

Work in the medical field. should dr be required to tell patients they have alzheimer's...

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DELIVERING THE BAD NEWS (Should doctors tell the truth always of  
DELIVERING THE BAD NEWS The Hippocratic Oath requires doctors to strictly observe its tenets, primary of which is to do no harm (malevolence) while doing all they possibly can to cure an ill person and help to prolong life as much as possible. Doctors have adopted their own codes of professional conduct precisely to let members of the medical profession observe its rules at all times and avoid all the sticky situations presented by possible conflicts of interest while in the exercise of their duties. A classic dilemma faced by medical practitioners is whether to tell the bad news and the truth. This is enshrined in the American Medical Association code of professional medical ethics in which a doctor has to inform his or her patient about that patients true state of health. This is contained in Opinion No. 10 of the AMA Code of Ethics under the patient-physician relationship which is but essentially a moral activity. In this regard, the doctor is bound to put the patients interests above that of his own self-interest and of other groups, that the patients welfare is always paramount. A corollary to this opinion is the implied imperative for doctors to care for patients and alleviate the suffering using the best sound medical judgment during their rendition of health care. Based on the code, doctors have to tell their patients about an Alzheimers diagnosis as firstly, most patients want to know and secondly, they have a right to know. However, this is not a blanket authority to tell each potential Alzheimers patient about it, as circumstances can vary (Gordon & Goldstein, 2001, p. 1806) such as the degree of the disease (mildly or severely ill), a wish from family members not to tell the patient which might cause confusion, depression and an unwarranted possible grief and many other

factors which make each clinical case a unique one. A doctor may enlist the family by choosing the one member who is closest to the patient in terms of understanding the patient and the one who is best able to break the bad news to the patient.

On the other hand, many ethical and moral issues must be considered in truth disclosure such as patient autonomy (or the ability to make informed decisions based on right knowledge), the principle of non-maleficence (a patient might become hysterical or suicidal, for example) and the right of family members to know so they can plan ahead financially and emotionally. All that a doctor confronted with this dilemma can do is take into account those several factors and come to his or her best judgment. Equally important, as the authors themselves had noted, that timing is crucial (ibid. p. 1803), the context in which the diagnosis is discussed and finally, in how that foreboding message of a hopeless disease is conveyed, by whom and how and when it is told. In the final analysis, a doctor has to treat each patient as an individual case, since there are no right or wrong answers or approaches on how best to do it. Perhaps the best time to break the news is when a patient has recently reconciled or re-affirmed his or her religious faith because this time, the patient is most receptive and accepting of the final medical diagnosis because of the religious counseling he received (Weenolsen, 1996, p. 3) . In the end, a good doctor is to be guided by his conscience, on what is the most humane way to do it, above the two prime conditions of patient autonomy and non-maleficence, together with an ethical aim and moral principle of truth telling.

#### Reference List

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