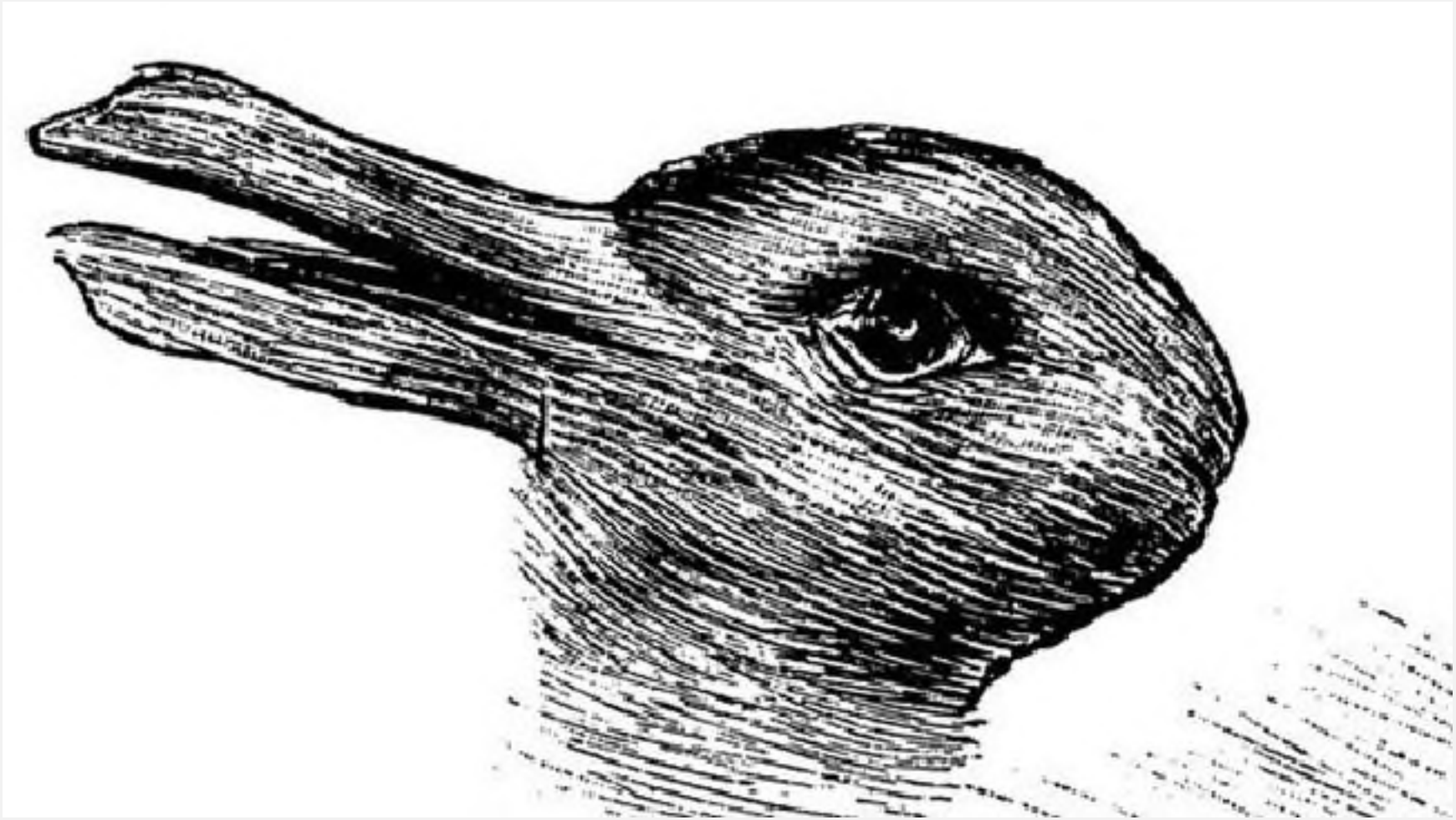
- Tell the group 3 statements - 2 lies and 1 truth
- Group allowed to ask questions
- Guess which statement is true

LIES!

- Who was a good liar?
- Who was a bad liar?
- What made them such?



What does this picture show?



Duck or rabbit?

- https://www.youtube.com/watch?v=mMEhlPR09_A

WHAT FACTORS ARE RELEVANT IN TRUTH TELLING?

