Truth Telling: Bioethical Perspective

FAUSTO B. GÓMEZ, O.P.

In Leo Tolstoy's novel *The Death of Ivan Ilych*, Ivan Ilych is suffering terribly and knows that he is dying. His physicians know it. His family knows it, too. But no one is telling him. Tolstoy writes:

> What tormented Ivan Ilich most was the deception, the lie... that he was not dying but was simply ill, and that he only need keep quiet and undergo treatment and then something very good would result.[1]

May lying to patients be ever ethical for physicians? Are doctors, and other healthcare professionals, obliged to tell the truth to their patients, even to the terminally ill and dying patients? Let us reflect on *Truth Telling: Bioethical Perspective.*

Truthfulness or veracity is a controversial and very complex topic. Although the problems of confidentiality, fidelity, research with human subjects, access to medical records, etc. are related to truth telling and deception, we are not going to consider them here. On this occasion, we shall focus our attention on truthfulness in ethics, truthfulness in bioethics, truthfulness and the terminally ill, and commitment to the virtue of truth.

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[1] Leo Tolstoy, *The Death of Ivan Ilych*, New York: New American Library, 1960; quoted by George J. Annas, "Informed Consent, Cancer, and Truth in Prognosis," *The New England Journal of Medicine*, Vol. 330, No. 3 (Jan. 20, 1994), p. 225.

1. Truthfulness in Ethics

Is veracity really important in human life? What is truthfulness?

1.1 Human Dignity and Truthfulness

Since ancient times, writers, philosophers and theologians have underlined the great significance of truthfulness in human life: in personal, interpersonal and social life, in human communication, and in dialogue.

Aristotle wrote that truth is beautiful and worthy of praise, and falsehood is reprehensive and evil. Saint Augustine, a tireless seeker and defender of truth, affirmed that lying is intrinsically evil. Saint Thomas Aquinas said that authentic human social life is not possible without truthfulness.[2] In Judean-Christian tradition, the *Eighth Commandment* asks Jews and Christians not to lie and to tell the truth – as elements of love of neighbor. In Exodus 20:16, we read: "Do not give false witness against your neighbor."[3]

For philosopher Immanuel Kant, character may be developed "through a chosen moral stance, free for all to make at all times": "A certain solemn resolution to be a principled person out of respect not only for other people but also for oneself." To lead this principled life and to be someone of character, the highest maxim, or subjective rule of life, is "uninhibited truthfulness toward oneself as well as in the behavior toward everyone else." This veracity is the minimum requirement for treating oneself and others with respect.[4]

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[2] Thomas Aquinas, *Summa Theologiae*, II-II, qq. 109-113; St. Augustine, *De mendacio*, c. 3: ML 40,489; quoted by Aquinas, II-II, 110,1; Aristotle, *Nicomachean Ethics*, Bk. IV, chap. 7.

[3] Cf. *Catechism of the Catholic Church*, The Vatican, 1994, Part Three, Section Two, Art. 8: The Eighth Commandment, Nos. 2464-2503.

[4] Immanuel Kant, "On Lying." *The Doctrine of Virtue: Part II of the Metaphysics of Morals and the Pref. to the Doctrine of Law*, transl. by Mary J. Gregor, New York: Harper & Row, 1964; quoted by Sissela Bok, "Shading the Truth in Seeking Informed Consent for Research Purposes," *Kennedy Institute of Ethics Journal*, Vol. 5, No. 1, 1985, p. 12. For the highlights of the history of truthfulness and deception, see also another important article by Sissela Bok, "Truth-telling: II. Ethical Aspects," *Encyclopedia of Bioethics*, ed. by Warren T. Reich, Vol 4, New York/London: The Free Press-Macmillan Publ., 1978, pp. 1682-1688.

John Stuart Mill speaks of veracity as a "sacred rule." He states that we have to cultivate in ourselves a sensitive feeling of veracity, for this feeling is "one of the most useful, and the enfeeblement of that feeling, one of the most hurtful things to which our conduct can be instrumental."[5]

Why is truthfulness or veracity described as a fundamental positive category of ethics? Because truthfulness is an essential expression of respect for human dignity and rights, and respect for the human person is the absolute and central principle of ethics – and bioethics. Truthfulness is a fundamental category of ethics.

Respect of human dignity and rights necessarily implies respect of the person's freedom and, therefore, his/her autonomy. However, let us add, the basis of freedom, of freedom of conscience is truth, which is "never freedom *from* the truth but always and only freedom *in* the truth."[6] Truthfulness, therefore, is presented today as a basic attitude of human existence.

Human life and humanity, Martin Buber said, come into being in genuine meetings, which occur through *human communication*, that is, truthful interpersonal communication. Since all ethics is an ethics of communication, the most important attitudes of an authentic interpersonal communication are attitudes of interpersonal truth.[7]

Truthfulness is a fundamental value of *dialogue*. Authentic human dialogue encompasses presence of the other person, difference from the other, and equivalence with the other.[8] Dialogue, not violence or fanaticism, is the instrument to search for the truth truthfully. Veracity is a quality of real interpersonal dialogue. (F. Lebowitz said with irony: "The opposite of talking is not listening; the opposite of talking is waiting.") The social environment to realize truthfulness is in *public life*. Hence, the centrality of veracity, which respects

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[5] Cf. Sissela Bok, "Shading the Truth...," a. c., p. 12; Id., "Truth-telling ...," p. 1686.

