

NUR EARCHER

https://www.nursearcher.com/index.php/nrs Volume 1, Issue 1 (Jan-Jun 2021)

Case Study

Ethical Dilemma: Autonomy Versus Veracity

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ARTICLE INFO

Key Words:

Truth Telling, Ethics, Prognostic Information, Health Care Professionals

How to Cite:

Karam Din, S., Yaqoob, A., Assad, R., & Basharat, S. (2021). Ethical Dilemma: Autonomy Versus Veracity: Ethical Dilemma. *NURSEARCHER* (*Journal of Nursing & Midwifery Sciences*), 1(01), 34–37. https://doi.org/10.54393/nrs.v1i01.3

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Received Date: 26th March, 2021 Acceptance Date: 21st April, 2021 Published Date: 30th June, 2021

ABSTRACT

Ethical principles have to be applied by health care providers as well as by organization even in challenging conditions. This case study discusses, through the case of a patient with poor prognosis of lung cancer. The ethical dilemma of telling truth and withholding information about diagnosis. The respect for autonomy is necessary for patients. Health care providers must respect for ethical principles. This case study also discusses the implication of controversies and issues related to telling truth relevant to clinical practice. A 50-years old female, having two children visits hospital with a history of lung tumor she has her last visit with doctor with the family. The family was shocked with the news that metastatic lung cancer was suspected. Due to worsened condition, she was suffering with intestinal obstruction, vomiting and difficulty in breathing. She came to know of her worse condition and denied to seek medical and surgical treatment. Laparotomy was performed, nasogastric tube and urinary catheter passed. Patient was refusing to any treatment which put the physician family in a complicated situation. They wanted to respect and honor her own wishes but on the other hand they also encouraged her to taking the treatments. Meanwhile, the medical team informed her family with an incurable diagnose. The family was nervous and requested the physician to hide this bad news from the patient. She was trusted that her disease is curable. A week later, was a wedding ceremony of her daughter and her family planned wedding her discharge from the hospital. Her family and physician were alert of her diagnosis but both were hiding the truth about her condition. They obscured the truth and this created a painful situation for the family and concerning health care professional. Veracity: Healthcare should tell the truth about terminal illness. Autonomy: The principle of autonomy states is individual right to make decisions. Social, political and ethical morals concepts that give individuals the right to make their own choices. Patient's autonomy should be respected in any circumstances. In this case, autonomy is not respected by the family and Healthcare provider and the patient was unaware of her lung cancer which is terminal diagnose.

INTRODUCTION

The issue of telling truth the terminally ill patients about their diagnosis is very difficult in many countries. Many difficulties come across in telling true diagnose to patient and the family during the treatment process which makes the physician and medical staff feel emotional distress and dissatisfaction. Health care professionals face a lot of problems in their clinical practice. Bad news transmission is one of these problems. At the earliest of 20th century, the main view about hiding the bad news from incurable patients was considered a belief. The only decision makers were doctors and they were documented as, performing on

their own choice, in order to preserve the truth from terminally ill patient, if the disclosing of bad news might be reason of hurt him/her [1]. The health care provider and patient relationship can be affected by withholding the true information which is very essential to achievement of better treatment. Hiding the Truth may lead to more inappropriate care. Self-confidence of patient can be lost to the health care provider as well as to the family can be resulted in disclosure of poor prognosis. Most people say that truth hurts but it is always been understood that honesty is the best policy. For the health care providers, it is

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always accurate thing to inform the truth to their patients. It is the moral duty for the health care providers. Telling truth to patients is one of the praised qualities of health care providers [2]. Trust disconcerting can manipulate the patients' faithfulness to therapy, which is essential and fundamental for its effectiveness [3]. It is the right of patient to have fully known ledged of the medical condition and prognosis. It is clearly stated in the International Code of Medical Ethics, amended by the 57th WMAs' General Assembly (2006), it is the HCP,s duty that in providing therapeutic care he take steps in the patient's best concentration and regarding his/her right to believe or reject treatment. This law was renewed by 171st Council's Session (2005), in the WMA's announcement on the human ethical rights of the Patient, according to this law the patient has the full right to liberty and choice of treatment, when the physician report to him/her of the diagnosis related to disease [4]. In the doctor patient relationship although autonomy has progressively become necessary part, but telling the truth is not considered in many countries in the world. Furthermore, open statement about patient 'diagnose between health care provider and cancer patients, there is still tough confrontation against exposé of diagnosis of cancer prognosis in many countries [5].

