**Conflicts and Challenges of Truth-telling in Dentistry**

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**Background and Aims**: In health care, truth-telling involves an obligation to provide necessary and reliable information and telling it in a precise, timely, targeted manner and the aim of respecting the autonomy of the patient and developing his ability to make informed decisions with valid consent is considered.

**Materials and Methods**: The present paper was a cases analysis. Due to the limited scope of specific articles in dentistry, truth-based articles in medicine were used. The findings of the study included the challenges posed by dentistry and were analyzed by the research team.

**Results**: The review of the articles showed that the subject of Truth telling in dentistry is more common presented in three aspects of truth-telling to patient that consist of mistakes, truth-telling to children, truth-telling about serious illnesses.

**Conclusion**: When the duty of the dentist in truth-telling is conflicted with some other virtues, the conflict between prima facie duties was arises. The ethical principles provide the suitable conceptual framework for the moral assessment of this conflicts. In everyday life, the choice between different values ​​is always done, in the same way, priority must be done in relation to the patient between the respect for the patient's autonomy and the truth-telling and between best interest of the patient.The truth telling always persists, and when there is a possibility of concealing the truth that is harmful to the patient's health. In expressing the truth, the special approach to each patient should be adopted.

**Keywords**: Truth telling, Dentistry , Professional ethics

**Background:**

In ethical terms, truth denotes conformity with the speaker's belief, and truth-telling means that a person states a subject and believes that it compliance with reality (1). The term "veracity" means fidelity to the truth, the ability to convey or understand the truth, and conformity with reality or truth. "Honesty" is another synonym for telling and expressing the truth (2). There is a universal consensus on accepting truth-telling as an ethical principle (3), and it is emphasized in various religions, schools, and cultures.

**The Views of Religions:**

Judaism regards the truth as an absolute and supreme principle and one of the thirteen known attributes of God. In their view, the world is based on three pillars: truth, justice, and peace. The Torah mentions the necessity of truth and non-lying (4). From the viewpoint of Orthodox Christianity and prominent figures such as Augustine, lying is entirely wrong and should always be avoided (5). In Islam, truth-telling is emphasized and lying is one of the great sins. Surah al-Baqarah, Verse 42, says, "And cover not Truth with falsehood, nor conceal the Truth when ye know (what it is)." The Prophet Muhammad says, "The signs of hypocrisy are three: to lie, to violate a promise, to betray in trust."

In providing health care, truth-telling means transparency-based practice and attitude, openness and honesty with patients, and informed them about the circumstances they are in. Therefore, this procedure involves a commitment to provide the essential and reliable information such that its accurate, timely, purposeful and comprehensive conveying is ensured. The important purpose of truth-telling is to enable the ability to make informed decisions about medical care and other aspects of life and obtain valid consent (6), (7), (8). This is one of the challenging issues that has also been addressed by religious schools.

In Jewish thought, the patient's well-being is the first thing to be addressed, and any information that undermines his/her mental state is strictly forbidden. Hope is one of the main criteria that determines whether the truth can be told to a patient or not and, therefore, physicians may not disclose information to their terminal patients (9). The Israeli Patients' Rights Act (1996), in medical guidelines about truth-telling to patients, provides physicians with specific authority to make decisions based on the patient's interest and autonomy with the approval of the organizational ethics committee (10). In some diseases where the patient's death is imminent, Orthodox Christianity believes it useful not to tell the truth and officially recognizes this practice, but advises it must be used restrictedly and meticulously (5). The concept of truth-telling based on Confucian principles differs from that of modern bioethics. Family harmony is very significant in this culture, and the family's involvement in medical decisions is essential. Hence, telling the truth and the bad news to the "patient's family" is allowed. In other words, the Confucius physician needs specific reasons to justify the telling the bad news to the patient and truth-telling to the patient depends on his/her specific circumstances and the principle of beneficience (11). For instance, a physician who tells the truth to a patient without the permission of Chinese families is at the risk of a complaint. Under certain conditions, beneficience and nonmaleficence , even if it leads to the patient's deception, must sometimes be given priority over truth-telling (12). From the Islamic viewpoint, everyone has the right to know his/her own personal truths and to make decisions about his/her future plans reasonably and in accordance with his/her individual beliefs and desires (13).