- Not just about the "truth" (i.e. fact) itself, but consider:
  - "Factualness" of information being given
  - How the information is delivered
  - Communication style of the liar
  - Context in which the statement is being given
  - Characteristics and background of the person giving the statement
  - The relationship between the liar and the listener
  - The intention of the liar

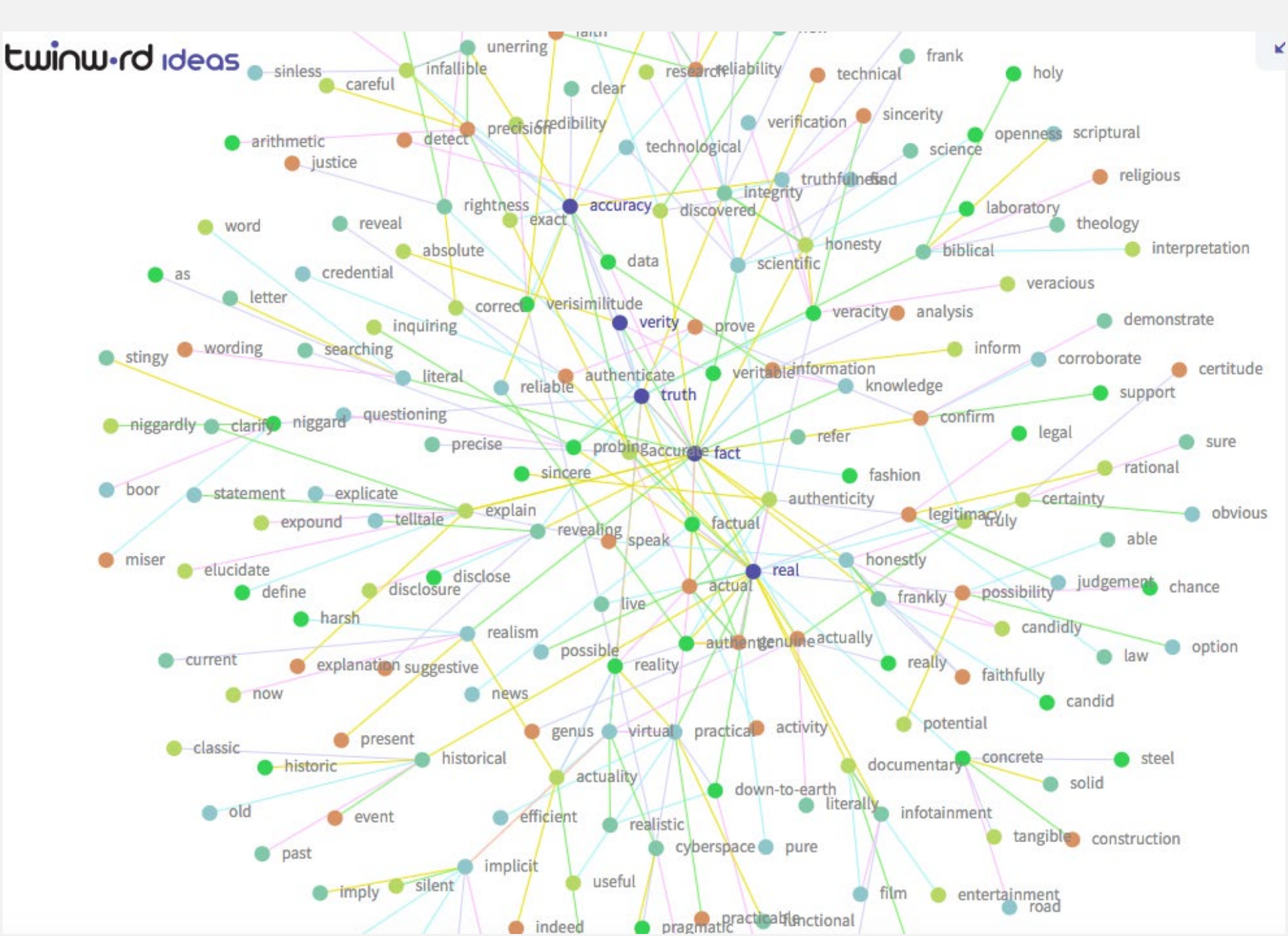
Distinction between truth vs truthfulness

TRUTH TELLING – WHAT DO WE MEAN?

