Ethics on Truth Telling to Terminally Ill Patients: to Tell or not to Tell

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Lisa was a 36-year-old mother of two with a history of alcohol abuse and hospital visits; however, her last doctor’s visit in November left her and her family with devastating news. Doctors diagnosed Lisa with cirrhosis of the liver, resulting from alcoholic hepatitis (O’Sullivan, 2009). Lisa lived the past six years of her life as an alcohol abuser, and its effects had finally taken its toll on her given that cirrhosis of the liver drastically shortens one’s life (Bruha & Dvorak et al., 2009). Since Lisa’s last visit, her conditions worsened and she became a victim of nausea, ascites, and slothfulness. When Lisa gained knowledge of her medical conditions, she became headstrong and refused treatments the hospital offered her: drainage of ascites, insertion of a urinary catheter, and pressure area care (O’Sullivan, 2009).

The issue of rejection of treatment between the medical staff and Lisa put her family in a tough situation. They encouraged Lisa to accept the hospital’s treatments; however, they also wanted to respect and honor her independent wishes. Eventually, the medical team concluded a terminal diagnosis for Lisa and presented this to her family. Afterwards, the family asked the consultant to retain this information from Lisa. The consultant agreed and Lisa continued her stay in the hospital with the belief that she was suffering from liver disease (O’Sullivan, 2009).

As time passed and the holidays approached, Lisa and her family discussed plans for Christmas as well as her discharge from the hospital. Although Lisa’s family and doctors knew her prognosis, both groups willingly hid the truth and let Lisa believe her condition was not terminal. This created an uncomfortable situation for the involved health employees involved in this tough conflict of interest. Eventually, Lisa’s disease took control of her life and she unknowingly passed away one week before her anticipated Christmas holiday (O’Sullivan, 2009).
Unfortunately, truth telling to terminally ill patients is a common ethical dilemma: to tell or not to tell, is the main question. Nurses have the closest relationship with patients and therefore are the ones put in this pickle between their patient and their patient’s family. Who should they satisfy? Should they leave their patient in the dark? This paper further discusses the ethical dilemma of truth telling from different standpoints and shows the challenges that nurses have to face when making an ethical decision.

The Ethical Dilemma

The specific issue in question is whether a nurse should keep the truth from her terminally ill patient by respecting the wishes of the family, or abiding by the Code of Ethics for Nurses and disclosing the truth to the patient. The Code of Ethics for Nurses expresses the values and ethics of the nursing profession by stating that “nursing care is directed toward meeting the comprehensive needs of patients and their families across the continuum of care,” as well as “promoting, advocating for, and striving to protect the health, safety, and the rights of the patient” (The American Nurses Association, Inc., 2005). Even though the family created this issue, the nurse is the primary person who deals with this ethical dilemma. However, it is the nurse’s responsibility to be professional, stay true to the legality of their practice, and follow their Nursing Code of Ethics and hospital’s policy in truth telling (Hodkinson, 2008).

Ethical principles relating to this dilemma involve the well-being of the patient. The principle of non-maleficence expresses avoidance of intentional harm to the patient and similarly, the principle of beneficence states the nurse should promote good and prevent harm (O’Sullivan, 2009). From these two principles a nurse weighs what information to disclose based on the harm it would or would not cause. On the contrary, the veracity principle focuses on speaking the truth and providing accurate and objective information to the patient; therefore, a
nurse abiding by this principle advocates truth telling and disregards the patient’s feelings (O’Sullivan, 2009).

Ethics of care and ethics of justice play major roles in truth telling. Ethics of care implies that the nurse would take a personal approach towards the situation and try their hardest to maintain a harmonious relationship among all parties. In contrast, ethics of justice bases its principle on having the nurse provide equality for all parties involved (O’Sullivan, 2009). Therefore, a nurse who favors ethics of care would be more likely to withhold the truth, while a nurse who favors the ethics of justice, would share the truth with their patient no matter what.

After analyzing these principles, it is apparent that many value conflicts exist. Due to their personal and emotional relationships with the patient, nurses often struggle in truth telling situations where they might have to turn their back on the patient to keep the truth a secret. From another perspective, the nurse’s strong connection with the patient might lead them to withhold truths to keep the patient’s spirits high. Professionally, many conflicts arise. The nurse should always abide by their hospital’s rules and allow their patient to have access to all their medical information including their prognosis, possible treatments, and outcomes of care, regardless if it is bad (MUSC Health, 2009). For that reason, when a family asks a nurse to dispose of their truth telling values, they need to evaluate how important it is to follow their hospital’s policies and ethical codes. Unfortunately, to make this decision even harder, many more factors are involved.

