

Professional secrecy is an ancient tradition of the medical profession, dating back 24 centuries to the time of the Hippocratic Oath.

It may be in the patient's own interests to disclose his condition. Those in practice will also have found that it is constantly necessary to deliberately disclose the patient's condition to some other person, in order that he may be properly treated.¹

This may be done with the patient's consent, express or implied, but where it is necessary to keep the truth from the patient, disclosure must be made without his consent. Of particular delicacy is the case where the mental condition of the patient is in question.

Failure to warn suitable persons of signs in the patient of melancholia, suicidal tendencies and the like is a failure to safeguard the patient, and could be grounds for an action for malpractice.

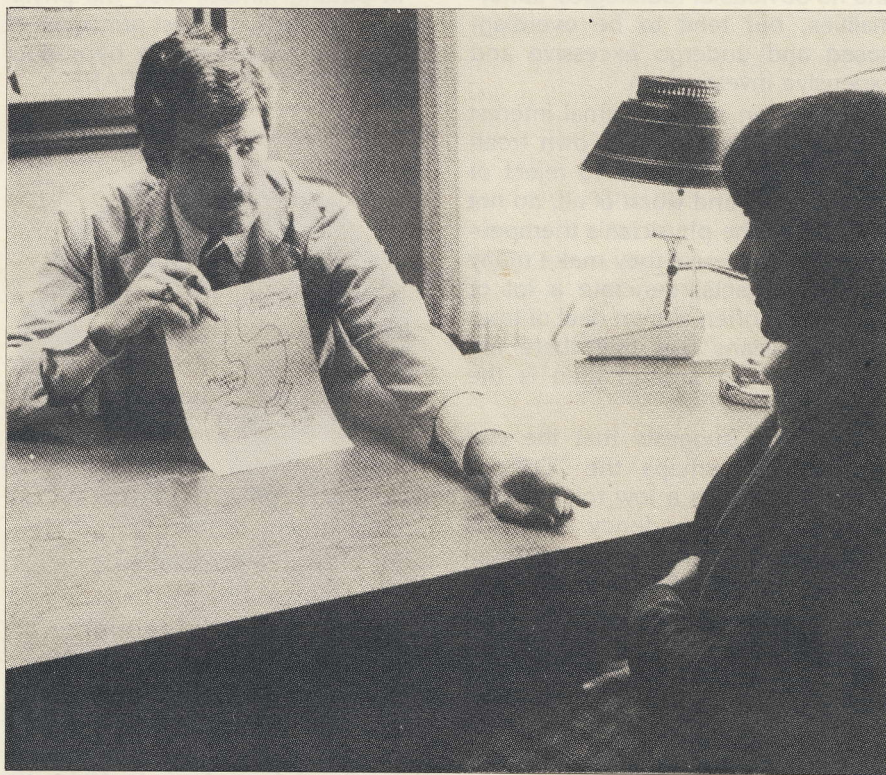
Our problem arises as to what to disclose to the patient. A patient who is responsible for his actions must be adequately informed of the nature of his proposed medical treatment, its risks and consequences, before he is asked to give his consent to treatment. It is not sufficient to obtain the signature of the patient on the form which gives the doctor authority to carry out whatever treatment he considers necessary.²

The patient is the owner of his own body and it is an actionable trespass to assault the body without the patient's consent. There is a special relationship between a patient and a doctor that is independent of the duty to provide proper medical treatment. The doctor is in a position of trust and must not abuse any influence he has over his patient. The duty of a doctor to inform his patients and give a prognosis raises moral and ethical considerations as well as legal difficulties. Where financial loss is caused by the patient's acting upon a negligent prognosis he has an actionable claim for damages.

The position changes where the patient is seriously or terminally ill or injured. It may be accepted that the patient has agreed to any form of treatment which is essential to improve or heal his condition. This does not mean that the patient should be kept in the dark as regards the nature and degree of the proposed measures to be taken. Financial implications are also important here, as the patient may not know what he is letting himself in for.³

Telling your patient the truth

by Medju



This case illustrates the difficulty in defining truth and harm.

The next example involves a woman who is in an extremely critical condition after an automobile accident that has killed one of her four children, and severely injured another. Her very tenuous hold on life might be weakened by the shock on hearing of her children's conditions. The woman may ask nothing

and the physician tell nothing.

If she asks directly Henderson⁵ would regard attempts to deceive the woman as acceptable under the circumstances. Sheldon⁴ suggests that the physician might evade a direct response by indicating that the woman ought to rest to save her strength. He may indicate the injuries, but not the seriousness.

Truth telling

Truth telling is a very broad topic at issue in the practice of medicine. In addition to communication between physician and patient, issues which may have to be borne in mind are acts of civil disobedience falsified medical records, and the use of placebos. Sheldon⁴ discusses three very interesting situations.

A doctor's golfing friend contracted gonorrhea. He then had sexual relations with his wife who was also a patient of the same physician. The friend explains that he fears for his marriage if his wife learns the truth. As the physician is soon to be seeing his friend's wife for a routine examination, his friend asks whether the doctor would treat her, but conceal the diagnosis. If the doctor considers this knowledge to be less harmful than the actual knowledge of her husband's infidelity, he could with some small deception treat her with an antibiotic for a small minor infection. This may not be meeting his legal obligations to report all cases of venereal disease to the authorities.

Some would think that the woman ought to be fully informed of the truth. Henderson⁵ suggests that no harm can be done by telling the truth. Yet he says "do no harm".

The third example is that of a 50 year old man who has been discovered by his physician to have a certain form of cancer which has a 50 % recovery rate following a particular operation and extensive treatment, both of which could cause severe discomfort. The physician has reason to think that the patient will react negatively to the word "cancer" and wonders what information ought to be imparted to the patient.

Henderson⁵ would allow the physician to deceive the patient as to his real condition. Bok⁶ on the other hand would think that this is exactly the sort of situation in which the patient ought to be accurately informed of his circumstances. Sheldon says that the patient ought to be educated to the greatest possible extent regarding the nature of his cancer and the nature of the operation and treatment. The patient may subsequently decide not to consent to surgery.

If he is competent to make this decision, it would seem that it is his right.

A final example is where the physician has determined the patient to be in the last stages of a terminal illness. Should the patient be informed? Most writers agree nowadays that the patient ought to be informed. Studies indicate also that simply because a patient does not ask, it does not mean that he or she does not want to know.

Most doctors in practice will be faced with similar situations. Final decision rests with the physician. One way or the other he may be exposing himself to litigation.

References

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- 5 Henderson, L J *Physician and Patient as a Special System*. *N Engl J Med* 1935; 212, 819-823
- 6 Bok, S *Lying: Moral Choice in Public and Private Life*. New York, Vintage Books,, 1979.

The "Hungry Baby" - a problem in infant feeding



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