- Accuracy vs Sincerity (Williams 2002)

- "The idea that the truth, the whole truth, and nothing but the truth can be conveyed to the patient is an example of false abstraction....Since telling the truth is impossible, there can be no sharp distinction between what is true and what is false" *(Henderson, NEJM, 1935)*

- Distinction between "truth" and "falsehood". Should always be "truthful", even where the truth may be out of reach. *(Bok, 1978)*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indeed
pragmatic
practicable
functional

WHAT IS A LIE?

3 essential features:

- The lie communicates information
- Liar believes what they are "saying" is untrue
- Liar intends to deceive/mislead

- A lie is "an intentionally deceptive message in the form of a statement" *(Bok, 1978)*

Caveats:

- Liar does not have to actually give false information (just believe it to be false)
- Lie does not have to be told with malicious intent

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- Liar intends to deceive/mislead

But what about…

- Conflating?
- Failure to disclose?
- Withholding information?
- Being liberal with the truth?
- Saying it sarcastically?
- Being "ironic"?

- A lie is "an intentionally deceptive message in the form of a statement" *(Bok, 1978)*

Caveats:

- Liar does not have to actually give false information (just believe it to be true)
- Lie does not have to be told with malicious intent

WHY IS TRUTH TELLING IMPORTANT?

- Morally
- Professionally
- Technically/Medically

MORAL BASIS FOR TRUTH TELLING

DOCTOR-PATIENT RELATIONSHIP

- Therapeutic relationship based on trust

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- Therapeutic relationship based on trust
  - To tell truth
  - Not to lie
  - Not to deceive
  - To do their best to care for the patient…

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- Therapeutic relationship based on trust
  - To tell truth
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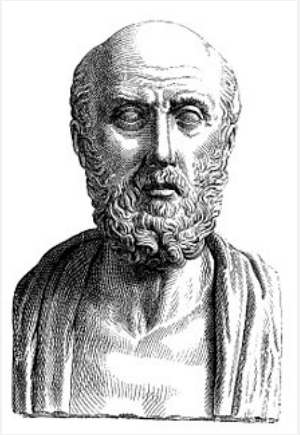
  - Not to deceive
  - To do their best to care for the patient…
- Cultural relativism



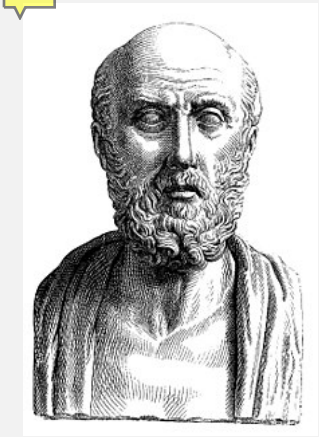
HISTORY OF TRUTH TELLING IN MEDICINE

5th century BC

- Hippocrates – no reference to doctors lying to patients but rather patients lying to doctors!
  - *"Keep a watch also on the faults of the patients, which often make them lie about the taking of things prescribed."*
- Plato – legitimacy of doctors' lies depends on likely benefit to patient health

18th/19th century – favoured benevolent lies, with disclosure only if absolutely necessary – AMA code of ethics 1847 - avoid 'gloomy prognostications'

(Sokol 2006)



HISTORY OF TRUTH TELLING IN MEDICINE

20th century –

- Gradual growth of supremacy of truth
- However, still some use of deception, particularly for psychosomatic illness where limited cure and doctor's role in explaining the treatment was of great importance:
- Dr Kenneth Lane (GP 1930s) – recounts prescribing the "latest bit of fashionable nonsense"
- Harry Gold (Pharmacologist) – "honest doctors are not likely to find it easy to give evidence of enthusiasm for coated sugar-pills"

1950s – more effective drugs and treatments and greater public understanding of cancer, prognosis, medicine → increasing truth telling

1960s – 70s – increasing empirical evidence that doctors were withholding information (terminal diagnoses) but patients wanted this information

(Sokol 2006)

CULTURAL DIFFERENCES

- Ango-Saxon cultures generally favour giving information about prognosis
  - But still variation within this – southern European countries more likely to conceal diagnosis compared to northern European countries
- Some cultures have norm of non-disclosure (e.g. Japan, China)
- Some cultures will inform the family, and leave decision of disclosure to patient to them (e.g. India, China, Iran, Lebanon, Singapore)

(Slowther 2009, Tuckett 2004, Sokol 2006)