[6] John Paul II, *Veritatis Splendor*, no. 64.

[7] Cf. Marciano Vidal, *Moral de Actitudes*, II-1: *Moral de la persona y Bioética teológica*, Madrid: Ed. Covarrubias, 8th ed., 1991, pp. 277-278.

[8] Jean-Francois Malharbe, *Hacia una ética de la medicina*, Santafé de Bogotá: San Pablo, 1993, pp. 35-40.

the opinions of others, in the life of human communities and associations, in the mass media, in advertising, and in the different professions.

1.2 Truthfulness, Lying and Concealment of Truth

The practice of veracity, then, is fundamental to authentic human life. Without truthfulness, human beings cannot behave as free and responsible persons; they cannot have genuine interpersonal and social relationships. *What is truthfulness?*

Truthfulness is qualified in ethics as a basic moral value, or something very valuable to the person, as a fundamental ethical principle, or a substantial moral guide to a person's life, as a moral virtue, or an interiorized value through the repetition of truthful acts.

Goethe said that all moral laws and rules of conduct may be reduced to only one: the truth. Truth may encompass three possibilities: the conformity of things with their measure (ontological truth, or *veritas in essendo*); the correspondence of one's thoughts to reality (logical truth, or *veritas in cognoscendo*), and the correspondence of our words and actions to our thoughts (ethical or moral truth, or *veritas in dicendo*).

To be able to say the truth, to be truthful, one has to search for the truth – and to know it. The continuing search for the truth is something natural to the human person. As a rational being, the human person is naturally inclined to seek the truth of life, of faith and culture, of action. Simone Weil has written that one of the vital needs of the human soul is the truth. For the Christian, truth is not something, but someone, Jesus Christ, who said: "The truth will make you free" (Jn 8:32). Indeed, to become wholly truthful, human beings need to know the truth, to say the truth and to do the truth in love.

The human person, then, is obliged by his/her very rational and social nature to say the truth to others. The essential purpose of human speech is truth: words ought to be messengers of the truth. Contrarily, lies (or not saying the truth intentionally) are like a prostitution of the words. This is why human dialogue becomes a mockery when it is not permeated by a veracity that leads to a deeper truth.

Veracity means to say the truth, or what one honestly believes is the truth. If truth is said often, repeatedly, then it becomes a strong disposition to say the truth always, that is, a positive attitude of life, a good operative habit. Truthfulness is a beautiful and necessary social virtue, the virtue of truth, allied to the cardinal virtue of justice: a good operative habit which inclines persons to manifest in both their lives and their speech, the convictions of their minds. Contrary to truth are lying, deception (a kind of lie), and hypocrisy (a form of deception).[9] Today, we usually speak interchangeably of lying and deception.

Truthfulness is honesty, simplicity and fidelity in speech, "consisting in the speaker saying what he really means, sees and understands; that he does not falsify, abbreviate or color..., when the other has a right to be instructed by us."[10]

As a moral virtue, truthfulness implies in its acts the middle way between excess and defect. A human action is truthful when it manifest the truth that ought to be manifested, at the proper time and in the manner called for. Hence, lying is a defect of truth, and saying it, when one ought not, is an excess of truth.[11] Some ethicists and moralists express this distinction thus: truth that is due, and truth that is not due. *What to do when the truth asked is not due to the one who asks?* In this situation, *may one lie?*

Lying, deception, is opposed directly and formally to veracity. It is a lack of conformity between the words and the interior thoughts of a person; it involves the will to deceive, to say what is not subjectively true but false, and not merely erroneous (inadvertence or honest error do not constitute formal lying). It is morally wrong, intrinsically wrong, because, as Aquinas says, it is objectively disordered, unnatural, not due to a person, and sinful. The power of speech is necessarily connected with the communication of truth.[12]

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[9] Cf. Thomas Aquinas, *Summa Theologiae*, II-II, 109. "The Virtue of veracity is that truth alone in which a person by his life and his speech shows himself as he is and not otherwise, either by exaggeration or suppression" (II-II, 109,3 ad 3).

[10] Ladislaus Boros, *Meeting God in Man*, London: Search Press, 1968, p. 5.

[11] Cf. Thomas Aquinas, II-II, 109, 1 ad 3. Following Aristotle, St. Thomas explains that the virtue of veracity leans more to understatement – to say less of the truth – than to overstatement: to avoid wearisome details, Aristotle says; not to be bores, St. Thomas adds (II-II, 109,4).

[12] Id., II-II, 110, 3; cf. St. Augustine, *De mendacio*, c. 3: ML 40,489.