Major social factors involved in truth telling to terminally ill patients include family and economic status. Family gets in the way by asking the nurse to retain the truth. Additionally, the family’s economic status might affect their decision to hide the prognosis from their terminally ill loved one if they are not able to afford the treatment. Legally, according to the Code of Ethics for Nurses, patients have the right of autonomy and the nurse should be aware of and act against
any forms of illegal or unethical activities that take place (The American Nurses Association, Inc., 2005). Consequently, if the nurse does not abide by this code, they can experience problems in their workplace and with the patient if they find out about the nurse’s withholdings.

Unfortunately, the time frame for this dilemma is vague as it all depends on the health status of the patient. This dilemma affects everyone involved; the patient, because they are being left in the dark about their own health; the family, because they are keeping a secret from the patient; and finally, the biggest impact is on the nurse. The nurse has the option to do what is morally right and tell the patient the truth or abide by the family’s wishes and withhold it. This causes strain in the nurse’s relationship between the family and patient because withholding the truth takes away the patient’s right for autonomy and sets a paternalistic attitude towards the situation (Begley & Blackwood, 2000). Ultimately, the nurse has the decision to make and needs to use their best judgment and rely on the Nursing Code of Ethics and hospital’s policy in order to do so. If the nurse or family has conflicts over the ethical issue at hand, they can go to the hospital’s ethics committee to discuss possible options and alternatives to their situation.

Nurse’s Actions

There are two options for the nurse; tell the terminally ill patient the truth or abide by the wishes of the family and withhold the truth. Both options have disadvantages and advantages and the particular patient at hand can change the decision the nurse makes about telling the truth.

In most situations, patients want to know about their prognosis and the possible treatments available (Starzomski, 2009). In this case, it should be the ethical justice of the nurse to provide the patient with all known information. An Australian study showed that most patients disapproved of their family keeping them in the dark and influencing the information shared with them (Tuckett, 2004). Telling the patient the truth ensures that the nurse will not face any legal
issues with their workplace. If nurses abide by their Code of Ethics and hospital’s policy, they are doing the job they were set out to do. Nurses also need to honor the concept of autonomy and respect that a patient has control over their own decisions relating to their health, and that they can legally know everything that is going on with them. It is important for nurses to “avoid dishonesty at all costs, knowingly withholding key information, lying, or distorting the truth violates both legal and ethical standards of practice” (Potter & Perry, 2008). When patients enter a health care facility, they expect to have their rights honored and to receive trust and companionship at all times. When the nurse tells a patient their prognosis, both of them can work together to figure out the best decision for the patient based on their morals (Starzomski, 2009). It is important for the patient to have the option to know about their health so they will have the ability to make their own decisions about treatments and care. Most importantly, keeping the truth from a patient does not allow them to have closure in their life for they are unable to carry out their dreams, say their goodbyes to families and friends or even create a will (Starzomski, 2009). Withholding the truth is only acceptable when the patient states that they do not want to know it. Besides then, it is ethically wrong to withhold the truth from a patient, and nurses should abide by the principles of beneficence, veracity and non-maleficence as well as the ethics of justice, throughout the workplace despite what the family prefers.

The main argument that goes against truth telling is ethics of care. This code focuses on the nurse maintaining a good nurse-patient relationship and empathizing with the patient. Their relationship with the patient and the importance of the family’s opinions may rise above what is just and ethical. Many nurses also choose not to share the truth because they know the patient’s hope for survival will decline along with their health (O’Sullivan, 2009). According to hospice studies in the United States, truth telling only occurs in 37% of cases (Panagopoulou, Mintiziori
& Montgomery et al., 2008). Nurses might choose to support the family’s decision and withhold the truth because they know cancer survivors can experience a plethora of treatment-related problems and distress that can make the patient experience psychological harm (Potter & Perry, 2008). Overall, nurses that usually decide to withhold the truth, take a consequence-based view because they feel they are saving the patients from negative thoughts and feelings such as anxiety and hopelessness (Cohen & Erikson, 2006). Even though many people support both of these options, I believe that it would always be beneficial for the nurse to tell the truth.

Outcomes

Nurses should always tell the truth to terminally ill patients unless the patients pass up their rights to autonomy or cannot think for themselves. When the nurse tells the truth to the patient, they are not breaking any laws and they are usually looking out for the best interests of the patient. By providing the patient with the truth, they allow the patient to come to terms with their condition and give them the option for further treatment. Even if the patient denies treatment, at least they had the option. Having the nurse disclose all of the information with their patients lets the nurse know that they have done everything in their power to make this patient the most comfortable, while having full autonomy of their decisions. In the case of Lisa, if she knew she was about to die, she could have said goodbye to her two children and the rest of her family. Unfortunately, Lisa’s nurse chose not to disclose the truth and therefore, further options were out of the question to lengthen the time that Lisa could have had on earth. Truth telling to terminally ill patients is a huge ethical dilemma that nurses have to deal with on a daily basis, but hopefully by abiding by certain principles and ethics, the nurses will make the best decision with the patient at hand.
References