PHILOSOPHICAL BASIS FOR TRUTH TELLING

KANT

- Prima facie perfect duty never to tell a lie
- Categorical imperative
  - "Act only in accordance with that maxim through which you can at the same time will that it become a universal law" *(Groundwork p31)*
  - If permissible for individuals to lie → permissible for everyone to lie (categorical imperative) → communication break-down → impossible to know if truth or lies → self-defeating
- We cannot be certain of consequences of lying, but we can be certain of the morality of lying, therefore we should neve lie
- Lying treats the agent as a means to an end (the liar's desired outcome), rather than as a means in themselves

KANT'S CASE OF THE INQUIRING MURDERER

- Since telling the truth must be universal, one must (if asked) tell a known murderer of the location of his prey
- Kant agreed – one must not lie to a murderer
  - Moral actions do not derive their worth from the expected consequences
  - Lying to the murderer treats the murderer as a means to another end (denies the possibility of the murdered being a free rational actor)

On a Supposed Right to Lie Because of Philanthropic Concerns

UTILITARIANISM

- Act utilitarianism – rightness depends on consequences in the specific circumstances
  - Challenges – difficult to predict consequences
- Rule utilitarianism – if doctors do not tell the truth/withhold information/deceive patients → loss of trust in medical profession with adverse long-term consequences irrespective → probably not morally justified. Examples:
  - Breakdown patient-doctor relationship
  - Poor compliance with treatment
  - Unable to recruit patients for research
  - Worsening medical practice (reporting medical errors, duty of candor, whistleblowing)

PRINCIPLISM

- Balance:
  - Autonomy (patients right to self-determination/self-governance)
  - Beneficence (benefits of knowing, being fully informed)
  - Non-maleficence (distress caused by the truth) – therapeutic privilege
  - (Justice – treating equals equally and unequals unequally)

THE AUTONOMOUS PATIENT

- Numerous studies show patients desire the truth, including over bad news, failed treatment, and death
- But… an autonomous individual also has the right to decide ***not*** to be told information
- How can they know how much information they want without knowing the information?
- Can you be fully autonomous without having the truth?

VIRTUE ETHICS

- Suggested virtues:
  - Honesty
  - Integrity
  - Accuracy (carefully investigating & deliberating over evidence before accepting as true)
  - Sincerity (genuinely expressing to others what one believes to be true)
- Necessary to facilitate human flourishing

General side-effects

Uncommon

Gastrointestinal discomfort; hypersensitivity; rash (discontinue); skin reactions

Rare or very rare

Angioedema; dyspnoea

Frequency not known

Asthma

Specific side-effects

Uncommon

With oral use

headache; nausea

Rare or very rare

With oral use

acute kidney injury; agranulocytosis; anaemia; constipation; diarrhoea; gastrointestinal disorders; haemorrhage; leucopenia; liver disorder; meningitis aseptic (patients with connective-tissue disorders such as systemic lupus erythematosus may be especially susceptible); oedema; oral ulceration; pancytopenia; renal papillary necrosis; severe cutaneous adverse reactions (SCARs); shock; thrombocytopenia; vomiting

Frequency not known

With oral use

Crohn's disease; fertility decreased female; fluid retention; heart failure; hypertension; increased risk of arterial thromboembolism; renal failure (more common in patients with pre-existing renal impairment); respiratory disorders; respiratory tract reaction

With topical use

bronchospasm (in adults); renal impairment (in adults); toxic epidermal necrolysis (in adults)

Cautions

With intravenous use

may mask symptoms of infection (in neonates)

With systemic use

allergic disorders (in adults); cardiac impairment (NSAIDs may impair renal function); cerebrovascular disease; coagulation defects; connective-tissue disorders; Crohn's disease (may be exacerbated); elderly (risk of serious side-effects and fatalities) (in adults); heart failure; ischaemic heart disease; peripheral arterial disease; risk factors for cardiovascular events; risk factors for cardiovascular events; ulcerative colitis (may be exacerbated); uncontrolled hypertension

With topical use

avoid contact with eyes (in adults); avoid contact with inflamed or broken skin (in adults); avoid contact with mucous membranes (in adults); not for use with occlusive dressings (in adults); topical application of large amounts can result in systemic effects, including hypersensitivity and asthma (renal disease has also been reported) (in adults)

Cautions, further information

High-dose ibuprofen

A small increase in cardiovascular risk, similar to the risk associated with cyclo-oxygenase-2 inhibitors and diclofenac, has been reported with high-dose ibuprofen (≥ 2.4g daily); use should be avoided in patients with established ischaemic heart disease, peripheral arterial disease, cerebrovascular disease, congestive heart failure (New York Heart Association classification II-III), and uncontrolled hypertension.