Objectively speaking, not all lies are equally immoral: Saint Augustine admits that certain lies are more excusable than others; and Saint Thomas asserts that the so called *pernicious lies* (ordered to hurt the neighbors, and against justice and charity) are more grievous, while *useful* and *humorous lies* are less grievous. Although Jeremy Bentham explained that lies without a harmful effect do not constitute an offense, in a sense, all lies are bad and progressively hurting the moral fiber of the liar: "The purpose of lying is to deceive, that is, to induce a false belief in the mind of the hearer... It only serves to save face momentarily and, normally, to enter into a dead-end street: to maintain the lie, the liar has to continue lying; and this condemns him to a certain loneliness."[13]

The human being, as a rational and social being, ought not to lie, but be truthful. Jesus Christ said: "Let what you say be simply 'Yes' or 'No'" (Mt 5:37). Being truthful implies also to conceal the truth; Saint Thomas defended concealment of truth, when this should not be revealed. *How may one conceal the truth to others?*

When there is a reason to conceal the truth, different means are used to hide it, without lying, such as, equivocation, obscure or ambiguous language, figurative speech, mental reservation ("I know nothing about it" – to reveal it), and silence. Reasons to conceal the truth: concealment is the only way to protect the truth, or the truth is not due to the one who asks, or there is a right to privacy and a duty to confidentiality. (However, confidentiality to keep privacy is not absolute; it is limited by other rights and the common good.)

In general, we are obliged to keep *secrets*: to reveal them is, objectively, a sin directly against the virtue of fidelity and indirectly against veracity – by an excess in revealing the truth.[14]

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[13] Jose Antonio Marina, *Etica para náufragos*, Barcelona: Anagrama, 1995, pp. 63-64. See St. Thomas Aquinas, o.c., II-II, 113, 2. See Jeremy Bentham, "Division of Offenses," *An Introduction to the Principles of Morals and Legislation* (1823), New York: Hafner Library of Classics, no. 6, 1948, chap. 16, pp. 204-308

[14] Cf. *Responding to God*, edited by Dominicans, River Forest, Ill.: The Priory Press, 1982, pp. 257-262; *Catechism of the Catholic Church*, l.c., nos. 2488-2492; Fausto B. Gómez, O.P., "Relevant Principles in Bioethics," *Philippiniana Sacra*, Vol. XXIX, No. 86, 1994, pp. 240-245.

2. Truthfulness In Bioethics

In bioethics, truthfulness or veracity is considered by many authors as a character trait of healthcare professionals. To some, it is an independent principle (and virtue) as important as the principles of nonmaleficence, beneficence, and justice. To others, the rules of veracity derive from the principles of respect for autonomy, fidelity, and utility. Bioethicists Beauchamp and Childress, authors of the important book *Principles of Biomedical Ethics*, state that the obligations of veracity are best understood as "specifications of several principles." Moreover, they add, "conscientious adherence to these specifications is vital for a successful patient-professional relationship."[15]

2.1 Truth Telling and Concealment of the Truth

Veracity is a fundamental principle, a value and virtue to every free and responsible human being, including the healthcare professional, for whom it has a particular relevance.

Truthfulness is generally studied in fundamental biomedical ethics and, in particular, within the category of doctor-patient relationships, and, more concretely, under the ethical principles of autonomy and informed consent. In biomedical perspective, "veracity can pertain to any truthful and honest management of information that may affect a patient's understanding or decision making."[16]

How much information ought to be given to patients? Should truthful information be given them, even when it might be harmful? In the past, when a paternalistic doctor-patient relationship dominated medical ethics, physicians decided what to tell or what not to tell their patients. At times, they even resorted to lying, or *benevolent deception*, motivated, in general, by the best interest of the patient. Veracity is not found in the Hippocratic Oath nor in other early codes

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[15] Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 4th ed., New York: Oxford University Press, 1994, p. 396; cf. Andrew Jameton, "Information Disclosure: II. Ethical Issues," *Encyclopedia of Bioethics* (Revised Edition), ed. by Warren Thomas Reich, Vol. 3, New York: Simon & Schuster/Macmillan, 1995, pp. 1225-1232.

[16] Tom L. Beauchamp and James F. Childress, o.c., p. 398.

of ethics of physicians. Even Plato defended that while slaves are given "silent treatment," free men require dialogue and participation; however, the great philosopher adds, free men can also be ethically deceived by their doctors: "Falsehood should be available to physicians as 'medicine' for the good of the patients, but not for laymen who should have no part of it."[17] Inspired by Mill and Bentham, Henry Sidgwick has defended that to lie to invalids and children for their best interest (not to shock them) is moral.[18]

In the name of medical discretion, the general rule was not telling the truth to patients, or silence, particularly concerning patients with terminal diagnosis. Dr. Gregorio Marañón, one of the best known Spanish doctors of our century, represents this attitude, as he explains it in his much acclaimed book *Vocación y ética* (1946). In general, Dr. Marañón defends truthfulness in human life, although he says that it is rarely practiced: "Nothing expresses the beauty of the soul like being truthful." And yet, he states that it might be virtuous for physicians to lie to their patients. He writes: "The doctor, let us say it heroically, must lie. And not only out of charity, but in the service of health. How many times an inaccuracy, deliberately imbued in the mind of the sick person is more beneficial than all drugs in the pharmacy.... How can the doctor not lie? A sin full of magnificent excuses is, therefore, to lie to the patient who needs it. And, occasionally, the sin becomes an obligation. What is sinful is the truth, that many doctors say out of professional vanity, for the pleasure of being right, to the detriment of the suffering of their patients."[19]

With the birth of bioethics, there is a growing tendency to full disclosure of relevant information to patients. This change is due to various reasons, including the following: a paradigm shift in healer-patient realtionships; stress upon the rights of patients, including the right to information; legal requirements concerning the practice of

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[17] Quoted by Sissela Bok, "Truth -telling....," l. c., p. 1685; cf. James F. Drane, *Becoming a Good Doctor: The Place of Virtue and Character in Medical Ethics*, Kansas City, MO: Sheed & Ward, 1988, p. 49.

