

*Correspondence*

## Ethical dilemmas in nurses toward deception in medicine in patients at the end-of-life stage: An important yet challenging & questionable issue

Mostafa Esfandiari <sup>a</sup> | Amir Mohamad Nazari <sup>b</sup> | Fatemeh Zamani <sup>a</sup> | Mohammad Hashem Gholampour <sup>c\*</sup> 

a. Department of Nursing, Nasibeh School of Nursing and Midwifery, Mazandaran University of Medical Sciences, Sari, Iran

b. Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

c. Department of Medical-Surgical, Amol Faculty of Nursing and Midwifery, Mazandaran University of Medical Sciences, Sari, Iran

\*Corresponding author(s): Mohammad Hashem Gholampour (MSc), Department of Medical-Surgical, Amol Faculty of Nursing and Midwifery, Mazandaran University of Medical Sciences, Sari, Iran.

Email: [mohammadghola77@gmail.com](mailto:mohammadghola77@gmail.com)

<https://doi.org/10.32598/JNRC.P.23.103>

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial 4.0 License](https://creativecommons.org/licenses/by-nc/4.0/) (CC BY-NC 4.0).

© 2023 The Author(s).

### To the Editor

Based on the medical ethical fundamental, physicians and nurses should not lie to their patients. This moral point of view is often based on respect for patients' autonomy, and lying can endanger the patient's autonomy [1]. Hence, some physicians and nurses believe that lying to the patient or omitting important information from palliative care disclosure is appropriate if it is in the patient's best interest [2]. For example, solving complex ethical dilemmas and occasionally providing a placebo can lead to physicians and nurses lying to patients [3, 4]. Placebos are substances and interventions that do not specifically treat a patient's illness due to the nature of the treatment. This placebo is regarded as a pseudo-drug because it has no components that can help the patient's issues or be treated [5]. Placebo treatments are frequently utilized in medical procedures in several nations to lessen symptoms and enhance patient health [5-8]. Using a placebo as a treatment in clinical practice presents several ethical issues and difficulties [9]. Since placebos frequently involve deceit, questions have been raised concerning their use as a kind of treatment [10]. These factors become increasingly crucial for patients nearing the end of their lives. End-of-life care is a complicated and sensitive topic. While providing care for patients who are terminally ill, many healthcare personnel struggles with moral issues. Although there are numerous definitions of moral discomfort, the major one is that it is "the negative emotions that arise when one knows the

right thing to do, but institutional constraints make it almost impossible to pursue the right course of action" [11-13]. According to McCarthy and Gastmans, moral distress is a general phrase for psychological, emotional, and physical distress that results when people act in ways that are gravely at odds with their moral commitments, ideals, or values [14].

Every day, physicians and nurses are faced with various ethical dilemmas during the provision of clinical care and they try to make the best ethical decision based on their knowledge and perceptions [15]. The "right thing" is not always immediately apparent. The biomedical ethics principles of autonomy, compassion, non-exploitation, and justice frequently conflict with one another or contradict nurses' beliefs in clinical situations [1]. In 1984, Jameton described three morally related human states: moral ambiguity, conflict, and anguish [11]. Healthcare professionals, following Jameton's definition, encounter ethical doubt when unsure of the proper course of action. Ethical quandaries occur when two or more principles or values clash, and incompatible paths of conduct are available. When it is "nearly impossible to pursue the right course of action due to institutional constraints," moral discomfort is said to have occurred [16].

According to the mentioned cases, it is clear that nurses are facing many ethical challenges in caring for dying patients. Patients who are terminally ill display symptoms that present nurses with moral dilemmas in the area of deceptive medical procedures, such as the use of placebos, and help them decide how to

proceed using the four guiding principles of biomedical ethics (autonomy, benevolence, non-exploitation, and justice). Therefore, examining the ethical issues and solutions ahead is very important.

### Acknowledgements

Not applicable.

### Authors' contributions

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work: MS, AMN, FZ, MHG; Drafting the work or revising it critically for important intellectual content: MS, AMN, FZ, MHG; Final approval of the version to be published: MS, AMN, FZ, MHG; Agreement 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: MS, AMN, FZ, MHG.

### Funding

Self-funded.

### Ethics approval and consent to participate

Not applicable.

### Competing interests

We do not have potential conflicts of interest with respect to the research, authorship, and publication of this article.

### References

1. Beauchamp TL, Childress JF. Principles of biomedical ethics: Oxford University Press, USA; 2001.
2. Benson J, Britten N. Respecting the autonomy of cancer patients when talking with their families: qualitative analysis of semistructured interviews with patients. *BMJ*. 1996;313(7059):729-731.
3. Gosling SD, Vazire S, Srivastava S, John OP. Should we trust web-based studies? A comparative analysis of six preconceptions about internet questionnaires. *Am Psychol*. 2004;59(2):93-104.
4. Miller FG. Sham surgery: an ethical analysis. *Am J Bioeth*. 2003;3(4):41-48.
5. Fässler M, Meissner K, Schneider A, Linde K. Frequency and circumstances of placebo use in clinical practice—a systematic review of empirical studies. *BMC Med*. 2010;8:15.
6. Kermen R, Hickner J, Brody H, Hasham I. Family physicians believe the placebo effect is therapeutic but often use real drugs as placebos. *Fam Med*. 2010;42(9):636-642.
7. Miller LR, Miller FG. Understanding placebo effects: Implications for nursing practice. *Nurs Outlook*. 2015;63(5):601-606.

8. Tilburt JC, Emanuel EJ, Kaptchuk TJ, Curlin FA, Miller FG. Prescribing "placebo treatments": results of national survey of US internists and rheumatologists. *BMJ*. 2008;337:a1938.
9. Pugh J. Ravines and sugar pills: defending deceptive placebo use. *J Med Philos*. 2015;40(1):83-101.
10. Chung KS, Price DD, Verne NG, Robinson ME. Revelation of a personal placebo response: its effects on mood, attitudes and future placebo responding. *Pain*. 2007;132(3):281-288.
11. Jameton A. Nursing practice, the ethical issues, vol. 22. Englewood Cliffs, NJ: Prentice Hall, 1984, p. 384.
12. Källemark S, Höglund AT, Hansson MG, Westerholm P, Arnetz B. Living with conflicts-ethical dilemmas and moral distress in the health care system. *Soc Sci Med*. 2004;58(6):1075-1084.
13. Wilkinson JM. Moral distress in nursing practice: experience and effect. *Nurs Forum*. 1987-1988;23(1):16-29.
14. McCarthy J, Gastmans C. Moral distress: a review of the argument-based nursing ethics literature. *Nurs Ethics*. 2015;22(1):131-152.
15. Haahr A, Norlyk A, Martinsen B, Dreyer P. Nurses experiences of ethical dilemmas: A review. *Nurs Ethics*. 2020;27(1):258-272.
16. Giannetta N, Villa G, Pennestri F, Sala R, Mordacci R, Manara DF. Instruments to assess moral distress among healthcare workers: A systematic review of measurement properties. *Int J Nurs Stud*. 2020;111:103767.

**How to cite this article:** Esfandiari M, Nazari AM, Zamani F, Gholampour MH. Ethical dilemmas in nurses toward deception in medicine in patients at the end-of-life stage: An important yet challenging & questionable issue. *J Nurs Rep Clin Pract*. 2023. <https://doi.org/10.32598/JNRCP.23.103>.