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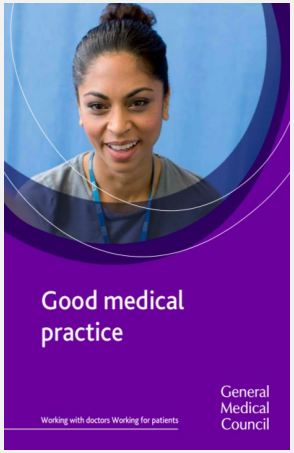
VIRTUE ETHICS

- But it is not possible to be frank and open always e.g. treatment side effects
- Need to employ Aristotle's phronesis (practical wisdom)
- O'Neil – aim to avoid deception rather than instill secrecy

VIRTUE ETHICS

- Are there any virtues which would support deceit?
  - Compassion?
  - Applying therapeutic privilege

PROFESSIONAL BASIS FOR TRUTH TELLING



- GMC's duties of a doctor – "Be honest and open and act with integrity"
- Good Medical Practice – "honest": 22 times, "trust": 16, "truth": 0
- Consent – "The exchange of information between doctor and patient is central to good decision-making" *(Consent, GMC 2008)*
- Candor and medical error – "Your duty to be open and honest with patients in your care, or those close to them, if something goes wrong" (GMC & NMC, 2015)

TECHNICAL/MEDICAL BASIS FOR TRUTH TELLING

- Medical outcomes:
  - Treatment compliance better with truth telling *(Herbert 1994)*
  - Better outcomes with truth-telling about prognosis and treatment *(Zakotnik, 1997, Smith & Swisher, 1998)*
  - If patients not perceive/actually told the truth may not seek medical attention → further harm, late diagnosis, etc
- Research
  - Encourages participation
  - Disclosing results
  - What about placebo-controlled trials?

GROUP EXERCISE

- Discuss your case
- Questions to consider:
  1. Which philosophical theories/moral principles for truth telling are most relevant and compelling in the case?
  2. What might be the harms of truth telling in this scenario?
  3. Is there a justification for not telling the truth in this case?

CASE 1

Miss Y is a 32 year old lady who comes to see her GP. She has just found out she is 9 weeks pregnant. She has a background of anxiety, does not have a stable partner, and is in severe financial difficulties. She is unsure that she feels able to continue her pregnancy. She asks the GP, with whom she has a good and long-term relationship, whether he thinks she should have an abortion. The GP is a practicing Roman Catholic and from a personal religious perspective feels abortion is immoral.

CASE 2

Mr K is a 29 year old man with metastatic melanoma is admitted to the oncology ward. In spite of first, second and third line chemotherapy his disease has continued to progress and his prognosis is poor. He has two young children and is desperate to "fight his cancer to the bitter end" and "never give up". He has previously said he is willing to try everything, and wants to be as positive as possible for his family. A new experimental immunomodulatory therapy treatment is currently being trialed in the hospital, however the preliminary results are disappointing, patients have had significant side effects. He asks the oncologist whether he thinks taking part in the trial is "worth a shot".

CASE 3

Ms M is 32 weeks pregnant. During her antenatal appointments she gave permission for HIV testing at 24 weeks (a routine part of antenatal care). The test came back positive, but between sending her test to the lab and getting the results back, Ms M changed her mind about having the test and withdrew her consent. The doctors explained that it was too late to retrieve her specimen and she was emphatic that she didn't want to know the result, whatever it was.

(Adapted from Draper et al 2007)

CASE 4

Mrs J is a 72 year old lady admitted with a pneumonia and a pleural effusion (fluid on her lungs). She needs a chest drain inserting to drain the fluid. Dr K is a junior doctor on the ward, and has never put in a chest drain before, although has received teaching on it and watched senior doctors inserting them. He explains the procedure to Mrs J to get consent. Mrs J asks whether he has much experience with this procedure.

WHAT ARE THE POTENTIAL HARMS OF TRUTH TELLING (OR THE BENEFITS OF LYING)?

