

# TRUTH TELLING & CONFIDENTIALITY

## General Introduction

Telling the truth and keeping certain information confidential are principles that are integral to the healthcare professions.

- The NMC Code of Conduct says that we are to act in such a way that justifies the trust and confidence the public have in us.
- The Hippocratic oath demands that whatever we see or hear professionally or privately, which ought not to be divulged we will keep secret and will tell no one.

Our responsibilities are set out nicely and cleanly for us. We are to be always truthful and to keep our patients' confidence – and yet the real world is not so black and white.

The issues concerning confidentiality of information have been raked up recently with the call from the Association of Chief Police Officers for it to be mandatory for healthcare professionals to report all gunshot wounds to the police, following the killing on New Years Eve of two Birmingham teenagers at a party. It has long been a fine line that we walk between keeping patient confidences and preserving public interest. But there is real concern that this represents a breaking of trust between patient and practitioner that would make it difficult to do our jobs. We often need information from our patients that they wouldn't normally tell anyone else at all. They only tell us on the understanding that we need this information to be able to help them and that it will go no further.

The AIDS crisis of the 80s was a classic example of the conflicts that can arise between the call to tell the truth and to keep confidences. Did you go ahead and tell an AIDS patient's partner that their partner had a terminal STD, and that if they were not already infected then they stood a high chance of contracting the deadly disease themselves, in cases where the patient was keeping their diagnosis secret because of what it revealed about their secret lifestyle? Many people refused to be tested because of the implications that it had for them on their insurance, and there was real confusion and fear over where confidentiality ended and public interest began, because we didn't quite know what we were dealing with.

Then of course there is the question, most famously asked by Pilate – “What is truth?”. Medically there are many answers to this question. There is the truth as far as we understand it, there is the truth as far as it has been proven to be so and there is truth that we simply haven't discovered.

When a friend of mine entered medical school in Bristol he was told that about a third of the stuff that he would be taught in his training would have been disproved in ten years. The problem was they didn't know which third so they had to teach it all. That is in a situation where it is acknowledged that there are discoverable truths. All too often today we are hamstrung by a societal approach towards truth which says that there is no universal truth, only that which is true for me. How on earth do you set about telling someone the truth in that kind of setting?

Not only that but it makes it much harder in those situations where we feel the need to break our professional confidences. The loss of universal truths and eroding of standards of right and wrong makes it much easier for our patients to say to us 'What right have you to break my confidence? Who do you think you are?'

### **Some Biblical Reflections**

As Christians the situation is made both easier and harder by some of the things that the Bible says. The Bible places a high premium on the truth and is quite clear about lying. The devil is the origin of lies, of everything that is not of the truth. As Jesus says in John 8:44, *When he lies he speaks his native language, for he is a liar and the father of lies.* Proverbs 12:22 says, *The Lord detests lying lips, but he delights in men who are truthful.* God is truth and in him is no falsehood - hence the classic self-defining statement of Jesus in John 14:6, *I am the way, the truth and the life.*

Jesus goes on in chapter 18 verse 37 to say that *everyone on the side of truth listens to me* and even the most cursory glance through a concordance under 'truth' reveals a whole long column of entries from Jesus saying *I tell you the truth.* No wonder then that in Ephesians 4:25 we are told to *put off falsehood and speak truthfully to [our]...neighbour.* We are renewed in Christ's image and should bear his likeness, bear the likeness of the one who was and is truth, and as 1 John 2:21 says, *No lie comes from the truth.*

This picture is neatly encapsulated in Zechariah 8:16-17 where God says of his redeemed community, *these are the things you are to do: speak the truth to each other, and render true and sound judgements in your courts; do not plot evil against your neighbour and do not love to swear falsely. I hate all this, declares the Lord.*

It seems pretty clear that from a Christian perspective lying is out and truth telling is in. The problem is that truth telling is not quite such a black and white issue, there are many shades of grey and therefore many more questions that we would want to ask:

- What do we do in those situations where we're not actually sure what the truth is?
- How much of what you know do you tell? If you stop short at some points does that mean you're lying?
- How far does a patient's character have any bearing on how we understand the truth? We could truthfully say that we had told someone their diagnosis, but if they haven't fully grasped all of what we're saying then have we really told the truth?
- When do you tell the truth – as you gather information or only when you are as finally sure of the facts as you can be?
- To whom do you tell the truth – to anyone who asks us for information and under every circumstance? Or do we refuse to give information to relatives if the patient has been keeping secrets from them, or decline to give information when we cannot see what good it is going to do?

