The Need To Know: A morally and culturally based argument for the rights of truth disclosure to Lebanese cancer patients by Omar Kreidieh

Above is a direct statement from the Lebanese Code of Medical Ethics. To a Western observer such a statement would be a source of outrage. Surprisingly however, the Lebanese are not alone in this paternalistic approach to truth disclosure to cancer patients. Traditional cultures across the world empower family members and doctors alike to “protect” patients. In countries like Japan, Iran, Turkey, Saudi Arabia, Kuwait, and Lebanon, these views are strongly tied to social norms and traditions that topple the western conception (Surbone 2006). What is clear, however, is that many of these ideals have been changing. Particularly in a country like ours, thought dynamism and shifting conceptions necessitate a reexamination of this law and of general attitudes towards truth telling in a manner consistent with current popular thought.

The most commonly cited arguments against truth telling are:

The patients in Lebanon do not want to know about their disease.
Knowing about one’s disease is harmful (Shahidi 2010).

Invaluable insight on the first argument is provided from two Lebanese articles discussing the matter. Doumit et-al portrayed patient concern in Lebanon over “rights to be told the truth about there condition.” (Doumit and Abu Saad 2008)” An older article by Adib et-al showed that only 42% of interviewed subjects preferred not to be told about there disease (M Adib and N Hamadeh 1999). Both articles therefore show a preference among Lebanese patients for truth disclosure. The first argument is thus easily refuted and dismissed.

The second argument however is far more perplexing. While most studies about the effects of truth telling on cancer patients reveal no harm (Montazeri, et al. 2004), studies from countries with traditional cultures similar to the Lebanese show the opposite. Studies from India and Taiwan show that patient knowledge of disease and prognosis correlated well with increased incidence of psychological morbidity (Alexander, N and MS 1993) (Tang, et al. n.d.). Another study in Iran revealed a lower degree of physical, social, and emotional functioning (Montazeri, et al. 2009). Mounting evidence therefore propels the issue of non-malificience to the forefront of the debate in such countries.

Yet, several objections to the non-malificience argument must be raised. The first objection is a technical one. Many of these studies were done on patients of distinctly rare diseases with dyer prognosis. Lebanon witnesses very low rates of such cancers. Disclosure of information about more benign cancers prominent in our country must cause far less morbidity. The generalizability of the results from the above studies onto the entire Lebanese population is therefore highly problematic and faulty.
The second objection is more philosophical. Admittedly, as the above results confirm, for select cancer patients, and certain kinds of cancer, the ill-effects of truth telling are irrefutable. Yet any benefits of hiding truths can only be momentary. What if the patient finds out the diagnoses by him/herself as so many of them eventually do? What if the patients who find themselves at their deathbeds without prior preparation? Can we ever believe that these patients will remain more contempt than those who were told the truth apriori? Even from the early 20th century, physicians like Cabot knew the answers, that “a lie saves a present pain at the expense of a future greater pain. (K Sokol 2006)”

Finally, truth telling has countless advantages that must be sought. It builds and strengthens a relationship of mutual trust and understanding between doctor and patient. It enables better understanding of patient expectations and concerns. At the same time it empowers patients to become active decision makers. Accurately informed patients therefore become more compliant and fair better in overall outcome(Surbone 2006).

It is evident that the ill-effects of truth telling are likely to be temporary and confined only to patients with the worst prognosis. For the majority of patients, benefits of respect for autonomy, building of trust, and patient compliance far outweigh any other considerations. I must therefore echo the plea that in modern day Lebanon, the unfortunate “denying (of) information “is more a historical than a cultural phenomenon(M Adib and N Hamadeh 1999).”

References:


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