since her desire to know is not "rational," given that the truth might "greatly increase her chance of dying." (By not rational, they mean that no one would adopt the principle, "Tell me the truth even if it might kill me.") I venture no judgment on the rationality of the patient's request.

16. Should Doctors Tell the Truth? 
Joseph Collins

This is not a truism or a lie. It is a presentation of one of the most difficult questions that confronts the physician. Should doctors tell patients the truth? Were I to write a newspaper article which would require me to write the question with "yes" or "no," I should answer in the negative and appeal to the judge for permission to qualify my answer. The substance of this article is what that qualification would be.

Though few were willing to make the test, it is widely held that if the truth were more generally told, it would make for world welfare and human betterment. We shall probably never know. To tell the whole truth is often to perpetrate a cruelty of which many are incapable. This is particularly true of physicians. Those of them who are not compassionate by nature are made so by experience. They come to realize that they owe their fellowmen, justice, and graciousness, and benignity, and it becomes one of the real satisfactions of life to discharge that obligation. To do so successfully they must frequently withhold the truth from their patients, which is tantamount to telling them a lie. Moreover, the physician soon learns that the art of medicine consists largely in skillfully using falsehood and truth in order to provide the patient with an argument which will make the metal of life wear and make men from being poor shrunken things, full of melancholy and disposition, unpleasing to themselves and to those who love them. I propose therefore to deal with the question from a pragmatic, not a moral, standpoint.

"Now you may tell me the truth," is one of the things patients have frequently said to me. Four types of individuals have said it: those who are honestly and courageously want to know so that they may make as ready as possible to face the wags of sin while there is still time; those who do not want to know, and who if they were told would be injured by it; those who are wholly incapable of receiving the truth. Finally, those whose health is neither seriously disordered nor threatened. It may seem an exaggeration to say that in forty years of contact with the sick, the patients I have met who are in the first category could be counted on the fingers of one hand. The vast majority who demand the truth really belong in the fourth category, but there are sufficient in the second—with whom my concern chiefly is—to justify considering their case.

One of the astonishing things about patients is that more serious the disease, the more silent they are about its portents and manifestations. The man who is constantly seeking reassurance that the vague abdominal pains indicative of hyperacidity are not symptoms of cancer often buries family and friends, some of whom have welcomed death as an escape from his burdensome iterations. On the other hand, there is the man whose first warning of serious disease is lumbago who cannot be persuaded to consult a physician until the disease, of which the lumbago is only a symptom, has so far progressed that it is beyond surgery. The seriousness of disease may be said to stand in direct relation to the reticence of its possessor. The more silent the patient, the more serious the disorder.

The patient with a notebook, or the one who is eager to tell his story in great detail, is rarely very ill. They are forever asking, "Am I going to get well?" and though they crave assistance, they are often unable to accept it. On the other hand, patients with organic disease are very chary about asking point-blank either the nature or the outcome of their ailments. They sense its gravity, and the last thing in the world they wish to know is the truth about it; and to learn it would be the worst thing that could happen to them.

This was borne in spades early in my professional life. I was summoned one night to examine the pain of a man who informed me that he had been for some time under treatment for rheumatism—that chock for so many diagnostic errors. His "rheumatism" was due to a disease of the spinal cord called locomotor ataxia. When he was told that he should submit himself to treatment wholly different from that which he had been receiving, the import of which any intelligent layman would have divined, he asked neither the nature nor the probable outcome of the disease. He did as he was
counselled. He is now approaching seventy and, though not active in business, it still engrosses him.

Had he been told that he had a disease which was then universally believed to be progressive, apprehension would have depressed him so heavily that he would not have been able to offer the resistance to its encroachment which had stood him in such good stead. He was told the truth only in part. That is, he was told his "rheumatism" was "different"; that it was dependent upon an organism quite unlike the one that causes ordinary rheumatism; that we have preparations of mercury and arsenic which kill the parasite responsible for this disease, and that if he would submit himself to their use, his life would not be materially shortened, or his efficiency seriously impaired.

Many experiences show that patients do not want the truth about their maladies, and that it is prejudicial to their well-being to know it, but none that I know is more apposite than that of a lawyer, noted for his urbanity and resourcefulness in court.

When he entered my consulting room, he greeted me with a bonhomie that bespoke intimacy, but I had met him only twice—once on the golf links many years before and once in court where I was appearing as expert witness, prejudicial to his case.

He apologized for engaging my attention with such a triviality, but he had had pain in one shoulder and arm for the past few months, and though he was perfectly well—and had been assured of it by physicians in Paris, London, and Brooklyn—this pain was annoying and had made up his mind to get rid of it. That I should not get a wrong slant on his condition, he submitted a number of laboratory reports furnished him by an osteopath to show that secretions and excretions susceptible of chemical examination were quite normal. His determination seemed to be to prevent me from taking a view of his health which might lead me to counsel his retirement. He was quite sure that anything like a thorough examination was unnecessary, but he submitted to it. It revealed intense and extensive disease of the kidneys. The pain in the network of nerves of the left upper arm was a manifestation of the resulting autointoxication.

