

## Short Communication

# A Comparative Analysis of Moral Principles: Veracity Versus Confidentiality Versus Justice

Khudija Mushtaq<sup>1</sup>, Adnan Yaqoob<sup>2</sup>, Tahmina Bano<sup>3</sup>

<sup>1</sup>Nursing Instructor, Postgraduate College of Nursing Punjab, Lahore; <sup>2</sup>Assistant Professor, Lahore School of Nursing, The University of Lahore, Pakistan; <sup>3</sup>Charge Nurse, RHC Muradabad, Muzaffargarh

### Abstract:

A number of frameworks can be used to analyze ethical and moral issues objectively whether the act of an individual is ethically good and bad. Health care providers are ethically concerned with clients' confidentiality and veracity in their clinical practice. The current article reveals the ethical dilemma of an infertile couple. Ethical issues affect the human being physical, mentally, and socially. If the Health care provider sustains the confidentiality, contrarily it will be against the principles of veracity therefore, the truthfulness will be the topmost importance.

**Corresponding Author** | Khudija Mushtaq, Nursing Instructor, Postgraduate College of Nursing Punjab, Lahore

**Email:** khudija79@gmail.com

**Key words:** Health care provider, Confidentiality, Veracity, Dilemma, Ethics, unethical, Decision making.

### Case Scenario:

Infertility is defined as the failure to reproduce or deliver a baby through natural process. An estimated 10-15% of procreative age couples are infertile worldwide<sup>1,2</sup>. A young couple visited the health care provider (HCP) for treatment of infertility. HCP advised them baseline investigations. During the ultrasound of a patient, HCP found that she had no uterus in abdomen. Upon asking, patient told the HCP that before marriage, she develops stage 1 endometrial cancer for which she underwent hysterectomy. She requested to hold this information as it will spoil her marital life. When her husband came in HCP's office and asked for treatment plan, HCP told him that ever thing is fine; he recommended some multivitamins to the couple. The ethical principles clashing in this scenario are confidentiality which arises from patient and veracity from the HCP. But another principle is arising in this case which is justice because false hope was given to husband by HCP.

### Introduction:

Confidentiality is one of the fundamental principles of

HCP ethics<sup>3</sup>. According the HCP code of ethics HCP are bound by duty to confidentiality. The confidentiality and privacy of health evidence are protected through safety and security built into the arrangement. Health-care providers are responsible for their practice and also accountable for the patients' confidentiality<sup>4,5</sup>. Yet, there are times when sharing information is important as it will be in the best interest of the patient and the family. Client self-sufficiency needs as persons should be able to select when the authority allows them to understand the evidence for their wellness. To share information with the HCP by the patient is sometimes difficult because of trustworthy and confidentiality, as confidentiality is critical for the patient to trust provider. Only if there are strong reasons approving disclosure to prevent danger to clients and others. A couple presented in a fertility clinic for the treatment of infertility, although they had the same interest regarding information related to fertility treatment. But, in this scenario, patient wanted not to disclose about her cause of infertility, so it was the duty of HCP to discuss through open conver-

sion with couple with honesty. It is a fact that many health care providers consider the request of their client with partner suggestion a loss of privacy about all evidence and is proof of the delivery of facilities of health care<sup>6</sup>.

#### **From the Lens of the Health Care Provider:**

Open analysis, certain points related to ethical principles come upfront and many questions arise. Like, a HCP is always supposed to keep the confidentiality of the patient but at the same time, she/he is also supposed to practice principles of veracity by a telling the truth. A dilemma related to this situation is that if HCP share the correct information with the husband then it would breach the principle of confidentiality and if not share, then it would breaches the principle of veracity. This is the condition which HCP in Asia, frequently face this problem and catering according to their own understanding which sometimes creates problems in different contexts<sup>7</sup>. HCP have an ethical obligation to maintain confidentiality when client's wife discloses personal and serious information. Application of decision and actions don't depend on someone's wishes or gut reaction it must be based on code of ethics. HCP here, was carrying two principles on both shoulders at one side she/ he was concerned about confidentiality while on the other side she/he was violating the veracity by hiding the correct information for husband. HCP while dealing such situation should remind that they give a pledge which says.

“I will practice my profession faithfully. I will do all in my power to maintain and elevate the stander of my profession and will hold in confidence all personal matter that is committed to my keeping “Therefore the personal matters will hold in confidence.”<sup>8</sup>.

Likewise, the decision of HCP should be to counsel the patient to share the truth with her husband. Because of common rule honesty is the best policy to avoid further problems in life. By sharing truth with the husband, it was quite possible that he would accept with the truth instead of being aware of such matter in the latter life, where he could be able to not accept it.

#### **From the Lens of Patient:**

Patients have many rights related to their health and one of them is the right of confidently to prevent negative decision in the family. Sometimes take this confiden-

tiality is an obligation and they try not to breach of confidentiality by mutual discussion and proper counseling. If we analyze, patient might be under stress due to the truth related to her infertility. She might be assuring the fear of separation at that time because of hysterectomy. If HCP revealed the truth to her husband that she might be facing trouble in her social and personal life. According to study<sup>9</sup>. Almost half of the cases were reported as sexual dysfunction on which later on causes a same degree of deterioration in their marriage and feeling of guiltiness which particularly was concerned with hysterectomy<sup>10</sup>.