- Lying might be a good therapy
- Truth may harm the patient
- Patient might want to be lied to/not be told the truth
- Patient won't understand the truth
- Patient wouldn't believe the truth
- There is no truth

WHEN MIGHT A DOCTOR BE EXCUSED FROM TRUTH TELLING?

- Do doctors/nurses have a special exemption from being truthful because of the nature of their work?
- "The test of publicity asks which lies, if any, would survive the appeal for justification to reasonable persons" (Bok 1978)
- Examples:
  - Patient doesn't want to know
  - Placebo-controlled trials
  - Therapeutic privilege

THERAPEUTIC PRIVILEGE

- Using lies or deception to preserve the patient's hope, and psychological and moral integrity, as well as his self-image and dignity

  - TP "creates a conflict between the physician's obligations to promote patients' welfare and respect for their autonomy by communicating truthfully" and "[w]ithholding medical information from patients without their knowledge or consent is ethically unacceptable" *(American Medical Association Council on Ethical and Judicial Affairs, 2010, Opinion 8.082)*

CHALLENGES TO TRUTH TELLING IN PRACTICE

- Relatives
- Medical uncertainty
- External and organizational pressures (e.g. time)

OTHER PRACTICAL ISSUES

- Documentation
- Audio-recording of telephone consultations

PATIENTS LIE TOO…

Mrs J is a 67 year old lady with diabetes, heart failure, depression and hypertension and is on eight different medications including diazepam which she takes for anxiety. Her GP has been keen to get her off this addictive medication but she doesn't want to stop it. Her GP gives her limited numbers of tablets each month. She has been taking a higher dose than her prescription, so calls 111 to speak to an out of hours doctor (who doesn't have access to her records) and says she has lost them

AND THE MEDIA LIES…

- Study of 41 RCTs - retrieved scientific article, press release and news articles
- "Spin" (defined as specific reporting, intentional or unintentional, that overemphasized the beneficial effect of experimental treatment) demonstrated in:
  - 41% abstracts
  - 46% press releases
  - 51% news items

(Yavchitz et al, 2012)

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CHILLAX ON HOL IS 'DEADLY' Just two weeks lying on a beach on holiday 'increases the risk of early death'

Experts say relaxing by the pool can increase the risk of type 2 diabetes and heart disease

By Nick McDermott

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By Nick McDermott

Diabetologia

June 2018, Volume 61, Issue 6, pp 1282–1294 | Cite as

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Short-term decreased physical activity with increased sedentary behaviour causes metabolic derangements and altered body composition: effects in individuals with and without a first-degree relative with type 2 diabetes

Authors | Authors and affiliations

Kelly A. Bowden Davies, Victoria S. Sprung, Juliette A. Norman, Andrew Thompson, Katie L. Mitchell, Jason C. G. Halford, Jo A. Harrold, John P. H. Wilding, Graham J. Kemp, Daniel J. Cuthbertson

28 young fit adults asked to reduce daily steps from 10,000 to 1,500 for 14 days → reduced muscle and waistlines 1cm larger

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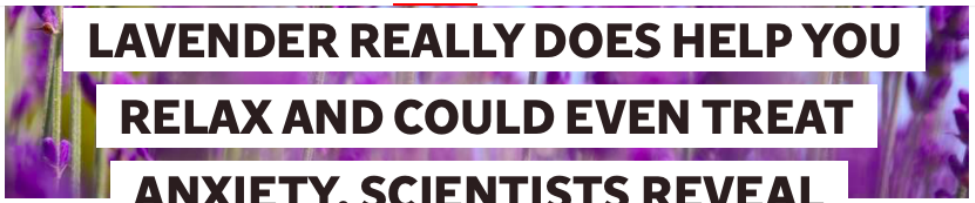

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By Nick McDermott

ORIGINAL RESEARCH ARTICLE
Front. Behav. Neurosci., 23 October 2018 | https://doi.org/10.3389/fnbeh.2018.00241

Check for updates

Linalool Odor-Induced Anxiolytic Effects in Mice

Hiroki Harada[1,2†], Hideki Kashiwadani[1*†], Yuichi Kanmura[2] and Tomoyuki Kuwaki[1]

[1]Department of Physiology, Graduate School of Medical and Dental Sciences, Kagoshima University, Kagoshima, Japan
[2]Department of Anesthesiology, Graduate School of Medical and Dental Sciences, Kagoshima University, Kagoshima, Japan