[18] Cf. Henry Sidgwick, "Classification of Duties - Veracity," *The Methods of Ethics*, London: Macmillan & Co., 1909, pp. 312-319; quoted by Sissela Bok, "Truth -telling...," l. c., p. 1685.

[19] Gregorio Marañón, MD, *Vocación y ética y otros ensayos*, Madrid: Espasa-Calpe, SA, 1956, pp. 71-75.

informed consent; current medical and nursing codes that tend to favor information disclosure; the hospice movement rooted in the ethics of full disclosure to terminal patients; loss of trust in physicians due to exceptional cases of malpractice and fraud that give doctors bad publicity.

From this new perspective, the traditional arguments against truth telling as well as the corresponding counter-arguments are considered.

Three arguments are usually put forward to defend "benevolent deception," partial lies, or shading of the truth.[20] One argument is based on the conflict of principles or values. In the conflict between the principle of autonomy (including truth telling) and the principle of nonmaleficence (and beneficence), the latter overrides the former: the principle "do not harm" is the first principle — *primum non nocere*! Most authors today would not accept this reasoning: the main principles of bioethics, namely, autonomy, nonmaleficence/beneficence, and justice are *prima facie principles* that have equal moral weight, unless particular circumstances give priority to one principle over the others. In the case of truthfulness, "autonomy is not in fundamental opposition with beneficence as is too often supposed, but in congruence with it."[21]

This counter argument accepts the so called *therapeutic privilege*, which ought to be used by the physician: when certain information would really be harmful to patients, it should not be given to them. This privilege, however, must not be abused. Writes Dr. Edmund Pellegrino: "The withholding of truth in whole or in part is a therapeutic privilege accepted as morally licit when we have substantial evidence that offering the patient the truth has a significant probability of causing harm, for example, emotional damage or suicide. This 'privilege' must be used rarely and with utmost care since it is so easily abused."[22]

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[20] Cf. Raanan Gillon, "Telling the Truth and Medical Ethics," *British Medical Journal*, 1985, pp. 1556-1557; cf. Tom L. Beauchamp and James F. Childress, *Principles...*, l.c., pp. 399-400; Sissela Bok, "Truth-telling...," pp. 1686-1687.

[21] Edmund D. Pellegrino, MD, "Is truth Telling to the Patient a Cultural Artifact?," *JAMA*, Vol. 268, No. 13, October 7, 1992, p. 1734.

[22] *Ibidem*, p. 1735.

Another argument in favor of not telling the truth to patients is centered on the *physicians' lack of perfect knowledge* of the situation of their patients: medicine is an inexact science and, therefore, doctors cannot know the whole truth and give fully accurate information to their patients. This argument is partly true, but its conclusion is wrong: doctors should not give to patients wrong information, nor convey to them a certitude they do not possess; if they have doubts or do not know yet, they should express it so: humility is good for all of us. In moral matters, we speak of moral certitude, or the certitude of probability.

A third argument against truth telling to patients focuses on the patients: *patients do not wish to know the truth*; or, if they want to know, they will not understand it; or, if they can understand it, they will forget it easily. This reasoning appears relationally paternalistic and sociologically untrue. At present, there are quite a number of reliable surveys which prove beyond doubt that the great majority of patients do want to be informed about their illnesses, even about terminal prognosis. If, in some cases, patients do not want to know, the physicians must try to persuade them without forcing them. If a patient persists, some authors propose, the physician could ask to withdraw from the case. Beauchamp and Childress defend the right of patients not to know, except when ignorance could harm others like in the case of persons with HIV diagnosis.[24]

Additionally, in cases of *medical emergency*, information is withheld. In these cases, the physician decides, with *presumed consent*, and when the patient's stand is not known, what is to the best interest of the patient. This procedure is legally and ethically proper.

The use of "placebos" (medically useless inert substances) involving deliberate deception "should be viewed as ethically perilous." "The strong moral obligations of truthfulness and honesty prohibits deception; the danger to the patient-physician relationship (which is the most important non-deceptive placebo) advises against it."[25]

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[24] Tom L. Beauchamp and James F. Childress, o.c., pp. 401-403; cf. Sessela Bok, "Truth-telling...," p. 1687.

[25] Albert R. Jonsen, Mark Siegler, and William J. Winslade, *Clinical Ethics*, New York: Macmillan Publ. Co., 1986, pp. 67-72.

(Parenthetically, there is no deception in controlled clinical trials as long as the research participants know that they may be given either an active drug or a placebo.[26])

2.2 Autonomy, Informed Consent and Truthfulness

How may we argue ethically the obligation of physicians to tell the truth to their patients? Radically, from the respect due to their human dignity. As human persons, patients have a unique and sacred dignity, manifested in their possession of inalienable human rights. Among the human rights directly connected to health and healthcare, we have the right to information, the right to refuse treatment, and the right to privacy.[27]

A Patient's Bill of Rights, authored by the American Hospital Association (1972), states: "The patient has the right to obtain from his physician complete current information concerning diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand." The current ethics codes of nurses and physicians favor reasonable information disclosure. The American Medical Association (AMA), in its *Principles of Medical Ethics* (1980) affirms: "A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception."

