

Notes on chapter 4, “Truth-telling and confidentiality,” Lipkin, “On telling patients the truth,” and Schwartz, “Is it ever ok to lie to patients?”

For the “Truth-telling and confidentiality” chapter, read pp. 170 – 177 (but not “Applying the major theories”).

I’ll let you look up what they mean, but these two terms are used several places in this week’s readings and they have different meanings: *diagnosis* and *prognosis*.

As the title indicates, Vaughn’s chapter is on both (a) truth-telling (to patients) and (b) the confidentiality of patients’ private medical information. There is some overlap between these two issues—for instance, trust can be relevant to both—but they are separate. And except for one place where it is mentioned by Schwartz, the two articles “On telling patients the truth,” and “Is it ever ok to lie to patients?” are about truth-telling.

In column 1 on p. 173, Vaughn writes, “Arguments for confidentiality can take both consequentialist and nonconsequentialist forms.” By *consequentialist*, Vaughn basically means *utilitarianism*. And you can treat *nonconsequentialist* as meaning *Kantian ethics*.

On the second page of his article, Lipkin discusses placebos. You may know that placebos are used in studies that are trying to determine if a new drug works as intended. In such a study, half of the participants get the new drug and half get the placebo—and no one knows which they are getting. Lipkin isn’t talking about research studies, though. He is describing scenarios where physicians prescribe placebos to their patients. (That is, the physician tells the patient, “here is a prescription for your . . . [ailment],” and the patient takes the pills thinking that it is a real drug.) Whether this works is debatable, but [it still happens](#).

The first full paragraph in col. 1 on p. 184 is really more about confidentiality than telling a patient the truth. The middle of the paragraph is also a little bit confusing. There are several ideas in this passage that aren't fully explained (or even fully stated):

In recent years, he notes several lawsuits have been passed up through the courts in which a physician informed the spouse of a patient who was diagnosed with a life-threatening sexually transmitted disease. "Once that would have been summarily dismissed, but now we as a society are beginning to dip our toe in the water," says Dugan. "Some courts are now beginning to say that maybe, under those circumstances, the doctor should go beyond the physician-patient relationship, and that they have a duty to disclose information to another party if they know someone is in danger."

This is what is going on here: (1) patients are suing physicians for revealing their medical information, in particular information about their STDs; (2) the courts used to dismiss these lawsuits—which means that they recognized that physicians could share this information; (3) now, courts are hearing these cases—which means that they are considering whether physicians can (legally) share this kind of information; but (4) the courts are finding (and making rulings) that, in some cases, doctors should share this kind of information with some people.

So, there is beginning to be an expectation (in some cases) that physicians will share information with third parties who could be harmed. This is about being truthful, in a sense (i.e., truthful to the third party), but everywhere else in the readings for this week *truthfulness* or *truth-telling* refers to physicians being truthful with their patients.