To Tell or Not to Tell

Brian F. Hoffman's (1981) article "To Tell or Not to Tell" describes the difficulties involved in direct dialogue with the schizophrenic patient and his family about the disease, especially on the point of giving the diagnosis.

Clear and concise discussion of these matters can be found in the "Declaration of Hawaii" (Del Rio 1980) which emanated from the Sixth World Congress of Psychiatry in Honolulu in 1977. This declaration, which deals with "Ethical Aspects of Psychiatry," (in Section 4) states the principle of sharing with the patient all the facts about his illness and of obtaining his full participation in treatment decisions. Dr. Hoffman, in his article, has taken an extreme position and has suggested confronting the patient with his diagnosis even when he has not asked for it. Furthermore, he will even try to clarify for the patient the reasons for his not evincing any interest in the subject. The "Declaration of Hawaii" was obviously influenced by the general public trend in western democracies to protect the personal privacy, rights, and freedom of the individual. The question arises whether these trends are for the good of the patient or whether they merely reflect unquestioning acceptance of ideology. Another question is the practicability of these recommendations in clinical reality where the psychiatrist in his day to day work continually has to make decisions about the patient's ability to take responsibility for his own actions, and the patient's right to receive full information. The slogan "Tell the patient the truth" is meaningless because there is no such thing as absolute truth in dealing with human beings. Each case must be judged on its own merits and the clinician must decide what will be most helpful for the patient.

A. Bleich, M.D.
Geha Psychiatric Hospital
Beilinson Medical Center
Petah Tiqva, Israel 49 100

References


The Author Replies:

The overriding consideration in telling a patient his diagnosis should be whether it is best for the patient. In all cases, the telling must be done with compassion, respect, and dignity.

In my practice, I see many schizophrenic patients and their families who apparently have not been told the diagnosis even when it had been obvious to previous therapists. Patients and families, acting in a medical void, then seek out vitamin therapies, exercise programs, street drugs, cults, or family and individual counseling. I wish there were an alternative to confronting a patient with his diagnosis, especially if it is as painful as schizophrenia. Naturally, I would prefer two-way communication and mutual trust between a patient and his physician. When I was in family practice, I would not let a patient who denied a recent myocardial infarction, or alcoholism, sign out of
hospital without confronting him with his diagnosis first. I no longer let a schizophrenic patient sign out without finding an opportunity to discuss the diagnosis with him. It is painful, but sometimes helps the patient to change his mind and stay in treatment or return at the earliest sign of relapse. Confronting the patient with this unpleasant reality sometimes brings tears to my eyes, but that used to happen when I worked on a leukemia ward as well. It may defuse a situation to offer the patient a consultation with another psychiatrist.

I personally do not believe that illness education and the rights of an individual to have the medical facts in order to determine his own destiny are fads.

Brian F. Hoffman, M.D.
Clarke Institute of Psychiatry
250 College Street
Toronto, Ontario, Canada M5T 1R8

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