From the lens of health care providers

It is the part of HCP duty to give the true information to patient. HCP is expected to tell truth with patient and relatives. Lying is wrong and disrespecting the patient autonomy. The HCP might be conscious to give too much information to patient that can be overwhelming for him/her. He should robust strategies for effectiveness in delivering information about diagnosis. Psychological needs and preserving hope is essential for patients. The standard of truthfulness always be appreciated, as Plato recommended in Cratylus and Sophist. KANT states that, "honesty and truth telling" is a compulsory duty and, conversely, there is strictly no "right to hiding the truth" in any circumstances. KANT states that, in every situation everyone has to struggle to do the correct thing. Mutual confidence develops between the patient and health care provider while regarding the principle of veracity in medical practice. It has often proved helpful particularly in situations in which the patient medical staff fail to obtain the patient's permission or agreement. The physician might be supposed to cautious not to exaggerate the treatment benefits or a hard procedure [6]. In Western healthcare systems it has been considered that Autonomy is an essential ethical standard in making decisions and managing medical staff. While provide medical treatment to patients Respect for dependence (Autonym) has a vital role. This principle states that, untruthful to patients is morally wrong. Moreover, disobedience of ethical principles and with holding the true information is going against the Hippocratic Oath which states that "I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous." Non-disclosure of poor diagnosis is because of shortness of time and suitable situation in many organizations. Physicians visit a lot of patients in a day. To find enough time for communication with patients and relatives in an effectual way is very hard for them. To listen the concerns related with patients and answering them in a crowded organization is a tough job. Private place is very difficult to find.

From the family point of view

In many societies families are living in form of the strong units. Families have to protect its members. They want to save their family members from any painful experience of hearing complicated news about the prognosis or hurting facts. It is nature that family members resist to nondisclosure of information to patients. In their point of view true information of disease and prognosis will cause psychological stress to the patient. Usually, the rational non-disclosure and withholding of true information truth especially in cancer diagnosis follow the principle of beneficence. The relatives of patient from the feeling of hopelessness by telling truth information about his/her diagnosis. It is family's duty to protect its member because families have very strong bonds with each other Sometimes, They pressurized the health care provider to conceal the bad news from the ill person. Non-disclosure of poor diagnosis is because of lack of time and appropriate time in many organizations. Physicians visit a lot of patients in daily routine. It is very hard for them to find a sufficient amount of time for communicate with patients and relatives in detail. It is very difficult for health care provides to listen the concerns and answering them in a crowded organization. Private place is very difficult to find.

Researcher point of view

It is an important part of the patient care to provision of correct information. It is necessary for medical staff to take into accounts the patient's beliefs and preferences during treatment process and true information about disease. Allah is capable to heal any disease and do everything. Health care providers all the time compute up the concerns spoken by the patient, prominent the most important points of their transaction when the doctor offers accessibility and give encourage to the patient in every situation emotional holding of the patient can be at higher level of holding emotions [7]. By maintaining a level communication skill of Physicians to deliver bad news patient 'confidence could be attained. The technique of delivering the truth information to patient has much

positive effect on the prognosis and the sense of hope could be maintained. Health care professionals give more concentration to a patient's right of decision making and will frequently reveal the truth information to terminally ill patients honestly [8]. According to many studies in America 98% of physicians discussed the diagnosis with patients without any hindrance [7]. I think that to some degree that, without knowing their diagnosis dying is ethically incorrect. So, more attention is required to the give true information for patients diagnosed with terminal disease. It is ethical aspect. It is stated in International Council of Nurses (ICN) Code of Ethics that the nurses are responsible to give details and adequate true information to patients about nursing intervention in any situation [9]. Patients are provided with truth and total information, and patients' autonomy should be respect to accept or say no to treatment in any circumstances according to Code of Ethics and Professional Conduct for Nurses prepared by the Nursing Council in Hong Kong [10].

Justification of my points

In order to best care Health care provider must consider how to respect both his autonomy and the role of his wellintentioned and loving family in this case. HCP also remain an advocate for the Patient's rights of knowing truth about her disease in this challenging position. Patient's uncertainty may lead to growing by withholding the true information about the diagnosis and prognosis of his/her disease. confidence and trust may be lost in treatment occurs in non-disclosure of disease process. There is need to provide the true information to patient to make appropriate plans for future and also for look out for symptoms that indicate for further treatment plans. If the cancer patients have awareness of their diagnosis it will help in reducing the psychological distress. Psychosomatic trouble can be especially happened in patients who are not educated by HCP honestly and guessed their diagnosis through the duration of illness and drug adverse effects [5].

Contrary arguments

In some circumstances the patient suffering from terminal illness has no desire to know about truth. Many patients choose not to be up to date about their condition in some circumstances. Sometimes the patient is not capable of understanding the truth. A second argument against breaking bad news is that it effects on the progressive condition of disease. The patients, who may be cognitively impaired, confused or emotionally distressed. It is also possible that the truth would hurt the patient by causing severe grief and taking away hope. Dishonesty is perceived to maintain hope.

Ethical committee point of view

Ethical committee can play a specific role in cases which requires a set of interventions guided by morality and

ethics. Physicians could be trained to identify the specific way to give information to patients and families. Ethical framework often used to reconcile the conflicting dilemmas between disclosure of information and protection from bad news.