The right to information is required by the respect due to the patient, his/her autonomy, which is a condition of human dignity.

Autonomy, or self-determination, self-rule, personal independence, gives the competent human being the right to free and responsible choices, and demands from all other humans, including healthcare professionals, the duty to respect these free and responsible choices.

Autonomy, however, is not absolute: the human person is not only autonomous, but also relational and heteronomous. And, therefore, responsible to himself/herself, to others, to nature, to God. In Chris-

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[26] Sissela Bok, "Shading the Truth in Seeking Informed Consent for Research Purposes," *Kennedy Institute of Ethics Journal*, Vol. 5, No. 1, 1995, pp. 1-17.

[27] Cf. Thomas A. Shannon, *An Introduction to Bioethics*, New York/Mahwah: Paulist Press, 2nd ed., 1987, pp. 141-147.

tian perspective, the principle of autonomy is limited, and perfected, by the principle of *stewardship*. The ethical principle of autonomy is not the only principle, nor the priority bioethical principle. It is essentially connected to the other principles -of nonmaleficence/beneficence, and justice. Against a strong current in North America (not Europe), in favor of a seemingly absolute autonomy of patients, of extreme individualism and independence, we defend a relative and relational autonomy. In the case of healer-patient relationship, this relative autonomy implies a reciprocal relationship manifested in a mutual and horizontal respect that moves away from the superior/inferior syndrome, undue paternalism and individualism.

In biomedical perspective, the right of patients to autonomy is respected by physicians and other healthcare professionals through the realization of the principle of *informed consent*. This widely accepted bioethical principle asks physicians and significant others to give to their patients the relevant information they need to be able to make free and responsible choices. "Truth telling is a necessary corollary (of autonomy), since human capability for autonomous choices cannot function if truth is withheld, falsified, or otherwise manipulated. Truth telling is essential to informed consent, the instrument whereby personal autonomy is expressed in concrete decisions."[28]

It is understood that patients comprehend the information given, including the ratio of risks and benefits of the different medical/surgical options offered to them. The adequate disclosure of information to patients may —or should— be given to their family; in some cultures, it is even given to the family first. As Dr. Pellegrino avers, "delegation of authority is culturally implicit."[29]

The principle of informed consent is a process in decision making — in shared decision making — between the physician, patient and family. However, the patient (with the family), is the one deciding with finality —not the physician. The physician may recommend a

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[28] Edmund D. Pellegrino, MD, "Is Truth Telling to the Patient a Cultural Artifact?," l.c., p. 1734.

[29] *Ibid.*, p. 1735. "Bioethics is undergoing a shift from a principle-oriented approach to one that recognizes the variability of cultural traditions and their effect on understandings of values such as autonomy, truth telling and informed consent." The shift is called an "anthropological turn" within bioethics ("Research Notes," *Hastings Center Report*,, Vol 27, No. 1, January-February 1997, p. 48).

management option to the patient and family, but not impose it. Indeed, "the doctor knows best," but only with regard to medical problems; otherwise, the patient knows best his values, his family, etc. — and it is his health and life on the line!

Informed consent becomes *proxy/surrogate consent* in case of noncompetent, noncapable patients. In this case, the pertinent information is given to the closest relative, or to the guardian — to the appropriate surrogate. It is important to note that the surrogate decides motivated by what the patient could have chosen had he/she been able to make the decision (*substituted judgment*) or by the best interest of the patient. If this condition is not followed then the physician or significant others may become advocates of patients' rights — even by going to court, if necessary.

Physicians, in particular, are seriously obliged to tell the truth to their patients. *The whole truth and nothing but the truth?* Certainly the truth required — adequate disclosure — needed by the patient to make a free and informed decision. Three standards are usually presented to disclose the truth truthfully: the *professional-practice* standard, the *reasonable-person* standard, and the *particular-patient* standard. Informed consent implies, above all, information that would allow responsible persons to make free choices, taking into account individual differences — psychological, social and cultural. In our pluralistic societies, certain flexibility is usually recommended.[30]

In summary, the reasons for the obligations of veracity, as presented by Beauchamp and Childress, are:

(1) the obligation of veracity is based on respect due to others that implies respect for their autonomy, informed consent, and truthful communication;

(2) the obligation of veracity has a close connection to obligations of fidelity and promise-keeping; and

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[30] Cf. Ruth Macklin, *Mortal Choices*, Boston: Houghton Mifflin Co., 1988, pp. 35-48; Albert R. Jonsen, Mark Siegler, and William J. Winslade, *Clinical Ethics*, l.c., pp. 66-69; Kate H. Brown, "Information Disclosure: I. Attitudes Toward Truth Telling," *Encyclopedia of Bioethics* (Revised Edition), ed. by Warren Thomas Reich, Vol. 3, New York: Simon & Schuster/Macmillan, 1995, pp. 1221-1225.

