

**TRUTH AND DISCLOSURE**

Is it ever acceptable to lie?



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**SCENARIO**

Mary has been an in-patient at Mountain Hill hospital for 7 days. She was admitted with a diagnosis of UTI, mild confusion and is frail and weak. She is also anxious about hospitalization and constantly asking to go home. She can often be found getting out of bed without assistance and is at high risk for falls. She is on a number of medications, including antihypertensives, but has an order to hold her BP pills if her systolic BP is <90.



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**SCENARIO**

Mary's nurse, Amanda, has had a busy day and has been rushing to get all her vital signs and medications done on time. Amanda takes Mary's blood pressure and notices that it is slightly below her usual at 88/55. She notes Mary's colour is pale as she is sitting on the edge of the bed. Amanda watches Mary take her pills and leaves the room.



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### SCENARIO

About twenty minutes later, Mary's roommate rings the call bell to alert the nursing staff that Mary has fallen. As Amanda enters the room, she realizes that she gave Mary her anti-hypertensive medication even though her blood pressure was low.



On assessment, Mary's blood pressure is only slightly lower than the previous reading. Amanda is relieved that Mary was not seriously harmed in the fall.

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### SCENARIO

Still, Amanda wonders, "Did Mary fall because I gave her the medication, when I should have held it, given her low blood pressure?"



Amanda's supervisor supports her in completing an Occurrence Report. Because Mary has been falling lately, a review will be done to look at root issues of her falls.

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### SCENARIO

When Mary is settled back into bed, she asks Amanda, "Why did I fall?"



Amanda is unsure how to respond to Mary. She realizes it is important that Mary be told about the medication error, but worries that Mary will lose trust and become more anxious than ever to leave the hospital before she is strong enough.

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## ETHICAL MOTIVATION

What moral rules underlie Amanda's duty to disclose?

**VERACITY** and **FIDELITY** are foundational to the patient-provider relationship.



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## WHAT IS THE RIGHT CHOICE?

- This situation is complicated by conflicts in values.
- Veracity and Fidelity are foundational values in health care.
- Especially when an error occurs, obligations to disclose the event can be challenging.



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## VERACITY

- Comprehensive, accurate, and objective transmission of information
- Fostering the patient's understanding
- Based on respect, promise-keeping, trust

Beauchamp & Childress, 2009



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## FIDELITY

- Loyalty, specifically
  - Priority of the patient’s interests over the health care provider’s
  - Protection of the patient’s interests over the interests of others

Beauchamp & Childress, 2009



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## DISCLOSURE OF ERRORS

- By legislation, health care providers in Manitoba have an obligation to disclose *critical incidents* to patients, including the facts of the situation, the consequences for the patient and any actions that have been or will be taken to restore the patient's health status.
- The information provided, and the way in which it is provided, can uphold or oppose the obligations to truthfulness (veracity) and loyalty (fidelity)



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## FOR REFLECTION AND DISCUSSION

- How were veracity and fidelity represented in the scenario?
- What comes to mind when you think about veracity and fidelity in the work you do everyday?
- This situation was undoubtedly distressing for both Mary and her family and for Amanda and her colleagues. What resources are in place in your work environment to support patients, families and staff when incidents like this occur?



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## WHAT'S THE RIGHT CHOICE?

- How should Amanda answer Mary's question?
- What is the "right thing" to do and say?
- What is the truth?



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## RESOURCES

Please go to the MB-PHEN website for additional resources and discussion points.

[www.MB-PHEN.ca](http://www.MB-PHEN.ca)

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## REFERENCES

- Beauchamp, T. & Childress, J. (2012). Principles of Biomedical Ethics. 7th ed. Oxford University Press: Oxford.
- The Regional Health Authorities Amendment and Manitoba Evidence Amendment Act (2006, May 3).
- Also see your own health region's policies on critical incident disclosure and reporting.

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