

Clinical Ethics & Decision Making Support

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TRUTH TELLING, TRUTH SCULPTING, TRUTH DUMPING

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UPCOMING EVENTS:

Ethics conferences



Dec 1 - 4 2024, Sydney

2024 AABHL Conference
Fresh insights on challenges old and new.

WWW.AABHLCONFERENCE.COM



30 Nov - 1 Dec, Sydney

Sydney Clinical Ethics
Colloquium

[PROGRAM OVERVIEW](#)



4-7 June 2025, Switzerland

International Conference on
Clinical Ethics and Consultation
(ICCEC)

WWW.CLINIC-ETHICS.ORG

Referrals

Please contact
Dr Danielle Ko by phone,
email or TEAMS

Education

To request an education
session, please email
clinicaethics@austin.org.au

In healthcare, we often assume that telling the truth is a given, but what exactly does 'truth' mean? Is it still the truth if we omit key details? Are there times when withholding certain information is justified to reduce harm, such as telling a patient with dementia a white lie to settle them or not fully disclosing serious news to avoid distress? Have you ever wondered if what you're telling a patient is really the full truth?

In May 2024, the UK Infected Blood Inquiry highlighted a catastrophic failure in truth-telling. Over decades, more than 30,000 people were infected with HIV or hepatitis from contaminated blood products, resulting in over 3,000 deaths. This report was highly critical of an ongoing lack of truth-telling and its direct impact on patient care and trust in health systems, serving as a severe example of how a lack of candor and half-truths in discussions between healthcare professionals and patients can be devastating. <https://www.infectedbloodinquiry.org.uk/>

While ethical theories like deontology (adhering to the rule 'do not lie'), consequentialism (weighing the outcomes of truth-telling or not), and virtue ethics (acting as a virtuous professional would) can assist us in thinking through ethical dilemmas and guiding our decision-making on truth telling, applying these frameworks is not straightforward. In reality, clinicians must often interpret available clinical information and consider the patient's circumstances, making decisions on a case-by-case basis.

Sometimes, clinicians may engage in truth sculpting, adjusting the way information is presented to avoid overwhelming a patient. For example, a surgeon might choose not to immediately reveal that a patient's surgery could take years to schedule for fear of them losing hope, with the outcome that the patient does not think to explore other options. On the other hand, some clinicians may engage in truth dumping—disclosing all information to ensure the patient is fully informed, but without considering the potential emotional or psychological impact.

A case brought to a member of our CEADs unit some years ago involved the discovery of non-paternity during tests assessing compatibility for a kidney donation. This case raised the ethical question - Should such sensitive, arguably medically irrelevant information be shared? If so, with whom? The patient? The donor who thought he was the biological father? What about the mother? Would it be risking emotional harm - and to whom—or withheld as irrelevant?

Ultimately, reflecting on and discussing ethical issues with trusted colleagues helps balance obligations to the patient with personal and professional values, acknowledging that truth-telling in healthcare is rarely straightforward.

IN THE NEWS & LITERATURE

The ethics of truth-telling in health care settings

Two prominent theories of ethics, deontological and consequentialism are discussed integrating examples by way of illustration.

Lying to patients: ethics of deception in nursing

In a study examining nurses' and nursing students' views on use of deception most thought it unethical and unacceptable, although deception may be warranted in some situations.

Telling a 'good or white lie': the views of people living with dementia and their carers

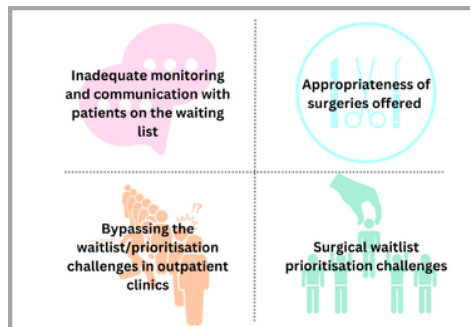
Informal/unpaid carers of people living with dementia thought that blatant lying with the intention to deceive and do harm is not acceptable, although in some situations it is acceptable to tell 'white lies' to alleviate distress.

ETHICAL MANAGEMENT OF SURGICAL WAITING LISTS

Development of an ethical decision-making resource

The CEADS unit received funding through the North East Metro Health Service Partnership (NEMHSP) Elective Surgery Reform initiative to carry out the project titled 'Ethical management of surgical waiting lists', where we interviewed clinicians and leaders working in the planned surgery space and mapped the ethical challenges and concerns they described.

Within published literature we identified ethical concerns in planned surgery management were population or systems level focused. Whereas when we spoke with clinicians and leaders, while they were sensitive to these 'macro values' at play, they were focused on decisions within their sphere of agency. Their primary moral orientation was toward the individual patients they care for and manage. These inclinations saw them implement additional values in practice which are depicted below:



Using these values, we then developed an ethics resource for staff in relation to key decisions, drawing on colleagues' best practice. For each of the four ethical challenges, we delved deeper into clinicians specific concerns or challenges and identified additional ethical values that we titled 'values in action' and comprise of:

- supporting patient autonomy through informed consent;
- considering patients holistically;
- minimising harms to individual patients related to time spent on the waiting list; and
- accountability, consistency and transparency within teams, as a way of clinicians to enact fairness within their sphere of agency.

If you would like more information about this project or to access the output documents, please contact the CEADS unit on ceads@austin.org.au

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	12 Feb CEC meeting 21 Feb Ethics forum		24 Apr 1400-1445 Ethics forum	CEADS Newsletter 13 May CEC meeting ICCEC Conference May 29-31		17 Jul 1400- 1445 Ethics Forum CEADS Newsletter	12 Aug CEC meeting 28 Aug Grand Rounds	CEADS Newsletter	30 Oct 1400-1445 Ethics forum	11 Nov CEC meeting	CEADS Newsletter