

# Cancer Diagnoses in China: Does Culture Warrant Nondisclosure to Patients?

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Disclosing a cancer diagnosis to a patient is considered the right action for a physician to take in many Western nations, such as the United States. In China, an East Asian nation, nondisclosure of a cancer diagnosis from a patient is the convention. Instead of revealing a cancer diagnosis directly to a patient, physicians in China commonly disclose it to the patient's family members and give them the authority to make decisions on behalf of the patient. Family members in China often decide to withhold disclosure from the patient. The practice of withholding a cancer diagnosis from a patient is defended by China's family-centered culture, which seeks to prevent causing psychological distress to patients. I argue that China's custom of the nondisclosure of cancer diagnoses directly to patients is morally impermissible because it violates a patient's human dignity and free will by excluding them from important conversations concerning their own health. The implementation of culturally sensitive healthcare and the fulfillment of a physician's responsibility to be truthful to a patient can both be attained by continuing to include families into the decision-making process while incorporating psychological support into medical training curricula and oncological care.

## I. INTRODUCTION

In most Western nations, including the United States, disclosing the truth of a cancer diagnosis to a patient is the right action to take regardless of the prognosis. However, withholding cancer diagnoses is common practice in China because the discussion of death and life-threatening diseases, such as cancer, is taboo. Therefore, Chinese physicians conventionally disclose a cancer diagnosis to a patient's family, who will then decide whether or not to inform the patient of the diagnosis or misrepresent it in some way to make them feel more hopeful. Families typically opt to withhold disclosure from the patient, aiming to protect them from experiencing despair (1). The family-centered culture in China suggests that nondisclosure of a cancer diagnosis is justifiable because it avoids inflicting psychological harm on the patient and thus promotes compassion in healthcare. This dilemma raises the question: is it ethical for physicians to deceive their patients about significant diagnoses, particularly cancer, on the grounds of culture?

A hypothetical case of this dilemma, adapted from Zhang, *et. al.*, is a typical scenario that occurs when patients are diagnosed in China (2): Mr. Chen is a 72-year-old man who is married with four children. He is an esteemed former history professor from Beijing who is scheduled to go on a book tour soon. However, he has just been diagnosed with advanced pancreatic cancer and given a prognosis of approximately six more months to live. The physician does not disclose this diagnosis directly to Mr. Chen. Instead, he informs

his children and lets them decide whether or not to tell their father. The children decide not to tell him because they do not want to cause him emotional stress. The physician agrees not to discuss the diagnosis with Mr. Chen. Some bioethicists suggest that it can sometimes be morally obligatory for clinicians to actively participate in deceiving patients (3). In this case, those who argue that benevolent deception is morally permissible to protect the patient from despair appear to embrace a Utilitarian perspective. Moreover, cultural relativism may be espoused by those who contend that morality varies based on different cultures. Others may take a Kantian stance and contend that withholding the truth from a patient is wrong under all circumstances.

China's custom of the nondisclosure of cancer diagnoses directly to patients is morally impermissible because it violates a patient's human dignity and free will, as well as a physician's duty to be truthful. I will first provide background on Confucianism to explain the conceptual foundation of nondisclosure to cancer patients in China. Next, I introduce arguments that support China's culture of the nondisclosure of cancer diagnoses by applying cultural relativism and Utilitarianism. I critique these theories with evidence from research studies involving the experiences of physicians and nurses in oncology units. I then detail the contention in favor of truth-telling and defend that nondisclosure violates human dignity by applying Kantianism and Natural Law. I discuss potential counterarguments to my view and respond to them. Finally, I propose viable solutions that would enable

physicians to uphold their duty of truth-telling while also demonstrating cultural sensitivity.

## II. BACKGROUND TO DISCLOSURE OF CANCER DIAGNOSIS DILEMMA

### A. Practice of Nondisclosure

Cultures in China have maintained firm beliefs about death and dying for millennia. In contemporary China, conversations about death are avoided as many Chinese people believe that it may hasten death or bring bad luck. They also view cancer as a metaphor for death due to its high mortality rate. Therefore, Chinese physicians disclose cancer diagnoses to family members, giving them the option to disclose or withhold the truth from their loved one (4). In a study regarding the disclosure of cancer diagnoses to terminal cancer patients, a Chinese physician stated:

Few people have religious belief in our country, so when one is diagnosed with cancer and death is coming, most would lose control over life, no inner sustenance at all, as if death was a mysterious issue. They show ignorance, fear complete rejection...Neither do I know how to interpret death from a religious standpoint... (4).

Because cancer diagnoses are commonly left undisclosed, Chinese physicians are often conflicted about how to communicate about and deliver end-of-life care in order to provide a peaceful death for patients. End-of-life discussions are indispensable to facilitating a dignified death, yet the taboo nature of this topic in China is precisely what makes death more difficult to face for many Chinese people.

