Ethical Justifications and Critiques of Deception in Clinical Medicine

Hoon Oh[1], Reba Aldaire[1], Abram Brummett, Ph.D., HEC-C[2]

[1]Oakland University William Beaumont School of Medicine
[2]Department of Foundational Medical Studies, Oakland University William Beaumont School of Medicine

Introduction

Background

Deception in clinical medicine includes practices such as:
- Lying or false reassurance
- Withholding diagnostic or prognostic information
- Placebo or nocebo administration
- Covert medication
- Limited or symbolic resuscitation (“slow codes”)

Modern medical ethics prioritizes patient autonomy, transparency, and informed consent. However, clinicians sometimes engage in deception to:
- Reduce patient distress
- Promote treatment adherence
- Protect patient privacy
- Navigate systemic barriers such as insurance limitations

These practices remain ethically controversial within bioethics scholarship.

Problem

There is no clear consensus regarding when, if ever, deception is ethically permissible in clinical care.

Research Question

How is deception conceptualized, categorized, and ethically evaluated in the bioethics literature?

Aims and Objectives

Aim

To characterize how deception in clinical medicine is discussed and evaluated in the bioethics literature.

Objectives
1. Identify the major types of deception described in clinical contexts
2. Examine who performs deception and who is affected
3. Analyze ethical arguments supporting or opposing deceptive practices
4. Develop a categorized repository of deception cases discussed in bioethics scholarship

Methods

Study Design

Scoping review of peer reviewed bioethics literature.

Literature Identification

Articles were identified through database searches and manual review of bioethics scholarship discussing deception in clinical medicine.

Inclusion Criteria

Articles were included if they:
- Described or analyzed deception in clinical care
- Presented ethical arguments regarding deception
- Discussed real or hypothetical clinical cases

Data Extraction

Each article underwent structured extraction for:

- Type of deception
- Target of deception
- Actor performing deception
- Ethical arguments presented
- Author conclusions regarding permissibility

Deception Categories

Articles were grouped into major categories including:

- Therapeutic privilege
- Covert medication
- Placebo or nocebo use
- Slow code resuscitation
- Other forms of deception identified during analysis

Analytic Approach

Extracted cases and arguments were coded and summarized to identify patterns in:

- Deception types
- Ethical justification frameworks
- Author positions on permissibility

Dataset

99 bioethics articles were included in the final analysis.

Results

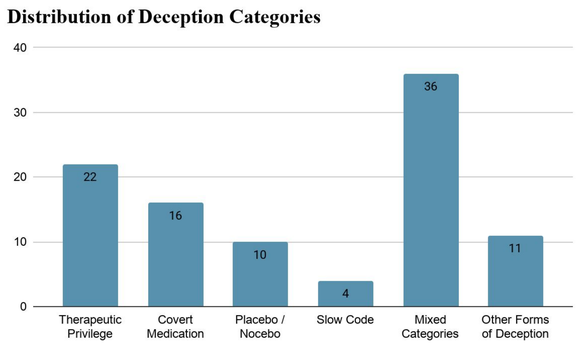

Figure 1. Distribution of Deception Categories in the Bioethics Literature (n = 99)
Distribution of deception types identified in the reviewed literature. Therapeutic privilege (22 articles) was the most frequently discussed category, followed by covert medication (16), placebo or nocebo use (10), slow code resuscitation (4), mixed categories (11), and other forms of deception (36).

Table 1. Author Ethical Positions Regarding Deception in Clinical Medicine
Author conclusions regarding the ethical permissibility of deception in the reviewed literature (n = 99 articles).

Author Conclusion	Number of Articles
Deception may be ethically justified in some cases	65
Deception ethically impermissible	18
No clear conclusion	16

Major Types of “Other” Deception Identified
- Diagnostic or prognostic nondisclosure
- Insurance and institutional deception
- Genetic and familial secrecy
- Environmental deception in dementia care
- Cultural models of truth telling

Conclusions

- The bioethics literature demonstrates significant disagreement regarding deception in clinical medicine.
- Many authors argue deception may sometimes be justified to:
  - Prevent psychological harm
  - Protect patient privacy
  - Address structural barriers to care
- Critics emphasize risks including:
  - Violations of patient autonomy
  - Erosion of clinician–patient trust
  - Professional integrity concerns
- Deception in clinical practice is complex, context dependent, and ethically contested.

Implication
Clearer ethical frameworks are needed to guide clinicians facing situations where deception may arise.

Future Directions
- Development of clinical guidelines addressing deception
- Empirical research on patient perspectives regarding deception

References

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