

Educational support materials for ABIM's *Care for the Underserved* Module

Module #5

It is widely accepted that a physician has the responsibility to act in the best interests of their patient. This is usually understood to include honest and open communication of available medical information. Cultural beliefs, however, have been cited as one common explanation for requests that patients be deceived, with reluctance to disclose terminal diagnoses or poor prognosis for fear of loss of hope, or even hastened death.^{1,2} Well meaning family members have often requested limited patient involvement and information to “protect” their loved ones. Patients, family members, and even clinicians may over emphasize the potential psychological impact of bad news.^{3,4,5}

Research also shows patients generally want to be informed about bad news including cancer diagnoses and medical errors.⁶⁻⁸ However; broad differences between cultural groups may exist. For example, one study found white American and African-Americans more likely to value truth-telling as empowering, while Korean-American and Mexican-American respondents were more likely to have negative perceptions of truth-telling.^{9,10} Physicians regularly make judgments regarding the amount and type of information that patients can handle, taking into account their professional assessment of patients’ values, literacy, and desire for medical information. When applying such clinical judgment physicians should use caution against stereotyping and bias. . Research suggests that physicians provide less information about illness to black patients compared to white patients regardless of educational level and socioeconomic status.¹¹ Physicians should ask patients about their individual preference for information sharing, including information on diagnosis and prognosis.

Attitudes toward paternalism and patient autonomy have changed dramatically over the past century. Patient-centered culturally competent care should include exploration of patient preferences regarding what and with whom medical information should be shared.

For further information, see the following:

1. Capozzi JD, Rhodes R: A family's request for deception. *J Bone Joint Surg Am* 2006;88:906-908.
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