I felt it incumbent upon me to tell him that his condition was such that he should make a radical change in his mode of life. I told him if he would stop work, spend the winter in Honolulu, go on a diet suitable to a child of three years, and give up exercise, he could look forward confidently to a recovery that would permit . . . a life of usefulness and activity in his profession. He assured me he could not believe that one who felt no worse than he did should have to make such a radical change in his mode of life. He impressed upon me that I should realize he was the kind of person who had to know the truth. His affairs were so diversified and his commitments so important that he must know. Completely taken in, I explained to him the relationship between the pain from which he sought relief and the disease, the degeneration that was going on in the excretory mechanisms of his body, how these were struggling to repair themselves, the procedure of recovery and how it could be facilitated. The light of life began to flicker from the fear that my words engendered, and within two months it sputtered and died out. He was the last person in the world to whom the truth should have been told. Had I lied to him, and then intrigued with his family and friends, he might be alive today.

The longer I practice medicine the more I am convinced that every physician should cultivate lying as a fine art. But there are many varieties of lying. Some are most prejudicial to the physician's usefulness. Such are: pretending to recognize the disease and understand its nature when one is really ignorant; asserting that one has effected the cure which nature has accomplished, or claiming that one can effect cure of a disease which is universally held to be beyond the power of nature or medical skill; pronouncing disease incurable which one cannot rightfully declare to be beyond cessation or relief.

There are other lies, however, which contribute enormously to the success of the physician's mission of mercy and salvation. There are a great number of instances in support of this but none more convincing than that of a man of fifty who, after twenty-five years of devotion to painting, decided that penury and old age were incompatible for him. Some of his friends had forsaken art for advertising. He followed their lead and in five years he was already to gather the first ripe fruit of his labor. When he attempted to do so he was so immobilized by pain and rigidity that he had to forego work. One of those many persons who assume responsibility lightly assured him that if he would put himself in the hands of a certain osteopath he would soon be quite fit. The assurance was without foundation. He then consulted a physician who without examining him proceeded to treat him for what is considered a minor ailment.

Within two months his appearance gave such concern to his family that he was persuaded to go to a hospital, where the disease was quickly detected, and he was at once submitted to surgery. When he had recovered from the operation, learning that I was in the country of his adoption, he asked to see me. He had not been able, he said, to get satisfactory information from the surgeon or the physician; all that he could gather from them
was that he would have to have supplementary X-ray or radium treatment. What he desired was to get back to his business which was on the verge of success, and he wanted assurance that he could soon do so.

He got it. And more than that, he got elaborate explanation of what surgical intervention had accomplished, but not a word of what it had failed to accomplish. A year of activity was vouchsafed him, and during that time he put his business in such shape that its eventual sale provided a modest competency for his family. It was not until the last few weeks that he knew the nature of his malady. Months of apprehension had been spared him by the deception, and he had been the better able to do his work, for he was buoyed by the hope that his health was not beyond recovery. Had he been told the truth, black despair would have been thrown over the world in which he moved, and he would have carried on with corresponding ineffectiveness.

The more extensive our field of observation and the more intimate our contact with human activity, the more we realize the finiteness of the human mind. Every follower of Hippocrates will agree that “judgment is difficult and experience fallacious.” A disease may have only a fatal ending, but one does not know; one may know that certain diseases, such as general paralysis, invariably cause death, but one does not know that tomorrow it may no longer be true. The victim may be relieved, by accidental or studied discovery or by the intervention of something that still must be called divine grace.

17. Lying and Lies to the Sick and Dying
Sissela Bok

TRUTH AND TRUTHFULNESS

... "Truth"—no concept intimidates and yet draws thinkers so powerfully. From the beginnings of human speculation about the world, the questions of what truth is and whether we can attain it have loomed large. Every philosopher has had to grapple with them. Every religion seeks to answer them.

In all such speculation, there is great risk of a conceptual muddle, of not seeing the crucial differences between two domains: the moral domain of intended truthfulness and deception, and the much vaster domain of truth and falsity in general. The moral question of whether you are lying or not is not settled by establishing the truth or falsity of what you say. In order to settle this question, we must know whether you intend your statement to mislead...

Any number of appearances and words can mislead as; but only a fraction of them are intended to do so. A mirage may deceive us, through no one’s fault. Our eyes deceive us all the time. We are beset by self-delusion and bias of every kind. Yet we often know when we mean to be honest or dishonest. Whatever the essence of truth and falsity, and whatever the sources of error in our lives, one such source is surely the human agent, receiving and giving out information, intentionally deflecting, withholding, even distorting it at times.

We must single out, therefore, from the countless ways in which we blunder misinformed through life, that which is done with the intention to mislead; and from the countless partial stabs at truth, those which are intended to be truthful. Only if this distinction is clear will it be possible to ask the moral question with rigor. And it is to this question alone—the intentional manipulation of information—that the court addresses itself in its request for "the truth, the whole truth, and nothing but the truth."

DEFINING INTENTIONAL DECEPTION AND LYING

When we undertake to deceive others intentionally, we communicate messages meant to mislead them, meant to make them believe what we ourselves do not believe. We can do so through gesture, through disguise, by means of action or inaction, even through silence. Which of these innumerable deceptive messages are also lies? I shall define as a lie any intentionally deceptive message which is