

GUEST EDITORIAL

Is it ever ethical for nurses to lie to patients?

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In this Editorial I argue that there are occasions when it is ethical for nurses and care givers to tell lies to patients. While truth telling regarding reality of situations should always be the default, there are instances where telling lies can be a useful and effective care intervention.

The debate around telling lies to patients has continued for many years. The Nursing and Midwifery Council's (NMC) Code for Professional Standards explicitly instructs nurses to 'act with honesty and integrity at all times', but it also instructs nurses to act in accord with principles of beneficence and non-maleficence. That is, to do good and to do no harm (1). For nurses caring for people with moderate to severe dementia, this can present a real ethical challenge. It is well documented that on occasion, telling the truth to a person with dementia is likely to cause great distress. This is because their truth may not align with the reality of their current situation. For example, when a patient says they need to get home to their mother, who is long deceased.

This raises an interesting question in terms of whose truth should we prioritise? When someone with dementia has their own truth that is different to mine, I am not sure that I have the power or will, to force my truth onto them. As a nurse, I am happy to enter their (often time shifted) world and respond to their truth. I do not feel the need to enforce my reality, particularly if it is going to cause them distress. I am comfortable telling lies that meet the needs of the person with dementia and help to reduce their distress. By engaging in another person's truth, we can help to support the true meaning of personhood, by helping to maintain relationships that may in our world be lost, but for the person with dementia, are still real. By allowing relationships to be maintained by the person with dementia, we offer many more opportunities for enhanced and positive engagement, stepping away from functional communication which is often based around the care giving processes.

In order for lie telling to be ethical and therapeutic, there are two main considerations: genuineness and motivation. In my recent ethnographic study where I observed lies being told in the practice of nurses caring for people with dementia, key findings suggested that the impact of a lie on the person with dementia depended on the motivation for telling the lie, and the genuineness with which it was said (2). These two elements are more significant than the content of what is said. Genuineness and lying might appear, on the surface, to present a level of dissonance. A nurse can be genuine in terms of their affective domain, even if what they are saying is not representative of their own truth. It is that genuine empathy for the person with dementia that makes the lie a valid and effective intervention. If the nurse interacts with indifference, it will not have a positive effect on the receiver (2).

The motivation for an interaction, which involves telling a lie, is very important in relation to whether it is likely to be a successful care intervention. If the motivation is to meet the needs of the care-recipient, it is more likely to be successful. If the motivation is to meet the needs of the nurse, it is far less likely to be effective. For example, if a nurse tells a lie because they are busy, or because they feel it is easier to lie than to address potentially complex patient needs, the lie is less likely to be effective because the motivation to meet personal, rather than patient needs reduces the genuineness of care. If the lie is said because the goal of the nurse is to meet the needs of the patient to the best of their ability, they will be genuine in their interaction and will validate the patient's emotions. Casey et al's study also highlighted motivation as a key element of telling a 'good lie' (3).

As new emerging research contributes to the debate about lie telling, it may be that nurses caring for people with dementia should no longer ask themselves 'should I lie?' but rather 'if I must lie, how can I be genuine in my interaction, and what is my motivation?'

If you would like to respond to this Editorial, please contact me directly on:

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References

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