**The Views of Philosophical Schools:**

The philosophical schools deal with the truth-telling from various points of view. In deontological theories, and from the viewpoint of the most prominent philosopher of this school, Immanuel Kant, “truthful is a sacred unconditional command of reason, and not to be limited by any expediency’’ (5). truth-telling is always a duty, whether a duty to let others know the truth or one which leads to the severe harm of the innocent (14), and failure to do so damages the institutions of the community. Thus, truth-telling has always been emphasized and lying for any reason is wrong (12). David Ross holds that every moral duty, according to its ground of obligation and the validity of its descriptions, is a prima facie duty but in conflict between the these duties , the moral agent is activated and considered the circumstances and conditions, this initial obligation is eliminated and another duty is selected as the final duty, which is directed toward the subject (15).

In consequentialist theories, one cannot be apathetic to or unaware of the consequences of their behaviors. The decision to tell or not to tell the truth depends on the details of the clinical conditions (14). However, lying often bears harmful and incomprehensible consequence and, therefore, should be limited as far as possible (16).

In utilitarianism, in any situation so that *that action* is *best*, which procures the *greatest* amount of good for the greatest number .For John Stuart Mill, if deception can lead to greater happiness for people, such as in protecting people from harm, then the lie would be acceptable (12). On the other hand, dishonesty undermines social trust. Advocates of this theory, therefore, hold an elementary presumption against dishonesty (16).

In principle-based theories, although truth-telling is not one of the four principles of biomedical ethics, It is valued at the same level of importance as principles of beneficence , nonmaleficence and justice (2).

**Texts of Medical Ethics:**

There is no direct reference to the physician's moral obligation to tell the truth to patients in well-known traditional medical ethics texts such as Hippocratic oaths, the ethical code introduced by the original 1847 code of medical ethics of the American Medical Aassociation (AMA) and the Geneva Declaration, and even texts such as Ali Ibn-Abbas Majusi Ahwazi 's *Pandname* and Rahawi's *Adab-al Tibb*. (17,18.19).However, this lack of direct reference to the truth-telling does not mean that this principle of medical professional ethics was overlooked by the ancients. For instance, Hippocratic oaths offer two pivotal virtues of keeping pure and holy for physicians, and a person with such virtues will predominantly adhere to truth-telling. The lack of direct attention to the ethical responsibility of truth-telling in the medical profession can somewhat be attributed to the patriarchal tradition that allows physicians virtually unlimited discretion about what to divulge to patient particularly in some conflicts, That gives doctors unlimited scope to tell the truth to the patient, especially in some conflicts, (20), so that Hippocrates advised to conceal most things from the patient and give them required orders with cheerfulness and serenity (21). Such an approach is also stated in Thomas Percival's Code of Ethics, which states that to provide health care for the patient and maintain their hope against the stress of bad news, physicians must adhere to Hippocratic paternalism and conceal the information from patients (20). In 1847 AMA codes also advised physicians to be meticulous and sharp-witted in telling bad news to patients(22), this idea was reflected in their medical ethics guideline as *"The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician".* Thus, physicians should be cautious in their interactions with patients and avoid actions and behaviors that caused discouragement and depression their spirits (21). Despite this traditional approach to medical ethics, the ethical principle of truth-telling in common ethics has been commendable characteristics. The history of the truth-telling principle reflects a shift in the professional ethics approach to the issue, as further revisions to the AMA ethics recommend that physicians take an honest approach to the patient and colleagues (23) in order to respect the autonomy and trust-building in the relationship truth-telling should be at the forefront. Although in some cases withholding the truth may be less immoral than telling lie but it cannot be generalized and the truth cannot be concealed everywhere.

**Sociological Surveys:**

The manner of truth-telling and expressing facts in cultures and societies varies with patients' physical and psychological conditions. Various social and personal factors influence the physician's decision about the extent and manner of providing information to patients. For example, cultural, religious, conventional, social and ethnic traditions are among influential social factors (7), and individual personality, disease conditions, psychological and emotional characteristics, religious affiliation, family relationships are among the influential personal factors affecting the extent of truth-telling (24). The supremacy of the principle of autonomy and informed consent seems to have made it acceptable to tell the truth to the patient in Western societies, but in many eastern societies, due to the prevailing conditions, and based on the principle of nonmaleficence, concealing the truth of the disease is more common and, in some cases, treatment is provided in the shadow of the patient's unawareness (25), (26), (27). Patients nowadays increasingly believe in their right to have information about their health and require physicians to informed them about their diagnosis and treatment (13). As various studies have emphasized, patients are eager to know the truth of the disease (28) and wanted sought information and disclosure of errors (29). This has also been demonstrated in studies conducted on Iranian patients (26, 30-32). According to Novak's research, physicians' attitudes changed dramatically over a period of 3 decades, from being unwilling to express diagnosis of cancer to the patient to telling the truth (33). However, a survey of physicians in the Middle East revealed the dual policy of the physicians in truth-telling. Although they recognize patients' right to know the truth as much as possible, they tell the truth of cancer to a member of the patient's family (25). This duality also exists among American physicians. They agree with telling the truth of the medical error to the patient, but do not explain the cause of the error how recurrences would be prevented to the patients (29). Iranian physicians' and patients' attitudes regarding the truth-telling to cancer patients, and use a secrecy strategy to protect patients and minimize the Psychological risks (26), (34).