## Activity

**Have a look at one or more of the following scenarios. What is the truth in each situation and how do you respond to it?**

### Cardiac Surgery

*Patients who are unusually anxious before surgery have a much higher than normal chance of dying either in surgery or shortly post-op.*

You have a 64-year-old gentleman going for cardiac by-pass grafting on tomorrow mornings list. As you are preparing him pre operatively he confesses to you his anxieties. He has been given a pretty good prognosis, and knows that the success rates for this type of surgery are good. His wife keeps telling him not to worry and is looking forward to the future. However he can't help worrying about the surgery. He doesn't want to cause her any further anxiety by talking to her more about it, but his fear is almost palpable. What do you say / do?

### Rheumatological Investigations

*Many patients referred to in-patient rheumatology services with aches and pains actually have metastatic disease.*

You have a previously fit and active 58-year-old lady who is being investigated for severe back pain. It has come on relatively suddenly and she is worried that she won't be well enough to go on a cycling holiday in the spring with her husband as usual. You know that although she is having rheumatological investigations, she is also being investigated for cancer, although naturally she has not been told this. Nothing of great significance has yet shown up on any of the test results and in the absence of anything more significant she has been started on alendronic acid (fosemax) for a slightly poor bone density result. One morning as you are helping her to sit up to take her medications she says to you – "this will make me better won't it?" What is the truth in this situation?

### Confidentiality & Truth Telling

A patient's wife comes up to you one afternoon in deep distress. When she rang this morning to find out how her husband was she was told that the consultant was due round shortly. She knows that the consultant has been and spoken at length with her husband because the elderly chap that she always says hello to on her way into the bay commented on the long conversation he saw them having on the round – quite the most important person in the bay he was today – however her husband won't tell her anything about it and she wants to know from you what's going on. You know that this patient had particularly asked to speak with the consultant without his wife being present, and that he was told that it was most likely that he had secondary liver cancer, but that they weren't sure yet where the primary was. She knows you know the truth – but what do you say to her?

### ER

There was an episode of ER where a patient came in with severe short-term memory loss. He would forget after a few minutes anything that had been said to him. He was friendly and chatty and kept asking where he was and who all the different people were who were surrounding him etc. On investigation it was discovered that he had a large inoperable cerebral lesion. He was told twice on the programme that he was dying – each time he was terribly upset and began to cry, but had no memory of having been told his prognosis the second time. He continued to want to know where he was / what he was doing in hospital etc. Would you keep telling him the truth about his condition?

## More Biblical Precedent

Although we have seen so far that telling the truth is something that is to characterise the people of God, we have also seen that in practice it is often difficult to know what the truth is or that truth claims can actually conflict with other virtues. As Christians we can often feel the tension in these situations more acutely than others due to our awareness of the importance of being faithful to God, so it may come as a surprise to us that God fully understands the shades of grey that are part of a fallen world.

For example, God made a big deal about the attitude with which Israel sacrificed to him. He had commanded the sacrifices, but they were to be an outward sign of an inner reality, and if the reality of a broken and contrite heart were missing then the sacrifices were as good as useless – certainly they were unpleasing to God (Psalm 51:16-17). Surely this tells us that there is actually more to our actions than meets the eye, and therefore more to telling the truth than simply reciting the words; more to pleasing God than being harsh and bald in our presentation of truth; surely it confirms that maybe it's a slightly bigger concept than we might at first think?

## Activity

**Read through the following passages. What do they add to the biblical picture of truth telling?**

- Luke 23:6-9; John 19:8-10     *Jesus refuses to answer Pilate's and Herod's questions*  
**Not always obliged to speak the truth. Can refuse to answer.**
- 1 Samuel 16:1-3                     *Samuel sacrifices as a cover for anointing*  
**Not obliged to tell the whole truth on every occasion. Can tell partial truth to conceal another truth.**
- John 18: 34-36;                     *Jesus prevaricates and answers Pilate's questions elliptically*  
**Not always obliged to tell the plain truth. Can be equivocal.**
- Exodus 1:15-22                     *Midwives lie to Pharaoh, because they feared God over men.*  
**Not always to tell nothing but the truth.**
- Joshua 2:1-7, James 2:25     *Rahab considered righteous for lying and hiding spies of God*  
**Can still lie and be found righteous.**

**The key question to ask in any circumstance** – and in particular when it is something that is apparently contraindicated – is, what is it about this situation that means that it's okay to do this?

Now we don't want to descend into situational ethics, but the Bible is real about the fact that in a fallen world it is not easy to be black and white and that there are exceptions to be made. Don't you find that quite surprising? Isn't it our normal experience to think of godliness in black and white terms?