In China, familial consent supersedes the principles of informed consent and patient autonomy. China exercises paternalism, which is “characterized by the attitude of disregarding someone’s autonomy for the sake of that person’s own good” (2). Devastating diagnoses are deliberately withheld from patients in order to avoid causing stress to them. Many in China consider it to be morally obligatory to protect patients from the distress, fear, anxiety, and uncertainty accompanied by learning about a cancer diagnosis (2). Benevolent deception is even permissible under current Chinese law: Clause 26 of the Laws of the People’s Republic of China on Medical Practitioners (2010) declares that medical practitioners must avoid adverse consequences that may be caused by truth-telling (2). Therefore, it is common for a patient’s family members to withhold the truth from their loved one. In contrast, the United States embraces the Western culture of

individualism and self-determination. Thus, physicians in the United States apply a patient-centered approach in medicine; they enable patients to practice their autonomy by discussing their case directly with them. Family members would be consulted for decision-making if the patient is incapacitated to make their own decision.

### B. Conceptual Foundation – Confucianism

Confucianism is a philosophical system of thought that developed in the 6th century B.C.E. in Ancient China. It prioritizes the family, community, and state over the individual. In Ancient Chinese culture, “the family, which is bound by blood ties, participated in social and economic activities as a basic unit... the merits of group belonging include enhancing the sense of obligation, deepening feelings, and promoting harmony among family members” (5). Confucianism remains an influential philosophy that is cherished as the social code by many in contemporary China. Influenced by Confucian principles, Chinese culture embraces group autonomy and family-centered decision-making in healthcare. The Confucian doctrine also encompasses familism, a concept that places the family above the individual. Since medical informed consent is provided to family members rather than to the patient, the “family is the one that receives health information, decides if the patient shall be informed or not and, in the end, [makes] the medical decision” (6). Therefore, “the importance of protecting patients from mental stress and fulfilling family members’ familial obligations exceeds respect for patient autonomy” (5). The Chinese believe that a good physician is paternalistic. Instead of disclosing a cancer diagnosis directly to a patient, a good physician would tell the patient’s family members and allow them to decide whether or not to inform their loved one of the truth. Considering the potential psychological shock that their loved one may endure upon learning about a devastating diagnosis, family members commonly opt for nondisclosure so that the patient can remain hopeful for recovery.

## III. ARGUMENTS IN SUPPORT OF NONDISCLOSURE OF CANCER DIAGNOSIS

### A. Cultural Relativism

Cultural relativism is an ethical theory that maintains the position that standards of morality care are contingent upon societal norms and cultural customs. Therefore, an act is right only if it accords with cultural norms and values. Chinese healthcare

demonstrates cultural relativism by believing that nondisclosure of cancer diagnoses is morally acceptable because it is culturally acceptable. There are no universal standards for judging an action because each culture establishes its own moral norms (7). Arguing that respect for cultural diversity in bioethics is an ethical imperative, Chattopadhyay and De Vries affirm:

Culture is broader than, and inclusive of, ethics. There can be no true respect for cultural diversity without accepting the possibility and reality of diverse moral views; respect for cultural diversity *means* acknowledgment, appreciation and respect for diverse moral traditions (8).

To cultural relativists, the denial of non-Western approaches to moral decisions in healthcare implies ethnocentric universalism that is exclusively grounded in Western traditions.

In the case of cancer diagnoses in China, cultural relativists may say that withholding the truth from a patient is morally permissible because the principle of families protecting their loved one from emotional harm has been embedded in Chinese culture, as influenced by Confucianism, for millennia. Therefore, it is right for physicians to leave decision-making up to their patients' family members because it is part of the Chinese custom to do so. Chattopadhyay and De Vries further contend, "Reducing cultural differences to the more familiar Western concept of individual differences—thus allowing them to be weighed by some delicate and abstract philosophical balance—is, in fact, denial of the cultural world an individual inhabits" (8). Cultural relativists suggest that respect for patients' different cultures necessitates the acceptance of divergent approaches to judging the morality of actions.

#### B. Critiques of Cultural Relativism

Cultural relativism is problematic because it encourages conformity to cultural norms rather than a rational evaluation of morality. It assumes that morality is invented by people and thus varies between people. The reality that different cultures have different beliefs does not mean that there cannot be a universal truth. Custom and tradition must not be confused with morality. The perception that there is no universal truth can create a sense of mistrust between people from different cultures rather than build a sense of community.

