

BIOETHICS NOTES

a newsletter from the Bioethics Review & Advisory Committee



October 2007

"Is there in truth no beauty?"

Star Trek: The Original Series, Episode #60 written by Jean Lisette Aroestebrham

Can deceiving patients be morally acceptable?

By Robert A. Roush

Recently, the Bioethics Committee at Geisinger reviewed the article, "Can deceiving patients be morally acceptable?" by Daniel K. Sokol (2007, "Can deceiving patients be morally acceptable?" *BMJ* 334(7601): 984-986). The author's position is that "on rare occasions benignly deceiving patients can be morally acceptable." He created a flowchart to facilitate the process of when to "lie or withhold the truth," which, let's face it, is what deception is. You can find the article [here](#).

The article reminded me of my stint as Executive Director of the AIDS Services Center in Bethlehem, PA, where we were responsible for the medical case management of AIDS patients. Actually, we called them "clients," not patients. "Patient" implies to patiently wait while the doctor "does healthcare unto them." Maybe that's one of the reasons why someone might think it's OK to sometimes deceive patients.

Flashback to 1990, a time when there were no effective treatments for HIV infection, save AZT, which did not do much but create a whole host of side effects. One of our case managers came to me with a problem. She said a female client (yes female is significant, because I doubt it would have happened with a male client, but that's the subject of another ethics article...) had come to her complaining of extremely itchy skin and a lot of pain- both from scratching and other joint aches and pains. Of course, infections in immune-compromised clients are likely to cause such problems, but we did not diagnose and treat, we referred back to the physician when appropriate.

MEET OUR COMMITTEE MEMBERS

ROBERT A. ROUSH

Robert Roush started in non-profit healthcare in 1978 when he founded the Western New York Alzheimer's Disease Association with other members of his family. Since then, he has worked or volunteered for a number of health-related organizations including the American Heart Association, the AIDS Services Center, the Northwest New Jersey Community Action Program and the Pennsylvania Diversity Network. Dr. Roush came to Geisinger in 2005 and currently serves as the Senior Development Officer at Geisinger Health System Foundation responsible for corporate and foundation relations.

A couple weeks after the client visited her doctor, she returned complaining of all the same symptoms, but now feeling kind of tired and, "really weird." I requested that the client tell us what the doctor had done when she complained of her itching and pain. She said he (yes, it was a "he") gave her a prescription. I inquired what it was. When I looked it up, it turned out he had given her a psychotropic medication that was normally used to treat schizophrenia. Since we provided medical case management and had medical record access privileges with the client, we knew she wasn't diagnosed as a schizophrenic.

Long story short, I am certain the physician did what he thought was right, but was it ethical? I instructed the case manager to share the drug information with the client, and tell her she had the right to discontinue its use if she felt it was not helping her. Someone will think we meddled inappropriately in patient care, but I will tell you that the incident did not go very far in helping with the client's trust of the medical establishment, or her medical condition. She came to us in worse shape than before she went to her physician.

"Consult with a few colleagues about a tasteful and tactful way to tell the truth before resorting to deception."

In our Bioethics Committee, we discussed how a little tact and finesse in telling the truth to a patient goes a longer way than in following a flowchart about when it is permissible to deceive them. Our advice? Consult with a few colleagues about a tasteful and tactful way to tell the truth before resorting to deception.

Respectfully submitted,

Robert A Roush