(3) fruitful interaction and cooperation require relationships of trust; relationships between healthcare professionals and their patients, and researchers and their research subjects, depend on trust; "adherence to rules of veracity is essential to foster trust."[31]

3. Truthulness and the Terminally Ill

The physician and other healthcare professionals ought to be truthful. Truthfulness, however, does not mean only to tell the truth, but also not to tell it when one should not. Doctors have to tell the truth to their patients, and also be beneficent to them. *What to do when there is conflict of values or ethical principles?*

3.1 Veracity and Nonmaleficence

When a person is faced with making a decision that involves a moral dilemma, a conflict of values or principles, the general rule is to choose the higher value or the primary principle, unless the lower value is essentially require to fulfill the higher (before charity, justice has to be fulfilled). In practical life, it may happen that the values or principles are similar in goodness, and one is obliged to make a prudential judgment that takes into consideration the circumstances which will usually incline the scale to one side. (Exceptionally only, there might be a case when one has to choose between two evils, making the decision in favor of the lesser evil.)

Disclosure of information by physicians comprise many areas and concerns, such as, revealing mistakes to patients, unveliling diseases with no available treatment, deceiving pharmaceutical advertisments, etc. Still, the paradigm of information disclosure is terminal illness disclosure.

When facing the dilemma of telling the truth to a terminally ill patient, who is entitled to it, a physician might feel that the truth could lead his patient to despair; concealing the truth might appear to be more nonmaleficent/beneficent. In cases of conflict of principles, the ethical rule is to decide ethically in the best interest of the patient.

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[31] Tom L. Beauchamp and James F. Childress, *Principles...* , l.c., pp.396-397.

The problem comes when the best interest of the patient is not really his/her best interest. There are still a good number of doctors who believe that seriously ill patients do not want to know they are seriously ill. This assertion might generally be paternalistic "under the guise of respect for autonomy."[32] In the past, the usual attitude of the doctors facing a diagnosis of terminal illness was silence, if not outright deception, under the guise of medical discretion. In the Christian world, there was then an exception to this attitude: the doctor was obliged to tell the patient about approaching death. Bioethicist Robert Veach asks cogently: *Are physicians in favor or against transmitting the truth to their patients, even the disclosure of a serious diagnosis, for instance, AIDS or cancer?*

Up to the 60s, this was the general impression: physicians were often reluctant to disclose "bad news" to their patients. From the 1970s on, this reluctance has partly ceased, to the point that, even concerning terminal diagnosis, many doctors favored disclosure. How about nurses? When a significant number of nurses were asked "when should a patient with a terminal illness be told that he is dying?," the great majority answered "as soon as possible after diagnosis." Furthermore, the same survey concludes that nurses are convinced that patients know about their terminal illness,"[33] On the other hand, recent studies have not shown that full disclosure of diagnosis to seriously ill patients is harmful to them.[34]

George Annas has written an important article entitled *Informed Consent, Cancer and Truth in Prognosis*,[35] Annas begins his article by quoting historian Barbara Tuchman, who writes that during the Black Death epidemic in the early 14th century, "doctors were admired, lawyers universally hated and mistrusted." Has this historical appreciation of physicians changed at the end of the 20th century? By quoting a modern author, Shana Alexander, Annas seems to think so. Alexander

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[32] *Ibid.*, p. 400.

[33] Cf. Robert M. Veach, "Truth-telling: I. Attitudes," *Encyclopedia of Bioethics*, ed. By Robert M. Veach, Vol. 4, 1978, pp. 1677-1682.

[34] Cf. Albert R. Jonsen, Mark Siegler, and William J. Winslade, *Clinical Ethics*, l. c., pp. 66-67.

[35] George J. Annas, "Informed Consent, Cancer, and Truth in Prognosis," *The New England Journal of Medicine*, Vol. 330, No.3, Jan. 20, 1994, pp. 223-225.

has said: "I trust my lawyer more than I trust my doctor; meaning that my lawyer will tell me the truth, but my doctor will not," at least not if she were critically ill.

George Annas, states further that "physicians have never taken the rights of hospitalized patients seriously." He adds harshly: "There is simply no historical precedent for physicians taking patients' rights, including informed consent, seriously."

Why is Annas so critical of physicians? Because he feels that still many of them are not telling the truth to patients with a cancer diagnosis. His conclusion is premised on the results of a USA national survey (1982): While the majority of patients (95 per cent) wanted to be told if they had cancer, "a fewer than half of the surveyed physicians said they would either give 'a straight statistical prognosis' (13 per cent), or 'say that they can't tell how long the patient might live, but stress that in most cases people live no longer than a year' (28 per cent) if the patient had a 'fully confirmed diagnosis of lung cancer in an advanced stage'." He ends the article, written in 1994, thus: "After more than two decades of legal and ethical debate, neither the idea nor the ideal of informed consent governs the doctor-patient relationship." May be George Annas, a lawyer (JD), is a bit harsh on doctors. One thing non-physicians — like myself — have to realize is that telling the truth to terminal patients may not be that easy, particularly in our world, where our culture shuns death and dying. In this context, writes Annas, "it is not surprising that physicians often conceal prognostic information from their patients, just as most physicians once refused to use the word 'cancer'. But concealment of prognosis from patients near death makes them feel abandoned and makes them feel estranged."

