

Mail Bag

Dear Editor:

I mostly agree with my good friend and brother, Dr. Bill Duerfeldt, in his article, "The Truth, the Whole Truth, and Nothing but the Truth" (Summer, 1990, issue). I believe, however, that he concluded wrongly after an excellent review of the matters involved in truth-telling with patients.

In the final paragraph of his paper, he blurs the distinction between "concealment" and "distortion" or "deception" of truth. I fully agree that patients do not have to be told everything because it is both a practical impossibility (all contingencies could never be covered) and the patient has neither the knowledge base nor the intellectual ability to manage **all that** could be **told him**.

Distortion and deception, however, fall into the area of un-truth, not concealment. They are attempts to make a situation appear other than it is.

Physicians, however, should never intentionally deceive patients for any reason. All deceptions in the Bible that Dr. Duerfeldt mentioned were deceptions of enemies. Patients do not fall into this category.

I do not believe that any physician or anyone else is able to know what information will benefit or cause harm to a patient. What must be revealed, however, is that information that will allow the patient to act responsibly in his various roles as a person. For example (and probably the core of this whole matter), the patient must know if he is likely to die and when so that he can make out his will and make other preparations for his family and his estate, if he has not already done so.

Yes, our knowledge of the "likeliness" of death is quite limited. Nevertheless, physicians have some idea of likely events to the degree that patients can act responsibly. Our intent in the knowledge that we reveal should have that goal in mind, rather than a more nebulous assessment of benefit or harm to the patient.

Sincerely,

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