Possible consequences

Non-disclosure of the truth is based in the fear that in future bad news will considerably and harmfully change a patient point of view about diagnose and treatment. The family and HCP hide the true information to protect patients from terrible and complicated emotion distress especially in cancer patients. Serious diseases like cancer have two different levers of the prognosis. First one is "logical prognosis" of the physician and second one is the "emotional distress prognosis" of the terminally ill patient causative in carrying the load of nonstop pain and death. Preservation the true information can affect the connection and confidence between physician and patient which are necessary to attain better treatment outcome. With holding truth may be cause of more inappropriate care. Mostly, the Patients which are not educated with true information may be unsuccessful to get the accurate medical treatment. HCP'S should always conclude preferences of patient for information. Always avoid to giving much information and facts that frequently convey additional misunderstanding to the patient. Be open to deliberations about diagnosis but also give hope of cure to patient. Highlighting to what is accessible in the field of healing the disease, other offered support services throughout the illness course. Give the recognition of the obtainable treatments for reducing pain and other symptoms. Give hopes that are possible even in the face of an incurable illness. HCPs would build up a greater trust if invited questions and give confident patients to search for more information. The time available with the doctor for each patient is very inadequate in many organizations, pioneering can be engaged to meet the information needs of the patients. These could include multi-disciplinary group meetings, teams in patient care, use of educational material and peer education.

CONCLUSION

In this case study, one can analyze that patients would also like to contribute in the decision-making process. It is the moral duty of Health care professionals to at all times tell the fact. Untruthful is wrong and person's autonomy could be damaged. On the other hand, it appears that the truth is a necessary ethical principle, but, sometimes there is an ethical dilemma between truth and other essential moral good like beneficence, non-maleficence and autonomy. A line have to be drawn between respecting one's autonomy for the telling truth and the encouragement of the

principles of fidelity and veracity when clash arises, it is thoughtful on both the damage of lies and the hurt of telling the truth. It is most essential and significant skill of medicine to balancing expectation with truthfulness. Even though bad news is at all times bad, however it has critical effect not only to the patient and relatives but as well as on the care-giver.

Conflicts of Interest

The authors declare no conflict of interest

Source of Funding

The authors received no financial support for the research, authorship and/or publication of this article

REFERENCES

- [1] Tabak N, Itzhaki M, Sharon D, Barnoy S. Intentions of nurses and nursing students to tell the whole truth to patients and family members. Journal of Clinical Nursing. 2013 May; 22(9-10): 1434-41. doi: 10.1111/j. 1365-2702.2012.04361x
- [2] Zolkefli Y. The ethics of truth-telling in health-care settings. The Malaysian Journal of Medical Sciences: MJMS. 2018 May; 25(3): 135-139. doi: 10.21315/mjms 2018.25.3.14
- Kazdaglis GA, Arnaoutoglou C, Karypidis D, [3] Memekidou G, Spanos G, Papadopoulos O. Disclosing the truth to terminal cancer patients: a discussion of ethical and cultural issues. EMHJ-Eastern Mediterranean Health Journal. 2010; 16 (4): 442-447. doi: 10.26719/2010.16.4.442
- [4] Sarafis P, Tsounis A, Malliarou M, Lahana E. Disclosing the truth: a dilemma between instilling hope and respecting patient autonomy in everyday clinical practice. Global Journal of Health Science. 2014 Mar; 6(2): 128-137. doi: 10.5539/gjhs.v6n2p128
- Shahidi J. Not telling the truth: circumstances leading to concealment of diagnosis and prognosis from cancer patients. European Journal of Cancer Care. 2010 Sep; 19(5): 589-93. doi: 10.1111/j.1365-2354.2009.01100.x
- [6] Catano A, Robert P, Houa M, Hutanu D. Useful Ethical Principles during the Care of Patients with Cerebral Damage. International Journal of Neurorehabilitation. 2015; 2(167): 2376-0281. doi: 10. 4172/2376-0281.1000167
- [7] Tang WR, Fang JT, Fang CK, Fujimori M. Truth telling in medical practice: students' opinions versus their observations of attending physicians' clinical practice. Psycho-Oncology. 2013 Jul; 22(7): 1605-10. doi: 10.1002/pon.3174
- [8] Narayanan V, Bista B, Koshy C. 'BREAKS'protocol for breaking bad news. Indian Journal of Palliative Care.

- 2010 May;16(2):61-65. doi: 10.4103/0973-1075.68401
- [9] Stievano A and Tschudin Verena. The code of ethics for nurses: a time for revision. International Nursing Review. 2019 May; 66(2): 154-6. doi: 10.1111/inr.12525
- [10] Nursing Council of Hong Kong. Code of ethics and professional conduct for nurses in Hong Kong.