#### **From the Lens of Patient's Husband:**

It was the husband's right to get true information about her wife's cause of infertility because, it is against the ethics to give him false information. Here, the principle of veracity is violated due to patient request. The basic moral rule is telling the truth and it has a major ethical concern in health. According to Veach, HCP expected to provide information to husband with an honest, value-free description diagnosis, treatment options and its potential outcomes. The HCP should provide the facts<sup>9,11</sup>. It is the moral duty of health care provider to be honest with the clients in process of diagnosis, planning, procedure, interventions, and hazards although they occasionally appear horrible, but it is very important to explain.

#### **Justification of My Position:**

My view point is strongly in the favor of husband. Because, in ethics of Islam we are directed to avoid telling a lie because, we are living in Muslim country and the religion gives the message of truth so, what is truth? These are the facts, reality, and true statement or the real situation. Truth is an excellence of being right<sup>12,13</sup>. Truth is always depends on facts which remains permanent in every situation. A person cannot face difficulties by speaking truth.

The Holy Prophet Hazarat Muhammad (PBUH) is the role model of SAADIQ and AMEEN. A society can survive successfully when follow the principles of truth which were presented by the Holy Prophet Hazrat Muhammad (PBUH). In this situation, HCP must follow the principles of truth. Furthermore, the veracity and truthfulness cannot breach otherwise it can cause psycho-logical issues<sup>14</sup>.

In this scenario; wife is infertile due to hysterectomy and she cannot conceive in her life. Hence disclosure should be encouraged strongly between couple.

### Possible Consequences:

This dilemma occurred between multiple principles of ethics. One is from the side of husband in terms of justice and second is from the HCP in terms of wife's right confidentiality. While third is from the HCP who violated veracity. If a HCP does not disclose the facts with the husband then it can be a serious offence for his wife because of the fact. Although wife has fear of separation from her husband, but it will be more serious issue when husband would come to know from any other HCP. If wife was honest with her husband, it might possible they could have adopted the child and lived happy life.

### Recommendations:

In 1960s many HCP believed that correct information for patient would be horrible truth than telling a lie. Therefore, this behavior promoted a large amount of distrust among HCP and patient. Modern ethics strongly force on honesty and openness so it is not as easy as it sounds. Trustworthiness is still favored but there is one situation where it is considered acceptable to not be fully truthful. The health care provider may withhold some evidence; they truly believe that complete truthfulness will cause a big harm to patient this ethical right called therapeutic privilege. An example of this: depressive patient attempt a suicide.

### Conclusion:

The practice of telling the truth is a principle of veracity. In this scenario the health care providers have the responsibility, to tell the truth because truthfulness is the cornerstone of respect that exists in therapeutic relationship. The cause of infertility can be disclosed for the prevention of further disputes.

### References:

1. Simionescu G, Doroftei B, Maftai R, et al. The complex relationship between infertility and psychological distress. *Experimental and Therapeutic Medicine* 2021; 21(4): 1-.
2. Vander Borgh M, Wyns C. Fertility and infertility: Definition and epidemiology. *Clin Bio-chem* 2018; 62: 2-10.
3. Townsend A, Leese J, Adam P, et al. eHealth, participatory medicine, and ethical care: a focus group study of patients' and health care providers' use of health-related internet information. *Journal of medical Internet research* 2015; 17(6): e155.
4. Bani Issa W, Al Akour I, Ibrahim A, et al. Privacy, confidentiality, security and patient safety concerns about electronic health records. *Int Nursing Rev* 2020; 67(2): 218-30.
5. Griffith R. Understanding confidentiality and disclosure of patient information. *British journal of community nursing* 2007; 12(11): 530-4.
6. Walker LJ. Moral dilemmas and Dr. Jack: Who decides? *Journal of Financial Planning* 1996; 9(4): 30.
7. Kwan K-LK. The ethical practice of counseling in Asia: an introduction to the special issue of *Asian Journal of Counselling*. *Asian Journal of Counselling* 2003; 10(1): 1-10.
8. Yaqoob A, Muhammad SA. *Healthcare Organizational Silence: Who is Accountable?* 2017.
9. Peterson ZD, Rothenberg JM, Billbrey S, Heiman JR. Sexual functioning following elective hysterectomy: the role of surgical and psychosocial variables. *Journal of sex research* 2010; 47(6): 513-27.
10. Tarlatzis I, Tarlatzis B, Diakogiannis I, et al. Psychosocial impacts of infertility on Greek couples. *Human Reproduction* 1993; 8(3): 396-401.
11. Veatch RM. How philosophy of medicine has changed medical ethics. *Journal of Medicine and Philosophy* 2006; 31(6): 585-600.
12. Dictionary OE. *Oxford english dictionary*. Simpson, JA & Weiner, ESC 1989.
13. Hodgson MG. *The venture of Islam, Volume 1: the classical age of Islam*: University of Chicago press; 2009.
14. Ramzan HM, Salahddin H, Khan NM. A REVIEW ON THE OBJECTIONS OF ORIENTALIST ON QURAN, HADITH AND SEERAH. *Gomal University Journal of Research* 2012; 28(1).