

Telling the Truth - A Tussle between Four Principles of Ethics

Sarah Mohammad Iqbal Chagani*

The Aga Khan University Hospital Karachi, Pakistan

Abstract

Health care professionals are surrounded with multiple ethical dilemmas requiring immediate solutions and clarifications. However, not all are answerable. This article is a review of the four principles of ethics coined by Beauchamp and Childress: autonomy, Non-maleficence, beneficence and justice. This article utilizes these four principles to critically analyze a situation of 'telling the truth' faced by every health care provider in their daily practice.

Keywords: 4 Principles of ethics; Autonomy and justice; Nurses and autonomy; Non-maleficence; Beneficence

Scenario

A female patient was diagnosed with last stage metastatic breast cancer and doctors have notified the family about the poor prognosis of the disease process with minimum chances of survival. A nurse is constantly engaged in caring of the patient and is also aware of the disease process of the patient. The patient asks the nurse 'WILL I BE ABLE TO SURVIVE?' What should a nurse reply?

Introduction

Health care professionals face multiple ethical dilemmas in their daily practice including euthanasia, death with dignity, provision of treatment to terminally ill patients, declaring poor prognosis to patients and many others. Nurses are closer to the patients as they are direct caregivers and spent more time with them; but they face multitude of ethical dilemmas requiring instant solutions and answers. However, ethical dilemmas have no answers; one can have alternatives but one cannot be sure whether the solutions presented are right or wrong. Four principles of ethics, coined by Beauchamp and Childress, formulate the basis of ethical foundation in medicine and nursing. These principles assist in decision making of ethical dilemmas and also facilitate in resolving ethical conflicts. The four principles dominating the ethical decision making are: respect for autonomy, beneficence, non-maleficence, and justice.

Definitions

Respect for autonomy signifies an obligation to health care professionals of respecting the decision making capabilities of the patients [1]. It also denotes provision of choices and alternatives to patients so that they can practice self determination [1].

The principle of beneficence emphasizes on provision of benefits and good to patients [1]. It requires the health care professionals to weigh risks and benefits and take decisions which provide maximum benefit to the patients.

Non-maleficence deals with the provision of no harm to the patients [1].

Justice deals with allocating resources equally with fairness among patients [1] according to need, right and utility. It also focuses on fair distribution of resources keeping risks and benefits into consideration.

Questions

The scenario presents many ethical dilemmas for the nurse being questioned by the patient. Should the nurse declare the disease status and poor prognosis to the patient? Should the nurse lie or remain quiet

as the attendants of the family know patient better than her? What would be the implications if the nurse declares the truth to the patient? What would be the result if the nurse remains quiet and moves ahead with the way things are? Is the nurse autonomous and competent enough to deal with such an ethical dilemma? Answer to these questions requires an intersection of the four ethical principles and their conditions.

Autonomy versus Beneficence and Non-maleficence

Respect for autonomy means that the nurse declares the truth to the patient about her poor prognosis and ultimately bear the consequences. According to Steve Edwards, a patient has to be competent in order to practice autonomy – by competency, a patient has to be conscious and possess the understanding to absorb and grasp the information provided to take relevant decisions [2]. Along with this, the principle also requires the health care professionals to provide complete information to the patient and not hide anything so that the patient can take a Holistic decision for herself. But will telling the truth be helpful for the patient? The patient after knowing the truth may want to do a hobby which she always wanted to do, the patient may want to fulfill a religious obligation or would want to spend some valuable time with the family, or the patient may want to go to a place where she always wanted to go, or may want to decide upon her will. The patient after knowing the truth and having complete information about herself would feel more self confident and free to take her life into her hands rather than the relatives. The patient may decide to opt for no treatment and decide to die the death of dignity without any sufferings and pain – which is the right of all human beings. This is important because it is the patient and not the relatives who are suffering the pain; it is the patient who has to undergo the extensive, torturous treatment of the tumor and still face death but in this case a death with more pain. Additionally in many states of the world, treating patients against their right and decision is considered illegal. Thus a thorough justification on legal ground would be required to treat patients against their knowledge and will. The principle of beneficence supports the autonomy of the patient as in this case the truth telling to the patient and respecting patient

***Corresponding author:** Sarah Mohammad Iqbal Chagani, The Aga Khan University Hospital Karachi, Pakistan, Tel: 92-21-3493-0051; E-mail: schagani86@gmail.com

Received December 23, 2013; **Accepted** January 28, 2014; **Published** February 10, 2014

Citation: Chagani SMI (2014) Telling the Truth - A Tussle between Four Principles of Ethics. J Clin Res Bioeth 5: 172. doi:[10.4172/2155-9627.1000172](https://doi.org/10.4172/2155-9627.1000172)

Copyright: © 2014 Chagani SMI. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

autonomy could prove to be beneficial to the patient as the patient feels more confident in deciding her course of life.