Numerous articles have been published on truth-telling in the medical field, but in dentistry we found a knowledge gap. Review of literature showed that truth-telling in dentistry has often been raised in three areas of truth-telling about colleague's error, truth-telling to children, and truth-telling about refractory diseases. The ethical issues explored in the three case studies below and in this article we presented the ethical analysis on these clinical cases.

**Procedure:**

This article is analytical case study. The author searched the English documents in PubMed, ISI, Scopus, and Iranian databases, such as SID, and Irandoc, from 1990 to 2018 .The keywords was as follows as truth-telling \* OR veracity\* OR honesty AND dent\*. In addition, In addition, reference lists of each article were evaluated for qualified studies. A total of 55 articles were obtained in the initial results, 8 of which were related to truth-telling. Due to the limited number of dentistry articles, to enrich the content, truth-telling articles in the medicine were searched using the above-mentioned keywords excluding the term "dentistry", and some articles were used. The Code of Ethics for Dental Associations has also been reviewed and some dealing with truth-telling were found. Through the content of articles and codes, the main challenges in dentistry were extracted and ethically analyzed by the research team.

**Results:**

In most ethical codes of dentistry, truth-telling is emphasized as one of the professional and ethical principles. In standards set for dentists, the UK General Dental Council (GDC) emphasizes the veracity of dental team and their commitment to providing full and honest responses to any questions patients have about their treatment (35). World Dental Federation (FDI) also states that for ethical decision-making, it is essential to tell the patient the truth (36). The most prestigious code is developed by the American Dental Association (ADA) under the title “Principles of Ethics and Code of Professional Conduct”. It requires dentists to report gross or continual faulty treatment. One of the five principle in this guideline is dedicated to veracity, which deals with the veracity in representation of care and fees, Devices and Therapeutic Methods, disclosure of conflict of interest, Advertising and Limitation of Practice (37). The Code of Ethics of the California Dental Association also states that the dentist must be honest in providing information to the patient in order truly informed decision-making (38). The Code of Ethics of the Texas Dental Association states that dental practitioners have a duty to be honest and trustworthy in their dealings with people without deception and the dentist’s primary duty include respecting the position of trust inherent in the dentist-patient relationship(39). The Code of Ethics of Alberta Dental Association and College states that a dentist must be honest and truthful in all professional matters. This means that the dentist must fully disclose information about dental issues concerning the patients and the society and refrain from providing misrepresenting information (40).

Although ethical codes have emphasized adherence to the truth-telling, flexibility must be given in disclosure of the truth and its timing and how to tell it and the best decision can be made depending on the patient's psychological state (41).

Stahl suggested that although not telling the truth can be justified such as maintaining confidence to the profession and satisfying and making the patient happy, the dentist cannot control the emotion of the patients and think and make decisions on their behalf (42). Hasegawa analyzed a clinical case for truth-telling about colleague's error. In such circumstances, the first step in decision-making is being aware of the conditions of treatment and deciding whether they have occurred on a wrong basis or were resulted over time. The necessity to disclose the ineffectiveness of a colleague based on the principle of nonmaleficence and fidelity is justified in the best interest of the patient as it prevents further harm to the patient and other patients (43). Chiodo states that disclosure of error is the best policy to reduce the legal liability of dentists and the patient must be informed because he/she is harmed as the one who is give consent in the next procedure. This is in according with the best interest of the patient, and any attempt to hide errors from patient violate the patient's autonomy and risk implicating losing trust in the physician and on a larger scale, one which cannot be trusted to the profession (44).

The professional ethics literature on truth-telling focuses more on medical practice, with less attention being paid to dentistry.Due to its importance, this article attempts to analyze the facts and challenges of truth-telling in dentistry and the barriers to implementation. Three clinical cases of dentistry were presented and the conflict with other obligations was discussed based on the ‘ethics at the first glance’.

