

FROM THE DOCTOR'S DESK



AUTONOMY VS. PATERNALISM: TRUTH-TELLING IN HALACHA

By Daniel Eisenberg, MD

Do patients always have the right to know the “truth” about their physical condition and their prognosis? The doctrine of autonomy, anchored in the secular approach of patient “rights,” would surely mandate full disclosure. Jewish law, based upon a system of patient and physician obligations, would approach the question differently.

At first glance, it would appear that Jewish law requires the physician to convey an accurate assessment of the patient’s condition in almost every case. It seems that the unequivocal Biblical imperative to tell the truth would prevent the doctor from lying. More practically, the halachic requirement of informed consent would require that the patient to have all of the information necessary to make a prudent medical decision.

However, while truth-telling is an ideal, even secular ethics recognizes that truth is not an absolute value. No one would argue that an assassin should be told the whereabouts of his intended victim merely because he requested the information. The greater moral imperative of avoiding harm to the victim outweighs the usual requirement of always telling the truth.

The issue dates back to the *Tanach* and the Talmud. In the book of Kings II (8:10), Ben Hadad, king of Syria, sent a messenger to the prophet Elisha asking if he would recover from a serious disease. While the written text implies that one must fully disclose the severity of illness, a spelling discrepancy indicates that Elisha sent word to Ben Hadad that he would live so as not to cause him to lose hope, but informed others that he would die so that no one would accuse him of false prophecy.

In another confrontation between a prophet and a king, Isaiah visits king Hezekiah and informs him that he will die and can do nothing to prevent it (Kings II 20:1, Berachos 10a). Hezekiah objected to Isaiah’s terse and depressing message by claiming that regardless of how ill someone is, he should give encouragement. Isaiah appears to have taken the position that absolute truth is more important.

These narratives illustrate the difficulty of finding the balance between the demand for truth-telling and the equally valid requirement to withhold information if the patient would become very upset. Clearly, Judaism holds a paternalistic view of human nature, teaching that there are some things that a person should not be told “for their own good.” It is a fundamental tenet of Judaism that one may never remove hope from an ill person, even if this requires withholding the truth from the patient. Hope is an intrinsic part of a patient’s ability to successfully face disease and the absence of hope shortens longevity.

However, today, where virtually every diagnosis has a specific treatment, such an approach that did not inform a patient of their diagnosis would be unthinkable. A physician cannot treat a patient without his permission if the treatment is potentially dangerous. Even if the potential treatment is essential and life-saving, the patient has a right to refuse it if it might hasten his death. Additionally, due to the specificity of today’s treatments, the treatment will surely expose the diagnosis to any one with a good Internet search engine.

Even if the physician is sure of his medical conclusion that a patient’s situation is hopeless and therefore the patient would not gain from disclosure of his serious condition, no physician is infallible. If the physician’s conclusions are incorrect, and he does not share with the patient his true medical assessment, the physician runs the risk that he precludes the patient pursuing a second opinion or independently researching his own illness. Furthermore, the physician-patient relationship is predicated upon open communication and honesty. It has also been well-documented that patients often know more than their doctors realize about the severity of their illness, and if the physician does not discuss the details of the patient’s disease, the patient presumes it to be worse than it really is.

The issue is not disclosure versus lack of disclosure, but optimizing patient care. Some people will do better with full disclosure and some will not. The amount of information that is disclosed must be tailored to the individual. It is important to recognize that everyone should be granted the autonomy *not* to know. Every clinician dealing with severely ill patients has seen patients who feel empowered by participating in their care and understanding all of the nuances and others who are intimidated and scared by information overload, causing them to despair.

The challenge is determining which approach is appropriate for a given patient. It is crucial that the information be conveyed in the proper way, with sensitivity, and by the appropriate person for the particular patient. It often requires family input to determine the best course of action. In all cases, regardless of the seriousness of the disease, the information must be imparted with optimism.

According to Jewish law, what must always guide the decision-making process is the absolute necessity to leave the patient with hope. Truth is among the highest ethical requirements in Judaism. It is one of the 13 attributes of G-d described in the Torah and one of the three pillars that upholds the world. Nevertheless, Judaism sometimes condones and even encourages altering the truth for the sake of peace. With few exceptions, when human life and truth conflict, human life must win out.

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