However, there is another side of the coin too. The patient may not react in the way explained earlier; the patient may end up in severe depression and resentment – a rift of autonomy with beneficence and non-maleficence. The latter concepts believe in weighing the benefits and risks for the patients and then taking appropriate decision for the patients [2]. If declaring poor prognosis to the patient could harm the patient then distorting patient autonomy could be a better option. This is because, the patient is dying and by making the patient more depressive, a nurse can further elongate the suffering of the patient, further increasing the disgrace. No doubt the patient has to die but death with dignity is the right of the patient. In this case respecting patient autonomy could not be beneficial as it could distort the benefits that the patient could acquire without knowing the reality of the disease. But can this situation be practical? If the nurse decides to distort patient autonomy as the risk of the truth outweighs the benefits then the nurse is residing towards the stigmatized principle of paternalism. The nurse in this situation assumes that the patient will benefit if the disease is not disclosed to her but can one generalize the implications of truth to all the patients? Generalizing the findings that truth telling will definitely cause harm to patient is incorrect (Woodward, 1998) [3]. and against the code of ethics which constantly focuses on treating patients as individuals with separate identities.

Furthermore, the relatives in this scenario are asking the nurse to remain quiet about the disease to the patient; but who can judge the grounds of relatives' requests. It may be beneficial and maybe evil. If the nurse decides to remain quiet and support the relatives then the paternalistic approach proves positive. The nurse is imposing her decision on the patient and if later on the relatives declare the truth to the patient, then a mistrust relationship would develop between the patient and the nurse. The patient may die with the belief that the nurse did not tell her anything despite knowing the truth. On the other hand, the nurse may feel guilty of hiding the truth from the patient which could lead to job dissatisfaction, stress and frustration. Thus declaring the truth could harm the patient and hiding it would also hurt the patient.

Autonomy versus Justice

Additionally, the principle of justice also plays a significant role in justifying the decision of the nurse. As explained earlier, if respecting patient autonomy and informing patient about her disease process results in the patient deciding not to go for the treatment then the justice principle can be used here. The limited resources required to treat this particular patient can be utilized in treating a patient who has a good prognosis and an increased life span. But upon knowing the disease process, the patient still opts for the extensive treatment, then provision of the treatment becomes the duty of the health care professionals and receiving all treatment modules becomes the right of the patient. Thus it could result in misallocation of scarce resources, but again justice depends on whether a nurse respects or disrespects a patient autonomy and what decision does the patient take for herself.

Nurses' Position

In order to practice autonomy this patient needs to have complete information about her present and future perspectives; but does the nurse have enough information to dispense? In the developing part of the world where medical dominance rules, nurses are not considered an important pillar in the health care settings. They are counted inferior to doctors and are regarded as merely assistants to physicians, whose main task is to carry out the orders of physicians. Nurses are not expected to

voice for the patient, against the doctors, as it is not believed to be the work of nurses; instead nurses in the developing world are not trained to take charge of attorneys to their patients. Thus a simple question arises, whether nurses have the freedom to practice their autonomy? In a developing world environment, the doctors are considered as the final decision makers and no one including patients and family go against their will as they are given the position of someone next to GOD. Hence, such an environment could pose constant threat to nurses' job securities and careers pathways. Nurses would not be comfortable in advocating for their patients autonomy when they themselves are struggling for an improved position in the health care settings. Nurses would be reluctant to disclose the truth to this patient as they know that they do not have any managerial support backing them. The nurses would be hesitant to intervene in the paternalistic decisions of the doctors and would rather let the things remain the way they are.

Strategy

Interdisciplinary team approach, including primary physician, nurses, department directors, clinical nurse specialist (CNS) and social workers could be formulated to provide maximum support to the family and patient involved in such situations [4]. According to multiple studies as quoted by Baggs et al. [4] presence of a social worker in the team plays an important role in bridging the communication gap between the physician and family. Department directors and CNS play a pivotal role in explaining the financial burden of the patient on the family [4], which on the other hand could be invested in various purposes beneficial for the nursing care of dying patients. Moreover, making nurses an important part of the team has been focused in multiple studies which compare the absence of nurses in the teams with increase miscommunication with the family members, increased length of stay of patients in ICU and decrease quality of life of dying patients [4]. No doubt, nurses could engage in a collaborative effort of uniting a multidisciplinary team for the patient. Nurses could play the role of the convincing body, advocate of the patient, information breaker, mediator of information, and supporter of the patient [5]; thus nurses would assist in uniting the patient, relatives and other medical staff on an integrated platform for disclosure of disease to the patient.

Conclusion

Declaring the truth to the patient is the work of all health care professionals; acquiring information about the disease process is the crucial right of all patients – but declaration of truth is not simple. The four principles of autonomy, beneficence, non-maleficence and justice continuously tussle around the scenario proving each other wrong. If patient autonomy is respected then it could prove beneficial or detrimental for the patient. If the patient autonomy is respected then either it could lead in misallocation or a fair distribution of the scarce resources. Arriving to a solution is difficult; hence this scenario can have multiple alternatives but no permanent resolution.

References

1. Stanley R (1998) Applying the four principles of ethics to continence care. *British Journal of Nursing* 7: 44-51.
2. Edwards S (2009) Nursing ethics: A principle based approach.
3. Woodwad VM (1998) Caring, patient autonomy and stigma of paternalism. *Journal of Advanced Nursing* 28: 1046-1051.
4. Baggs JG, Norton SA, Schmitt MH, Sellers CR (2004) The dying patient in the ICU: role of the interdisciplinary team. *Critical Care Clinics* 20: 525-540.
5. Adams JA, Bailey DE, Anderson RA, Docherty SL (2011) Nursing Roles and Strategies in End-of-Life Decision Making in Acute Care: A Systematic Review of the Literature. *Nursing Research and Practice* 1-15.