



21. Is it ethical to lie for the benefit of the patient?

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Background

At first glance, the debate of this question in the Ethics Board seems to be untenable. After all, on the one hand, the very question raises the possibility that physicians lie. In addition, it is clear that members of the Ethics Board can never agree to a lie for any reason whatsoever. A lie is always a lie, and cannot be accepted.

Nevertheless, the changing reality imposed upon us a debate around this sensitive issue. A short search in the databases immediately produces a long list of articles in the most respectable medical journals, which provide a platform for this issue and for a variety of opinions that, surprisingly, do not always reject such a lie.

The reasons given by the proponents of such a lie are clear-cut: The physician is obligated, first and foremost, to the good of the patient for whose health he is responsible. The health system is neither egalitarian nor just, and it constantly discriminates against poor people and old persons. Consequently, it is permissible to lie to "the system" for the benefit of those patients and thus correct the wrongs of "the system". This causes a more just distribution of wealth between the rich and the poor.

It is permissible to lie, according to this view, if the patient cannot pay for the required treatment, which has no other effective substitute, and if in the absence of this treatment the health of the said patient will be harmed. The proponents of the lie regard the medical insurance companies as an "enemy" who conceals from the patients the small details in the insurance policies sold to the public and feel that it is consequently justified and correct to lie to them. The fact that the patient is a real entity situated in the physician's room, while the insurance company is an intangible abstract entity, also helps in coming to terms with the lie.

The extent of the problem in Israel is not known. Estimates in the professional literature indicate that the damage from "small white lies" in the US totals about 80 billion dollars a year. The results of the surveys conducted there raise difficult ethical questions. 30%-50% of the physicians admitted, according to these surveys, that they had deceived "the system" at least once for the benefit of their patients. Some of them had exaggerated the seriousness of the illness in order to prevent early release from the hospital. Some had changed a diagnosis or invented symptoms that did not actually exist in order to guarantee the patient financial remuneration from his insurance company.

But even this lie has its own ethics. The physicians in the survey admitted that they would be prepared to lie for the benefit of the patient when speaking of life saving essential treatments. Some of them expressed readiness to lie even when speaking of cosmetic operations such as straightening the nose.



Beside the above, there are medical approvals and letters perfunctorily written by the physician, in which he rounds corners to give the patient a few more days of unjustified sick leave, simulated disability before a medical board and even deferment of a flight date, for prima facie medical reasons.

Opponents of the lie argue on the other hand that a lie is totally unacceptable in all circumstances. The main argument voiced by the opponents is that the connection between the physician and the patient is based on fairness and truth, and that a lie that yields the patient a benefit to which he was not fairly entitled turns the physician into a criminal and a participant in a fraud. A physician who lies is regarded by the patient as an unreliable person. A lie for the patient can rapidly turn into a lie against him. In the long term, this will cause unavoidable destruction of the reliability of the physician and the trust placed in him by the patient.

A lie in a medical report is liable to deceive other physicians who are treating the patient and will also destroy the mutual trust amongst the physicians themselves. Furthermore, if it becomes widely known in society that physicians lie, this will mortally harm the trust of the public in the medical community.

The insurance companies will also not remain indifferent to these lies and will increase their means of supervision and control of the work of the physicians. The physicians will, in the end, lose part of their clinical independence, their professional pride and their social status. Such a move will inevitably lead to the diversion of resources from drugs and treatments to means of monitoring and enforcement, and we shall become the losers. The financial resources available to patients will be reduced, and the spiral will continue. The lie will always sweep the real problems under the rug and will delay and prevent public debate of the painful problems of management of the national medical economy. It is not surprising that at the end of the fascinating debate held in the Ethics Board on this subject, all the participants reached the conclusion that there is no basis for lies, and that it is desirable to prevent them from entering our ranks.