

November 2017

Truth and Lies as seen in a Doctor's Office

DR MANFRED WIESER

I do not believe that my patients always tell me the full truth concerning their medical conditions.

I care very much about my patients, but I have learned that often, the initial information they share with me is not completely true. Recognizing this, I believe I can actually treat my patients more effectively with this understanding.

Not telling the truth is not a new phenomenon in our culture.

People cite many different reasons for this, but it is an age-old aspect of dealing with patients for doctors. In fact, one of my mentors from my days at the University of Innsbruck, Professor Kirchmaier, taught us this:

"If a young man is complaining about his heart, think of his stomach, and if an old man is complaining about his stomach, think of his heart!"

Patients are very subjective in describing their disorders because they usually do not have a way of looking at their situation objectively. They can only tell me their subjective interpretation of their feelings and concerns, yet if I only act on this interpretation I will often find myself and the patient at a dead end.

Professor Kirchmaier gives this illustration concerning patient care:

"He's complaining of his stomach, so we order a gastroscopy, and there we find nothing. We investigated in the wrong place and in the mean time, the coronary arteries are still blocked and the cardiac infarction continues. I do not help my patients, if I believe them ..."

I must constantly be on guard to confirm whether what I hear from the patient correlates with what I see during my examination. Certainly, I cannot expect that a patient will have the

medical knowledge needed to describe problems in a way that leads to a specific diagnosis. A good doctor must conduct a comprehensive examination and ask the right questions that draw useful information from a patient. Of course, I do not look at this process as one where the patient is deliberately concealing information or hiding the truth. They may simply not understand that a certain indicator is medically significant to their case.

However, in the cases where a patient deliberately answers falsely or shades the truth, I have determined that there are three main reasons for this type of deception.

People often do not tell the truth because of their personal agenda.

This might be the case when a young man seeks to get a severe medical report to avoid attending mandatory military service in Austria. To this person, a little sneeze somehow exaggerates into a severe pulmonary asthma attack.

This form of deception, however, is nothing new. In the Old Testament, the People of Israel were seeking a new home. On seeing the land in the distance, Moses sent out people to investigate this Promised Land and they returned with this subjective report in Numbers, Chapter 13 verse 33:

“We seemed like grasshoppers in our own eyes, and we looked the same to them.”

These people did not want to enter into their new home, and so they reported a very biased view of their situation. They also saw things they did not completely understand, and so they assumed the worse and reported as fact things they only imagined.

On the other hand, I have a friend who is an ophthalmologist. He reports to me cases where a person with bad eyesight needs a good visual report to qualify for a driving license. They arrive to their appointment with a friend and manipulate things so that their friend does the visual test first while they try and get a glimpse of the panel to learn the numbers by heart to try and fool the doctor and the authorities.

Second, people often do not tell the truth because of shame.

Another of my friends is a diabetes specialist. He asks his patients to fill out a monthly report of blood sugar levels and blood pressure. He says that he often gets a report that is a sheet of paper, obviously written during the 15 minutes just prior to the appointment, filled out with the exact same ink pen and with predictable and numerical patterns.

These patients bring a faked report because they are ashamed of their lack of willingness and ability to change their behavior and to put the energy into complying with the doctor's orders.

Shame also is the reason that patients are often dishonest describing details when they have been infected by a sexually transmitted disease. Certainly, they do not share details with their most intimate partner, they will not inform others in their church, and so they are hesitant to be truthful when they see a doctor, particularly when it is a new appointment. This contributes to the exacerbation of medical complications as patients avoid seeking treatment or openly discussing the details that can help a doctor treat the condition effectively.

Finally, people often do not tell the truth out of fear.

Another friend of mine is a specialist for behavioural disorders in early childhood. When parents are sent to him, they approach their visit with fear. They fear a life filled with ongoing appointments. They fear the challenges and difficulties of raising a handicapped child. They fear the pitiful glance in the eyes of their neighbors. The nonverbal communication when he plays with this child gives him much more information than anything else.

And the fear is similar when doctors treat patients with incurable diseases. For example, we are hesitant to even spell the word 'cancer' because of the challenges and pain involved in coping and living with this disease and the intense perception of being alone in this reality.

Herbert Groenemeyer, a German songwriter, writes in a song concerning the fatal end of his beloved wife:

You filled every space

with light bright as the sun

You changed every anger

into the contrary

We twisted the truth as far as we could ...

His words reflect a belief that the only way how to accept truth is to deny it.

In the end I'm afraid I have bad news for you: Doctors also lie.

Stated in a more gentle tone, doctors sometimes don't tell the complete and unvarnished truth.

There are times they believe they tell you the truth, but they are wrong, because they make mistakes. While this is certainly unintentional, the result is the same in the mind of the patient. I'll confess that there have been times that I'm also guilty of this.

However, there are times when we are compelled not to tell the whole truth, because we want our patients to take the first step in entering a hitherto unknown chapter of life or beginning death. Experience tells us that most people have great difficulty bearing the whole burden of truth in a time of suffering at once.

But, I also have good news for you: There is a way to end the cycle of lies.

You can fight against subjective interpretation by offering an additional point of view to help the patient deal with his complaints and concerns. Learning something new is always easier to accept than to be told that you were totally wrong.

You can address the reality and consequences of inconsiderate personal experiences.

You can counteract shame with confidence and respect. You can offer to walk a difficult path with a person and clear the way to openness and honesty in dealing with challenges.

You can hold consistently to hope as a doctor, even if fear seems to overcome patients, even more if your hope is reaching beyond diseases and death. Particularly in dealing with these situations, my faith in eternal life through Jesus Christ is my most pressing need as I deal with my deepest fears and understanding the fears facing others.

In the end, untruth always leads to some form of bondage. But truth, mediated by love, leads to liberty.

ABOUT THE AUTHOR



Dr Manfred Wieser is a medical doctor who together with his wife, Dr. Eva Wieser, runs a dermatologist practice in Salzburg. Beyond the world of healthcare Manfred is passionate about the impact of the local church (of which he is a Leading Elder) on the society.