**Discussion:**

Truth-telling is an independent principle and virtue that is closely related to respect for autonomy and ranks in importance with beneficence and nonmaleficence, and justice (7). In medical ethics today, there are conflicts and questions about truth-telling to patients. For instance, in some circumstances where a physician wants to tell a patient the truth, he/she might feel doubtful due to the prudence or moral obligation of the competitor and, therefore, becomes obsessed with questions that are not easy to answer. For instance: Is truth-telling a basic moral obligation that is the definitive duty of physicians in the absence of a competing moral commitment? When can this moral obligation be violated? The appropriate conceptual framework for the ethical evaluation of the above conflicts seems to be "moral essentialism". This framework, based on the ethical theory of "a prima facie duty," can help achieve appropriate responses to conflicts. Thus, truth-telling can be seen as a prima facie duty that may conflict with other ethical prima facie duties, such as avoiding certain life-threatening risks or not harming patients by telling the truth, and violating the truth-telling can be justified (15).

**Clinical Case Analysis:**

**1. Truth-telling about Colleagues' Error:**

# Case 1: The patient comes to his/her dentist due to the constant pain under the dental crown of first molar, and after examination, the dentist tells the patient that the procedure has been performed in accordance with scientific principles. Due to the lack of accountability of the first dentist, the patient visits a second dentist and after radiographic examination, the second dentist finds out that root canal treatment is incomplete and that pulpitis may causes pain. What should the second dentist do when observing a colleague's error and being asked by the patient for guidance?

**Ethical Dilemma:**

* The patient has the right to be informed of the fact of the error.
* In order to maintain trust in the profession and loyalty to the colleague, the truth should not be told to the patient.

To err is human and errors are common in health care. The error and its origin must be timely identified and the extent of the injury must be informed to the patient and its compensation should be managed and pursued (45). Dentists easily evaluate the practice of their colleagues, but to distinguish an ordinary mishap from a real mistake caused by incompetence, they should classify the loss results into five different categories:

1. The loss resulting from an out-of-control incident (e.g. equipment failure)

2. An admissible decision is poorly executed (e.g. patient's allergic reaction to antibiotics)

3. Disagreement over selective treatment (common among dentists)

4. Poor performance that does not lead to outrageous performance (e.g. crown cementation with inappropriate margin)

5. Poor performance that results in outrageous performance (e.g. wrong tooth extraction or instrument aspiration) (43).The arguments for and against are listed in Table 1.

|  |  |
| --- | --- |
| Arguments to given priority to truth-telling: | Arguments against given priority to truth-telling: |
| Patient should follow the therapeutic procedures (3) | The patient's unawareness causes stress, anxiety, and confusion (46) |
| Patient's right to inform the truth about the disease and diagnostic and therapeutic procedures (6), (3), (47) | Feeling frustrated and experiencing distrust in  the physician-patient relationship (43) |
| Reduction in the legal liability of the physician (44) | Reduction in the number of patients due to doubt in the physician's clinical skill |
| Learning from past mistakes | Possible patient complaints (46) |
| Possibility of patient injury Compensation (46) |  |
| The Physician feel more comfortable during truth-telling (43) |  |
| Hiding colleague's error is a type of collusion (7) |  |

Table 1: Arguments for and against truth-telling about colleague's error

**Result**: Careful consideration should be given to whether the procedure has been performed incorrectly or a bad result has been obtained? Judgment cannot be made based on the evidence provided by the patient. In any event, the patient's anger and mistrust of the first dentist should not be accompanied. Probabilities, predictions, and guesses should be avoided because the patient considers the worst-case scenario. Based on the duty of self-regulation the second dentist must talk to the first dentist to disclose the error to the patient and compensate any harm caused by his/her error as soon as possible according to the existing regulations (47). Professional Ethics Guide for Iranian medical professionals regarding the harms to patients due to the mistakes of colleagues stipulates that the colleagues' professional status and dignity should be preserved and the patient should be guided whilst avoiding any non-expert judgment and comment (48). If the patient does not intend to continue treatment with the first dentist and the relationship with second dentist is established, the complete disclosure of information must be made for the benefit of the patient and then appropriate treatment should be provided (44), (49). Using an intraoral camera and pointing to a mistake will help the patient gain confidence, because people trust what they see and feel better about seeing than hearing (50). Although ethics states that colleagues must be treated fairly, in case the error which significantly affects the patient's health , the error must be disclosed and its significance must be explained to the patient, since this is beneficial for both the patient and the dentist and the profession. The dentist is obliged to tell the patient the truth about the error, and the argument about patient's distrust cannot prevent this important ethical principle. In this situation respect the patient’s autonomy was overcome.

