

A recent study of 800 elderly patients by the University of Southern California indicated that immigrants from South Korea and Mexico are far less in favor of letting patients make decisions about medical care than Americans. The study determined that immigrants from these countries attached greater importance to the role of the patient's family than to the individual's right to make a decision for himself or herself. In the study Mexicans and South Korean immigrants were much less likely than Americans to agree that seriously ill patients should be told about their conditions. The prevailing practice in the United States is for physicians to tell patients their diagnoses, even in cases of fatal illness. A federal law, the Federal Patient Self Determination Act of 1991, requires hospitals to inform patients of their rights to make their own decisions about medical care.

Should the practice in American hospitals concerning disclosure to dying patients about the nature of their illnesses be revised to take into account the diverse attitudes toward disclosure of different cultural groups? If so, how, and why? If not, why not?

MODERATOR'S ANSWER: The current American practices of hospitals concerning disclosure to dying patients about the nature of their illnesses should not be revised to take into account diverse attitudes toward such disclosure of different cultural groups. The critical issue in connection with this question is whether hospitals in a pluralistic society, such as the United States, can workably accommodate this variation. It would seem a hospital either could adopt formal rules or guidelines to deal in different ways with patients of different cultural backgrounds, or it could leave to individual physicians the responsibility of determining how to take a patient's cultural background into account in deciding what to reveal to the patient about her condition. Both of these alternatives are unacceptable. The first would inevitably result in many arbitrary decisions, and the second would impose a burden of decision upon physicians that would be inappropriate and unfair. The only acceptable policy for a society such as the United States is to place the responsibility for decisions about medical care in the hands of patients themselves who have the most at stake in the decisions.

Case from the February 3, 1996 Intercollegiate Ethics Bowl. Copyright Robert Ladenson, Center for the Study of Ethics at the Illinois Institute of Technology, 1996.