In the Philippines, the South East Asian Center for Boethics (SEACB) conducted a minor survey in 1995 asking 680 persons (not physicians) the following question: *Do you want to be told if you are dying?* 616 answered yes, and 64, no. They were asked a second question: Who should tell you? 528 responded physician; 62, relative; 43, spiritual adviser; 18, friend; 7, others; 22, no answer. In an earlier survey, 1994, SEACB asked 352 physicians (most of them, from the University of Santo Tomas): *Who do you tell first about a patient's terminal illness?* Their answer: 155, the patient; 141, relatives; 13, both patient and relatives; 26, it depends; 17, no answer.

3.2 The Art of Telling the Truth

Telling the truth to patients becomes less difficult when the doctor, and other healthcare professionals, possesses the virtue of truthfulness, which inclines him/her naturally to tell the truth that is due to them. It is important to note that the doctor is not alone, that he/she heads the healthcare team; the other members of the team, particularly the nurses, should also be involved in someway in the delivery of information.

The question, then, is not *to tell or not to tell*, but *how to tell the truth*. The virtue of veracity disposes its possessor to speak the truth respectfully, prudently, compassionately and even hopefully.

The physician (with the family) has the duty to tell the truth to his/her patients: they have a right to the truth, and this right – like the other human rights — has to be respected if patients are to be truly respected. Truthfulness is also a social virtue, a part of the cardinal virtue of justice, the good attitude that rectifies (with solidarity) interpersonal and social relationships, the good operative habit which directs us to give to each person his/her due, that is, his/her rights, including the right to the truth. (According to St. Thomas, truthfulness is allied to justice: both virtues are directed to another person; both establish certain objective equality; and while justice demands also paying the legal debt, veracity requires a sort of payment of a moral debt — to be truthful to others, as a natural obligation of social life.)

Why should patients be given the truth? Because they need it to take appropriate decisions concerning their life, and be able to fulfill their obligations of justice, piety and religion. Consequently, the doctor ought to say the truth to his/her patients *respectfully*. *The whole truth?* Yes, but prudently.

Prudence, or right reason regarding actions to be done, is the pre-eminent cardinal virtue that provides the golden mean to all the moral virtues, including truthfulness. By giving the mean to veracity, *prudent truthfulness* inclines the doctor to communicate the truth to his/her patients avoiding the extremes of saying nothing or too little, or saying too much or saying the truth when one ought not or when it is not due.

Lying, outright untruth, is immoral. But telling the truth bluntly is imprudent, and immoral, too. "Speaking truthfully means relating the facts of the situation. This does not preclude a manner of relating the facts that is measured to perceptions of the hearer's emotional resilience and intellectual comprehension. The truth may be 'brutal', but the telling of it should not be. Measured and sensitive disclosure is demanded by the ethical principle of respect for the autonomy of the patient. It reinforces the patient's ability to deliberate and choose; it does not overwhelm this ability." "If some facts have no implications for the patient's deliberations and choices, they need not be revealed."[36]

The patient has a right to the whole truth. The doctor's duty to communicate it does not mean to give the whole truth at once: "There is no obligation to tell the whole truth all in one instance. The timing of revelation remains part of the art of healing, and should never be deceptive or consciously misleading."[37]

The whole truth to the patient — always? Generally, yes; concretely, it depends on the capability of the patient to take it. Ordinarily, physicians answer what the patient asks — not more. The patient's right to the truth and the physician's/family's obligation to communicate it are "conditioned by the patient's existential reality. The communication of the truth must be an edifying not a destructive act. In this sense, it is obligatory to keep silent or to postpone the communication of the truth when its disclosure may produce a reaction of despair or rebellion in the patient."[38]

In this context, the words of Pope Pius XII are illuminating: "The Eighth Commandment has also a place in medical deontology. According to the moral law, lying is not permitted to anyone. Nevertheless, there are cases when the doctor, even if asked, cannot reveal clearly the whole truth (although not saying anything positively

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[36] Albert R. Jonsen, Mark Siegler and William J. Winslade, o.c., p. 67.

[37] Charles Cavagnaro, "Confidentiality and Truth-Telling," *Ethics & Medics*, Vol. 20, No. 7, July 1995, p. 2.

[38] Marciano Vidal, *Moral de Actitudes* II-1, l.c., p. 279; cf. Francisco Javier Elizari, *Bioética*, Madrid: Ed. Paulinas, 1991, pp. 223-228.

false), and especially when it is known that the patient would not have the strength to bear it."[39]

Tolstoy says it powerfully: "What tormented Ivan Ilych most was the deception, the lie..., that he was not dying but simply ill." Next to this lie, and its consequence, the most painful thing for dying patient Ilych was that "nobody had compassion for him." *How to tell the truth to seriously ill — to all — patients?* With compassion.