Mice who inhaled linalool (a chemical in lavender) were less anxious in behavioral tests

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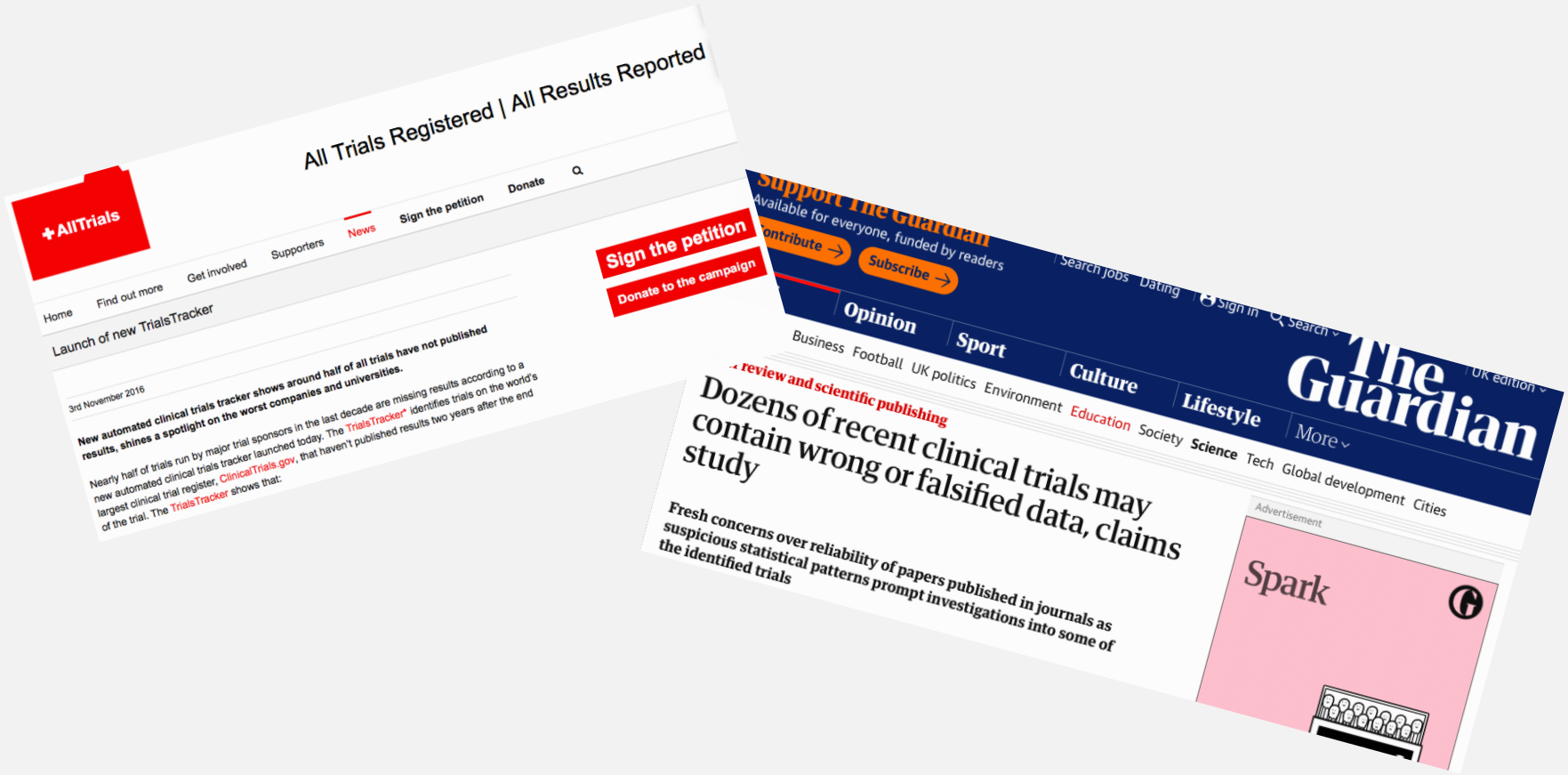
AND EVEN RESEARCHERS "LIE"



CONCLUDING THOUGHTS

- Philosophical/moral basis for truth telling
- It is important in medicine
- But is it really absolute?
- And if not, under what conditions is it morally justified?

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