

How Much Should Doctors Tell Their Patients?

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Introduction

The impact of the electronic media and interactive technology today is phenomenal and is changing our world in profound ways, in the realms of science, space, sports, travel, entertainment and communication, to name a few. The information age is squarely upon the human race, and thriving inexorably on its voracious appetite for knowledge. Never has the term "information on one's finger tips" become more relevant.

The vistas of medicine and the way we practise medicine, are continuing to undergo dramatic changes. The way medicine is being taught in medical schools today is a new order innovation, guided in the belief that technology allows modern doctors to achieve much more than those old doctors brought up through traditional medical education. Only time holds the final answer, if there indeed is such a prophetic inevitability, even as we totter in the winds of change whirling around us.

Like in other areas where internet multimedia technology is revolutionary, the public demand and the perception of medicine and the professionalism of those who practice it, is also continuously changing. What had so far been taken for granted, that the public will believe whatever their doctors tell them and accept whatever they do to them as they manage their woes, is fast fading into irrelevance.

The internet is accessible from most parts of the globe, and access and dissemination is largely uncontrolled and uncontrollable. The quality of information varies widely, from the most up to date practice guidelines to out of date or inaccurate recommendations (Coiera, 1996). The internet provides much more and wider ranging information of variable quality and relevance. The doctor facing the patient in his consulting room has to listen patiently and bring into focus the myriad of information that the patient and relatives have gleaned from the internet. However the patient cannot escape the reality that it is the doctor who holds the key to the final practical solution to his problem. IBM's Deep Blue vanquished Kasparov in 1997 but never thought of popping bubbly.

It appears logical that the patient who is knowledgeable and seeks finer probing information, inevitably creates a situation in the professional care scenario wherein the doctor is forced to be more knowledgeable about the disease and its treatment, better informed about current advances and technically more skilled. The presumed and, probably welcome, off-shoot of this is that the doctor will provide a higher, more competent level of care to the patient. The doctor can no more hide behind a veil of assumed perfection. The bright side to this is that it may then even be reasonably possible to defend any unforeseen adverse outcome in the course of management of a patient as not being

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due to the doctor's professional ignorance, incompetence or negligence.

The information which the doctor must give his patient is basically what ***the patient wishes to know*** about his disease and the treatment. The respect for fundamental human dignity also dictates that it is also the ***patient's right to know*** about his disease and treatment. Sometimes, the kith and kin may request that the doctor divulge the barest of information, particularly if the disease is grave and life-threatening. But if the patient demands to know the truth nevertheless, this wish should be respected and the doctor is bound to provide a true account, following which the doctor and patient's relatives may have to be prepared to handle the possible ill-effect on the patient of such revelation.

The doctor is morally bound to give further information which the ***patient should know***, including relevant options, and the limitations, so that the patient will understand the need for a particular option or manner of treatment and so give the doctor the fullest co-operation.

The onus on the doctor to inform the patient what he should know is heavier when an invasive procedure, like a surgical intervention, is being planned. The doctor must inform the aim of the intervention, relevant details and the possible outcome, including any known possible risks. Of course, the doctor must reassure the patient that he/she will do the utmost to avoid such complications. It is also a good habit to briefly note down the points discussed in the patient's records¹.

The amount and depth of information to be given a patient are moot points, particularly in relation to possible complications of general or regional anaesthesia and surgical interventions. The information given will vary and it is incumbent on the doctor to do his/her best to find out about the patient's individual needs and priorities. Doctors

should not make assumptions about patient's views but should ask whether they have any concerns about the treatment or the risks it may involve.

Too much information might hinder rather than assist the patient to make a rational choice about his anaesthesia and surgery. It is generally believed that the information should be selective in direct relationship to the procedure, and imparted in a gentle and calm manner, so that the patient does not become alarmed, apprehensive and/or depressed to the point of refusing consent for the treatment.

Such a response can have devastating effects on the course of the patient's illness, and in at least one landmark case in the USA a patient had sued the doctor for having frightened him off the treatment by his explicit discourse of possible complications, as a consequence of which the disease, which could have been treated satisfactorily at the time of initial consultation, had become too advanced to benefit from treatment

In fee-for-service health care, and particularly when invasive procedures are involved, the doctor is also expected to give an estimated breakdown of the cost of the treatment, which should include professional fees and hospital charges². The doctor should warn the patient of the likelihood of the cost escalating in the event of complications necessitating additional in-patient hospital and intensive care.

Generally, **withholding information** is sometimes considered a doctor's "therapeutic privilege", but it does not justify withholding information that might prevent a patient consenting to a non-essential procedure (Skene & Smallwood, 2002).

It is well to remember that it is a doctor's legal duty to give information to patients and in cases where the doctor decides to withhold information

this should be recorded. The doctor's credibility will be enhanced by clear, contemporaneous notes kept in the event of litigation.

In this issue of the MJM, an article on "Patient's Desire for Information about Anaesthesia: A survey in a Teaching Hospital" by Hoe & Karis, makes a timely appearance. It highlights the desire of patients for information about anaesthesia in the local setting. The importance of communication between doctor and patient and the need for the doctor to keep the patient at ease and informed before anaesthesia and surgery are emphasized. Through such encounter, the fears, doubts and misinformation held by the patient can be cleared, and the post-operative management also becomes less strenuous, even to the point of the patient requiring less post-operative analgesia.

The paper also illustrates the important place for surveys in health care and the need for the profession to appreciate and preserve the human dignity of the patient through information obtained through such surveys. The doctor must at all times keep in mind the desires, the emotions and the rights of the patient in the course of treatment. A similar approach, understanding the needs and rights of the public through surveys and dialogues, also needs to be appreciated by the authorities when planning the future of healthcare in the country.

In Malaysia, the facilities and services of internet multimedia technology are becoming available to our people with great ease. The knowledge and demands of the public on medical matters (and a whole lot of other issues) is ever expanding, so that there is increasing need for a paradigm shift in the doctors' attitude to their patients.

References

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