Compassion is a quality of love of neighbor, of solidarity. St. Paul asks us "to speak the truth in love" (Eph 4:15), a love that "delights in the truth" (I Cor 13:6). Love is the value and virtue of human and Christian life, and the form of all virtues, including truthfulness. Compassion, an essential attitude of healthcare professionals, must permeate their obligation to tell the truth to their patients. True compassion, which is not only sympathy but mainly empathy, is benevolent compassion: "Truth must be spoken... Benevolence and prudence combine to make possible a truthfulness which is beneficent for the patient without undermining the doctor's character."[40]

Indeed, "everything can be said with charity and courtesy" (Menendez Pelayo). "Everything can be said..., when one knows how to say it. A truth has to find the 'moment' to be said, the 'tone' in which it is given, the 'time' that is required to leave it in the soul of the hearer to mature, the 'smile' that serves as its introduction..."[41]

How to tell the truth to patients? Truthfully, that is, with virtuous veracity, which is respectful, prudent, compassionate — and hopeful! Yes, with hopeful truthfulness. Hope is the virtue of the pilgrim, of the vulnerable, of all humans. Hope to be virtuous must be truthful, too. But, *How may one give hope to a terminally ill patient?* Certainly, not by lying to him/her, and not by giving illusory hope. But, by leaving, as much as possible, the door of hope open. After all, medi-

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[39] Pius XII, *Speech to the Italian Medical-Biological Union 'Saint Luke'*; November 12, 1944; quoted by Francisco Javier Elizari, o.c., p. 228, and Marciano Vidal, o.c., p. 279.

[40] James F. Drane, *Becoming a Good Doctor*, l.c., p. 60.

[41] José Luis Martín Descalzo, *Razones desde la otra orilla*, Madrid: Atenas, 1992, 7th ed., p. 154.

cine is an inexact science, the physician cannot know everything, and prayer may work miracles. However, truthful hope cannot deny death when it is clearly at the door. Here are the pertinent words of Pius XII which complete his previous text: "But there are other cases when, without any doubt, the doctor has the duty to speak clearly; this duty must override all other medical and humanitarian considerations. It is not licit to give to the patient or relatives false security, with the danger of compromising in this way the eternal salvation of the patient or the fulfillment of obligations of justice or charity. It would be a grave mistake to justify such a behavior or explain it with the pretext that the doctor expresses himself always in the way he believes is the most appropriate for the interest of the patient, and that it is the fault of others if his words are taken literally."[42]

To help his/her patients cope with impending death, the doctor and the other healthcare professionals have to accept death, too. They should not leave the patient and family to themselves but accompany them. The physician can still do a lot: not curing but caring, and helping the patient mitigate pain and loneliness, and, perhaps, praying with him/her and, thus, strengthening the greatest Christian hope — hope in eternal life.

4. Commitment To The Virtue Of Truth

This reflection on *Truthfulness* has helped me to realize how little I really know, and how much I need to know on this matter. Hopefully, it has energized me to become more determined in my commitment to the truth: to know the truth, to say the truth, to do the truth — to be true.

After all, what really matters in ethics, bioethics and Christian ethics is practicing the ethical principles, catching the human values, witnessing virtuous living, including truthfulness. We ask our respected physicians to tell the truth, to be truthful; not only as healthcare providers, but, more radically, as human beings and, if believers, as children of God. We all are to be truthful because veracity must be a

[42] Pius XII, *Speech to the Italian Medical-Biological Union*, November 12, 1944. See Elizabeth Kubler-Ross, *On Death and Dying*, New York: Macmillan Publ. Co., 1970, pp. 28-37.

basic orientation and attitude of life; because words ought to be messengers of the truth; because dialogue when it is not truthful is deceptive; because the other has a right to the truth.

In our world, truth is often shaded, falsified and manipulated. In our social life (economic, political and cultural), lies, deception, and hypocrisy abound. A new global order needs a new global ethics that demands walking the path of truthfulness — a commitment to a culture of truthfulness.

The commitment to *a culture of truthfulness* is expressed by all religions and ethical traditions negatively : "You shall not lie". And positively: "Speak and act truthfully." The Parliament of the World's Religions declared in 1993 in Chicago: "Let no one be deceived, there is no global justice without truthfulness and humaneness." According to the *Declaration Toward a Global Ethic*, to be committed to truthfulness implies the following:

> We must not confuse freedom with arbitrariness or pluralism with indifference to truth.
>
> We must cultivate truthfulness in all our relationships, instead of dishonesty, dissembling, and opportunism.
>
> We must constantly seek truth and incorruptible sincerity instead of spreading ideological or partisan half-truths.
>
> We must courageously serve the truth and we must remain constant and trustworthy, instead of yielding to opportunistic accommodation to life.[43]

For a Christian, committed to be "a witness to the truth" (Jn 18:37), truth is a most basic value and virtue: truth is an attribute of the true God; the Holy Spirit is the Spirit of Truth (Jn 15:26); and Jesus Christ, the Truth (Jn 14:6) said: "If you keep my word, you will be my disciples, and you will know the truth, and the truth will make you free" (Jn 8:32). Truly, free to love: "The truth can only be known authentically if there is love" (I. Gargano).

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[43] The Parliament of the World's Religions, *Declaration Toward a Global Ethic*, New York: Continuum, 1993, pp. 29-32.

An anonymous poet wrote:

> Truth never dies. The ages come and go.
> The mountains wear away, the stars retire.
> Destruction lays earth's mighty cities low.
> And empires, states and dynasties expire,
> But caught and handed onward by the wise,
> Truth never dies.

By our human nature, by our faith, and by our profession, we are asked to catch and hand over the truth, that is, we have to tell the truth truthfully, and do the truth in love. With the holy writer, I pray to the Lord:

> Two things I ask of you,
> deny them not to me before I die:
> Put falsehood and lying far from me,
> give me neither poverty nor riches (Ps 30: 7-8). ❑