

Dental ethics case 20

Suspected malignancy: to tell or not to tell the truth?

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CASE SCENARIO

A new patient attends your practice and says that it is nearly ten years since his last dental examination. His history reveals that he has smoked a packet of cigarettes a day for over twenty years, and that he drinks a few beers every day. He reports that, a few months ago, he noticed a slight swelling on the left side of his face, also that his lower molar teeth on the left side were mobile and his gums in that area bled easily when brushing his teeth. He did not report any pain from the teeth or gums. Extra-oral examination reveals enlargement of the lymph nodes on the left side of the neck and intra-orally in the area of the first lower left molar, there is a raised, 1-2cm reddish, white irregular lesion that is firm on palpation. The molar teeth on that side appear healthy but are mobile. Radiographic examination reveals complete destruction of the bone and a lesion with ill-defined borders. This presentation together with the patient's history immediately leads you to suspect a possible malignancy – do you inform the patient of your suspicions?

COMMENTARY

The ethical issues to consider in this case are threefold:

- (i) to tell or not to tell,
- (ii) how to assess the mental state of the patient to receive the news and
- (iii) veracity regarding 'suspicion' of diagnosis.

The diagnosis of malignancy often imposes a crisis with the patient having to confront various issues related to the treatment, prognosis and an uncertain future.¹ There has been much written about communicating cancer diagnosis and the jury is still out regarding the ideal way forward.² On the one hand, less than 25 years ago, McIntosh advocated that the diagnosis of cancer should not routinely be disclosed (McIntosh, 1976)³, and on the other non-disclosure is now regarded as unacceptable in most westernised societies, where research over the past two decades has shown that most patients want to be informed about their cancer status.^{4,5}

Many argue that it is important to give the patient information so as to enable them to make informed decisions – others have suggested that this may destroy all hope. Despite the fact that autonomy has gradually become a key concept in the doctor-patient relationship, truth-telling is far from being the norm in many countries in the world. Despite the general agreement on the benefits of open communica-

tion between physicians and cancer patients, there is still strong resistance against disclosure of cancer diagnosis and prognosis in many cultures.⁶ Although fear of causing psychological harm to patients and their reluctance to find out the truth are two main justifications of non-disclosure attitudes, there are other important contributing factors that need to be further explored and better understood including those related to the relatives, doctors and healthcare systems. Cultural disparities in attitudes towards truth-telling persist; however, these differences should not be used as excuses not to respect the rights and individual preferences of cancer patients by making assumptions based on their age, sex, type of cancer, language and/or cultural background.^{7,8,9}

It is not an easy task to make an assessment of the state of mind of a patient receiving devastating information. A slide scale of 1-10 may be used where 1 represents a patient who would be unable to cope emotionally with the news, or 10, where the patient is uninterested in the diagnosis of his condition. One must be aware that the bad news may prompt suicide. Dentists should take care of the manner in which they disclose the information and avoid exacerbating fear. Warning the patient that bad news is coming may lessen the shock that can follow the disclosure of bad news and may facilitate information processing. It may be best to inform the patient that the lesion "appears suspicious, but a biopsy would be required for a definitive diagnosis".

Virtue ethics provides a useful philosophical approach for exploring decisions on information disclosure in more detail. Virtue ethics allows appropriate examination of the moral character of the carer involved, their intention, ability to use wisdom and judgment when making decisions and the virtue of truth-telling. It is appropriate to discuss dentistry as a 'practice' in relation to virtue ethics. This is achieved through consideration of the implications of arguments that qualities such as honesty, courage and justice are virtues because they enable us to achieve the internal goals of good practices.¹⁰ Responding to the patient's emotions is one of the most difficult challenges of breaking bad news. Patients' emotional reactions may vary from silence to disbelief, crying, denial, or anger. When patients get bad news, their emotional reaction is often an expression of shock, isolation and grief. In this situation the practitioner can offer support and solidarity to the patient by providing an empathic response.

Truth-telling is a virtue, obligation or principle, commonly referred to as veracity. It is an expectation from patients that their health professionals value veracity not as a mere courtesy, but a necessity of the doctor-patient interaction and relationship, together with the knowledge that they have the patient's best interest at heart. Complaints about health professionals commonly originate because of poor communication or because patient's expectations have not been met, or both. However, teaching communication skills has only recently been recognised as important in the training of dental students and staff. Several groups have prepared guidelines on "breaking bad news" and "preparing patients for investigations".^{11,12} Important aspects of these recommendations include eliciting patients' expectations and their information preferences and needs. There is evidence that these variables are not fixed, and it is therefore important to discuss them again at subsequent consultations. Patients who have a clear plan for the future are less likely to feel anxious and uncertain. Presenting treatment options to patients when they are available is not only a legal and ethical mandate, but it will establish the perception that the practitioner regards their wishes as important. A multidisciplinary approach to cancer care is increasingly common. The need for the involvement of and good communication between, all members of the team, including the general practitioner and non-medical staff, is essential.

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