**2. Truth-telling about Dangerous, Refractory, or Incurable Diseases:**

Case 2: A 48-year-old male patient goes to the dentist for periodontal surgery on his tooth with a class 3 mobility in Miller Classification. There is a suspicious wound in that area. The dentist says his definitive diagnosis depends on the biopsy and the pathology report. The patient's spouse secretly asks the dentist to perform a biopsy under periodontal surgery, and if a cancer diagnosis is reported, the patient should not be informed because of his depressive disorder. What should a dentist answer to the patient's spouse for not telling the patient the truth?

**Ethical Dilemma:**

* According to the principle of autonomy, the patient has the right to know the truth of his/her disease.
* According to the principle of nonmaleficient and put patient’s interest first, the truth should not be told to the patient.

There is a possibility that telling the truth can cause emotional reactions in the patient and may worsen the prognosis or probably lead to hopelessness and suicide. Thus, concealment of part of the truth may be acceptable, but it cannot be predicted whether revealing or concealing the truth is more beneficial in the end (7). The impact of truth-telling on decrease in the quality or quantity of a patient's life cannot be measured (41, 51). Regardless of how and when to tell the truth to the patient based on his/her circumstances, the dentist must first ensure that the patient is fully aware of the truth of his/her illness. Ethical guidelines (e.g. SPIKES) also recommend flexibility with regard to the patient's emotions, and when and how to express sensitive facts, particularly bad news (51). The arguments for and against are listed in Table 2.

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| --- | --- |
| Arguments to given priority to truth-telling: | Arguments against given priority to truth-telling: |
| Truth-telling is a virtue (3), (47). | Dentist's benevolent intention to benefit and not harm the patient |
| Truth-telling is an essential to the development and maintenance of truest in physician-patient relationship (3, 7) | Possibility of inflicting psychological trauma on a patient while hearing the truth (6) |
| Truth-telling is a moral and legal duty (3) | Truth-telling is not always the best policy (52) |
| Sign of fidelity and promise-keeping in contract (7). | Truth-telling is not absolute (52 , 7). |
| Patient's "right" to know the truth (though bitter) (53) | According to Hippocrates oath to primum non-nocere (or first do no harm) (3). |
| Respect for human dignity and respect for patient autonomy (6). | Benevolent intention to help the patient and avoid the risk of life and suicide (15) |
| The need for patient participation in critical decisions and treatment choices (6) | Possibility of patient's disappointment and abandonment of treatment (6) |
| Patient's ability to make informed decisions (6). | Limitations of medical science and uncertainty due to the complexities of diagnosis, prognosis, and side effects of the disease (3). |
| Realization of therapeutic goals and benefiting patients (3). | Lack of skills in medical team in delivering bad news (6) |
| Patient's collaboration and consent to treatment (15) | The family requests withholding the diagnosis from a patient (6) |
| Concealing the truth confuses the patient and results in his/her ambiguity (42) | Do not cause worries, anxiety, and depression |
| Concealing the truth results in patient's failure to follow up on treatment and causes irreparable injuries (42) (3) | By providing information (e.g. a rare complication of a drug), the patient becomes more confused and refuses to accept effective treatment (13) |
| Concealing the truth causes irreparable consequences for the physician (42) (3). | The therapeutic privilege permits physicians to withhold information |
| The patient expects a truthful response from the physician (53). | The patient's waiver to know the truth |
| Sooner or later the truth will be revealed. Coincidental and awkward discovery of the truth will be more harmful to the patient (15) (42) |  |
| Poor judgment of the physician in predicting the patient's fears (3). |  |
| The patient want to make an end-of-life planning (15) |  |

Table 2: Arguments for and against truth-telling about dangerous diseases

**Result**: If there is a suspicion of malignancy, the patient should be told that the lesion looks suspicious and the biopsy can make a conclusive and accurate diagnosis. The Patient Rights Charter states that the diagnosis, prognosis, and complications of the disease and any information which might affect patients' decision should be provided to the patient in appropriate and adequate manner (47). Professional Ethics Guide for Iranian medical professionals states that information must be provided to patients with complete honesty, and any speech or behavior that may deceive the patient, even in his/her profit, must be avoided (48). On the other, the information should be presented to the patient at a proper time with consideration of patient’s condition. i.e. anxiety, pain (47). Therefore, in expressing prognosis, prudent should be used in the staged revealing, and empathy and comfort must be combined with positive induction and hope in God (7). The expression of the dentist should not be underestimated the disease and delay the onset of treatment. Ultimately, it is the art of the dentist to identify the patient's expectations, information preferences, and needs by establishing a genuine and honest relationship with the patient and to select the best way to express the patient's treatment choices. In so doing, the rule of law is enacted and ethics and the autonomy of the patient are respected and the beneficience and nonmaleficience is not ignored (54).

