



## Informed consent and culture

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While I was working at a hospital in China the summer before last, one of my patients was diagnosed with lung cancer. There was little hope that treatment would be successful. The patient's whole family was shocked, and her relatives urged the physicians not to tell the patient of the diagnosis. They were afraid that she would be unable to accept the truth and that this might lead to rapid progression of the disease. Thoughts and questions raced through my mind. Was it ethical to keep the information from the patient? I believed she had the right to know the diagnosis and I believed that informing her and providing her with as much support as possible would be in her best interest. I decided to have a frank discussion with the patient's family to share my concerns. Despite my efforts, the family decided to withhold the information from her.

As time progressed, the family was confronted with the struggle of whether the patient should undergo necessary cancer treatment. Without treatment, they acknowledged that death would be inevitable. However, with treatment there was a slight possibility that she might be cured. The family was fearful of further aggravating the disease and of the possibility of decreased quality of life. After numerous consultations with the physicians, the family agreed that surgery should take place. At no point were the patient's wishes taken into consideration, which created considerable tension for me.

### Duty to protect


The patient's family believed that they had a duty to protect her from harm. They did not consider her autonomy when they made the health care decisions. Central to the idea of protection was the need to keep information about the disease and prognosis from her. They argued that knowing about the disease and its outcome would invite distress and that withholding information

would keep her hopes alive. The family viewed their role as protecting the patient, which included creating the proper atmosphere of calm and keeping her spirits high.

This situation heightened my awareness of the extent to which Canadian culture had influenced me. In my opinion, in the Canadian context, physicians must do their best to tell patients and their families the details about their conditions. While this principle seems straightforward, full disclosure can become complicated when patients and health care providers originate from different cultures.

### Culturally sensitive

While I have learned to appreciate the ethical principles of veracity and patient autonomy, I understand that ethical principles might run contrary to the deepest values of the patient and the family. Consequently, I need to develop a better understanding of how information is handled in families with different ethnic backgrounds. To be a future Canadian physician, it is vital that, during my decision-making process, I determine and appreciate the unspoken beliefs and assumptions that operate in other cultures.

The beliefs and values of individuals and their families are grounded in cultural heritage, life experiences, and social relationships. When I put myself in the role of a Canadian physician, I learned to understand the importance of asking patients what they wanted to know and respecting these wishes. In doing so, I apply a broader view of autonomy so that respect for individuals also includes respect for their cultural and family values. 

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**Competing interests**  
None declared

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