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When are primary care physicians untruthful with patients? A qualitative study

Stephanie R. Morain , Lisa I. Iezzoni, Michelle M. Mello, Elyse R. Park, Joshua P. Metlay, Gabrielle Horner & ...show all

Pages 32-39 | Accepted author version posted online: 24 Aug 2016, Published online: 21 Sep 2016

 Download citation <https://doi.org/10.1080/23294515.2016.1226987>

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ABSTRACT

Background: Notwithstanding near-universal agreement on the theoretical importance of truthfulness, empirical research has documented gaps between ethical norms and physician behaviors. Although prior research has explored situations in which physicians may not be truthful with patients, it has focused on contexts within specialty practice. In this article, we report on a qualitative study of truthfulness in primary care. **Methods:** We conducted a qualitative study during December 2014–March 2015

areas in three specialties: internal medicine, family practice, and pediatrics. Interviews and focus groups were led using a semistructured guide, which explored situations in which primary care physicians find it difficult to be honest with patients; factors shaping truthfulness; and rationales for truthful and untruthful communication. **Results:** While physicians described outright lying to patients as rare, other deviations from truthfulness were not uncommon, including slanting and deliberately withholding information. Physicians described a range of factors as influencing truthfulness, from patient-level characteristics such as educational background to societal considerations including avoiding unnecessary tests and procedures. Physicians described truthfulness as an ethical requirement, deviations from which required further justification. Perceived justifications included promoting patient well-being and avoiding harm. **Conclusions:** Our results suggest a potential need to augment opportunities for training in “everyday ethics” challenges, such as the appropriateness of deception in response to patient requests for inappropriate tests or pain medications. Furthermore, they indicate that, in various circumstances encountered in primary care, physicians perceive other moral duties as potentially in conflict with the duty of truthfulness. Further ethical analysis should focus on identifying when deviations from complete truthfulness do and do not serve patients' interests, to guide physicians in striking a reasonable balance among principles of medical ethics that may conflict with one another.

KEYWORDS: [deception](#), [attitude of health personnel](#), [primary care](#), [physician–patient relations](#); [ethics](#)

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Additional information

Author contributions

Dr. Morain contributed to the conception and design of the work, led the acquisition, analysis, and interpretation of the data, and drafted the article.

Drs. Iezzoni, Mello, Metlay, and Park contributed to the conception of the work, advised on the acquisition, analysis, and interpretation of the data, and revised

article critically for intellectual content.

Dr. Campbell contributed to the conception and design of the work and the acquisition, analysis, and interpretation of the data, and revised the article critically for important intellectual content.

All authors give approval for the final version to be published, and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Funding

This work was funded by a grant from the [Greenwall Foundation](#). Dr. Morain received intellectual and salary support from the Hecht-Levi Fellowship at the Berman Institute of Bioethics of Johns Hopkins University. The authors thank Kate Ouderkirk for transcription, and all anonymous physician participants for sharing their experiences and insights with us.

Conflicts of interest

None.

Ethical approval

This study was approved by the institutional review board at Partners HealthCare.

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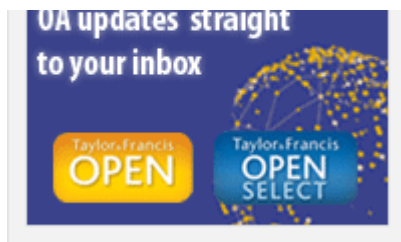
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