**3. Truth-telling to Children or Incompetence Persons in Decision-making:**

Case 3: The dentist planned to extract the first primary molar of a 6-year-old child. At first, the child asks the dentist about the action that is about to be carried out. With saying a statement against the truth the dentist distracts the child's attention and at the same time without showing the syringe performs anesthesia injection skillfully. The child unpleasant by the new feeling of numbness and the bad taste in the anesthetic. When the dentist plans to extract the tooth, the child was apprehensive and asked the dentist what he was going to do .The dentist did not want to upset the child and said, “I am just going to look into your mouth.”and at the same time extracts the tooth.

**Ethical Dilemma:**

* To maintain trust in the dentist, the child must be told the truth.
* The truth should not be told to the child based on the principle of beneficience and obtaining children's cooperation.

Unlike adults, kids tend to see things as white or black and people are either trustworthy or not. Honesty or candor is important to build trust between the dentist and the child and is a fundamental principle in child care. Dentists are committed to honesty by explaining the procedure according to the child's level of understanding (55). No ethical Code of dentistry deals directly the truth-telling for children or incompetent person. the Charter of Patients' Rights states that if the patient lacks sufficient capacity to make decisions, but can participate in some parts of decision making reasonably, their decision must be respected (47) and the first condition for respecting his/her decision is to observe the truth-telling principle. The arguments for and against are listed in Table 3.

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| --- | --- |
| Arguments to given priority to truth-telling: | Arguments against given priority to truth-telling: |
| Maintaining the child's trust in the dentist | Obtaining children's cooperation and continue the practice |
| Failure to tell the truth causes long-term negative psychological consequences in the child. | The child does not have the capacity to understand the necessity and importance of the procedure |
| Failure to tell the truth teaches the child to lie | Considering the child's current interests |
| Failure to tell the truth betrays the child's trust (55) |  |

Table 3: Arguments for and against truth-telling to children

**Result**: The dentist cannot resort to lying for the immediate interest of the child because his/her trust in the dentist is destroyed. It is best to describe the process in a timely and calm manner for the child in a simple language. Some information can be delayed and spread over a period of time. Dentist may want to postpone treatment to another session if the child is not ready. Methods of sedation or anesthesia may be used if non-cooperation persists.

**Conclusion:**

Although physicians theoretically believe the truth must be told, in practice there is strong resistance to disclosing the truth, particularly in cases of cancer diagnosis and prognosis as well as in medical errors. Fear of causing psychological harm to the patient and the patient's waiver to know the truth are two important reasons of not telling the truth, but cultural conditions should not be an excuse for hypothesizing and disrespecting individual rights and patient preferences. Truth-telling is not a one stage but a process. In other words, truth is not the static goal waiting to be discovered by a physician to be delivered to the patient. Rather, it consists of the subjective and objective components that act as a dynamic, reciprocal process between the physician and the patient, providing the patient with accurate information and informing the patient of the situation , the patient makes an informed decision. The dentist should speak to the patient about his/her preference for knowing the truth to understand the patient's point of view. The Facts that may provoke a patient should be professionally understood to minimize psychological stress. Presenting the facts in a hurry and in an inappropriate environment without understanding the patient's physical and mental state and without addressing the patient's real needs and fears will have a negative impact. It is best to take a proper approach to each patient in telling the truth. The physician should have specific instructions for each patient and make decisions about the manner of truth-telling based on experience, knowledge, help from colleagues, and the cooperation of the patient's family and companions. If the patient is seriously ill and has difficulty confronting the truth, the physician cannot lie to the patient, but telling the truth is also subject to standard conditions. If the family requests withholding the information in order to protect the patient, they should be counseled to know the importance of truth-telling. In all of the above, what matters is not whether the truth should be told, because truth-telling is assumed as the principle in the entire process, Instead, the appropriate manner of truth-telling is a matter of question in order to best interest of the patient.

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