However it seems relatively clear that sometimes we find ourselves in situations of conflict or in situations where there is a higher command to obey. So, for example in the case of the

Hebrew midwives in Exodus chapter one, their choice was between murdering the male children and lying to Pharaoh. Which should they go for? Murder or lies? In black and white terms whatever they did they were going to act in an ungodly manner, going to do something that is not in line with God's character and that he forbids. Yet God approves of their lies, he was kind to them and blessed both them and the nation of Israel for their actions. In this case lying was the right thing to do for people who *feared God*. And that is the key thing: what is your heart set on?

**Think again about the scenario you looked at earlier. In the light of all this how would you handle the situation now? Or would you still do the same thing, but feel more comfortable about it?**

God sees our hearts and he knows when we tell the truth in a brutally honest way because we want to be brutal more than honest; he knows when we decide to lie in order to secure our own position, advantage or good standing, and he knows when we lie out of the best of motives.

However, in most cases where it's really not appropriate to tell all the truth we don't actually need to lie, but can stop with telling part of the truth. If we feel we need to lie we need to be very careful and remember what we're doing. Remember that the fall began with a lie in the Garden of Eden when the serpent questioned God's command and Eve elaborated on God's word (Genesis 3:1-5); and remember that lies are powerful – they are the language of the devil (John 8:44).

I think it is worth saying that as students, don't get distressed if you find yourself in a situation where you feel that you are being manoeuvred into a position of having to cover up the truth to a patient because of what the medical or nursing team has or hasn't said. In these situations remember that you are not clinically in charge; you are under authority and that the Bible tells us that authorities are instituted by God and do demand our allegiance (Romans 13:1-2). However you don't have to lie. As a student you can legitimately say that you are not in an authoritative position to answer all questions, that you don't have all the necessary information, and even that there are things about the situation that you find perplexing, and have questions of your own that you would like answered. You can encourage the patient to direct their questions to the staff team and you can tell the staff team of the conversation you have had and the concerns that you bear.

In a book on Christian Counselling, Gary Collins makes the observation that, *it can be helpful to remember that confidentiality is not the same as secrecy. Secrecy is the absolute promise never to reveal information to anyone, regardless of the circumstances. Confidentiality is the promise to hold information in trust and to share it with others only if it is in the best interest of the counselee or sometimes in the interest of society.* We must be careful not to promise secrecy as this is often a burden that actually we cannot with integrity bear. However if we decide that we need to break a confidence we need to examine our motives carefully, asking why we think we need to share the information at all, which parts we need to share and with whom.

Biblically we would do well to remember what James has to say on the power of the tongue. In 3:5-6 he says, *the tongue is a small part of the body, but it makes great boasts. Consider what a great forest is set on fire by a small spark. The tongue also is a fire, a world of evil among the parts of*

*the body. It corrupts the whole person, sets the whole course of his life on fire, and is itself set on fire by hell.*

There will be occasions when we **need** to tell less than the truth or to break a confidence in order to do the **right thing**. There will be far more occasions when we are **tempted** to tell less than the truth or to break a confidence for **selfish gain**. On those occasions we need to remember the power of the tongue and the deceitfulness, not only of our own hearts but also of others hearts. If we act in a less than godly manner to meet some need of our own who knows what kind of chain of events we might be sparking off.

There are no easy rules to follow with regard to truth telling and confidentiality. We want to be able to say that a Christian should always respect a confidence, but we know that there are times when confidences need to be divulged, that we have responsibilities to many people and that the human heart is sinful and takes refuge in secrets. We want to be able to say that the Christian should always tell the truth, but we know that the truth is not always appropriate; that there are ways and means of telling the truth that actually tell more or less of the truth; that the way that we say things is almost as important as what we say and that the secret motives of our hearts can move us to tell the truth for reasons that reflect a far from Godly character.

The key thing I think is to be in the business of **cultivating godliness** – the consequence of this, Paul says in his letter to the Romans, is that we will then be able to *test and approve what God's will is, his good, pleasing and perfect will.*

It won't make grey situations any more black and white, but it will at least help us to learn discernment, that we might be able to tread a godly path through the myriad of tricky situations that we are bound to come across in healthcare.

**Psalm 15** is a great psalm about cultivating godliness. The man who can dwell with God is the one who has a Godward orientation in the way he lives his life. It is not about rule keeping – the Pharisees did that and Christ did not consider them godly – it is about having a heart that seeks after God's, a heart that values other people, that isn't greedy or selfish and cultivates integrity. Why not meet with some of your friends to study this psalm together, working out what it will look like for you as Christian nurses and midwives to have your working life shaped by these principles.