The conflict of respecting Chinese culture while also avoiding cultural relativity can be circumvented by recognizing that the moral values of China, an

Eastern nation, and the United States, a Western nation, are not completely discordant. There still exists a universal truth in that both cultures are striving for the same end. For instance, the Chinese believe in the nondisclosure of a cancer diagnosis because they wish to avoid causing psychological torture to patients, so that they may die peacefully. Americans believe that physicians should disclose cancer diagnoses to patients so that they can provide high-quality oncological care or end-of-life care if the cancer is terminal. The moral values of both the Chinese and American cultures appear to have the intention of providing the patient with a dignified death, an experience that involves "going in peace, maintaining bodily integrity, and dying on their own terms" (9). While there is no malicious intent in the case of the disclosure or nondisclosure of cancer diagnoses, allowing culture to guide morality under any circumstances is threatening because it could encourage others who do have a malicious intent to use cultural customs as an excuse for justifying immoral actions. Human dignity, then, must be applied with a universal moral code—that is, a universal truth—to avoid the risk of reducing ethics to social conventions. Moreover, since one of the five virtues of China's Confucianism is "Xin" (信), which means "being true to one's word" (10) and includes the values of "honesty, sincerity, integrity, trustworthiness, and faithfulness" (11), it is contradictory to conceal a cancer diagnosis from a patient.

#### C. Utilitarianism

The Chinese custom of concealing a cancer diagnosis from patients in order to avoid inflicting psychological harm on them reflects the ethical theory of Utilitarianism. Utilitarianism is a consequentialist theory, meaning that the morality of an action is judged based on the outcome of it. It is considered to be a teleological theory because the ends are the most important. The right act is the one that brings the outcome of providing the greatest happiness for the greatest number of people. John Stuart Mill, a 19th-century English philosopher, defended Utilitarianism as the principle of morality. According to the Greatest Happiness Principle, "actions are right in proportion as they tend to promote happiness; wrong as they tend to produce the reverse of happiness. By happiness is intended pleasure and the absence of pain; by unhappiness, pain and the privation of pleasure" (12). Therefore, concealing a cancer diagnosis from a patient is the right thing to do because it avoids discussing the possibility of death, which is deeply distressing for the Chinese. Deceiving the patient would also spare the patient's family from the pain of delivering the news of

cancer to their loved ones.

To eliminate the prospect of pain for a patient, the Chinese adopt the Utilitarian philosophy that “pleasure and freedom from pain are the only things desirable as ends; and that all desirable things...are desirable either for pleasure inherent in themselves or as means to the promotion of pleasure and the prevention of pain” (12). If a cancer diagnosis might risk causing unhappiness in a patient who learns the news and family members who deliver it, then it should not be disclosed to the patient. The patients’ family members comprise the greatest number involved in decision-making, and since the greatest happiness for the greatest number of people is sought in Utilitarianism, non-disclosure is favored.

#### D. Critiques of Utilitarianism

The morality of truth-telling should not be based on the consequence of producing the greatest happiness for the greatest number of people. Consequences are unpredictable; one cannot say with absolute certainty that withholding a cancer diagnosis from a patient would reduce unhappiness. Since happiness is variable between different individuals, it must not be the supreme principle of morality. For instance, a research study shows that patients who are not told the truth experience higher levels of depression and anxiety compared to those who are told the truth (13). This evidence suggests that withholding the truth can fail to bring peace to the patient. Therefore, the argument that nondisclosure would bring net utility is weak.

In a study conducted in a Chinese hospital, Liu et al. investigated the disclosure incidence of cancer diagnosis in order to assess the attitudes of cancer patients and their family members and compare anxiety and depression levels between disclosure and nondisclosure patients (13). The study involved 124 pairs of patients and family members; 47 pairs were informed of their cancer diagnosis prior to chemotherapy while 77 were uninformed. The Chinese version of the Hospital Anxiety and Depression Scale for anxiety and depression was used to test these parameters. In addition, a questionnaire was given to all patients and family members. Logistic regression analyses show a significantly higher level of anxiety at a mean and standard deviation of 7.06 +/- 5.59 in the nondisclosure group than the disclosure group at 5.02 +/- 3.50 (13). In both the disclosure and nondisclosure groups, a significantly higher number of patients than family members indicated that a patient should be told the truth of a terminal illness. Of the 47 pairs of patients and family members in the diagnosis disclosure group, all 47 patients answered, “Yes” while

40 family members answered, “No” to the question, “Should the patients be told the truth of terminal illness?” Of the 77 pairs in the non-disclosure group, 67 patients answered, “Yes” while 25 family members answered, “No” to this question. Additionally, in the disclosure group, 30 patients answered, “Medical staff” while 17 family members answered, “Family member” in response to the question, “Who should disclose the terminal diagnosis to patients?”. In the non-disclosure group, 44 patients answered, “Medical staff” and 23 family members answered, “Family member.” The results of this study disprove the assumption that nondisclosure would bring happiness and alleviate psychological suffering. Indeed, it is quite the opposite, as demonstrated by the higher anxiety levels in the nondisclosure group and the similar depression levels in both groups. Utilitarianism should not be the standard of morality because happiness is not standard across all human beings.

Research studies beyond the realm of cancer diagnoses have shown that keeping secrets in families has a negative effect on the person from whom the truth is withheld. For instance, a study in 2007 and 2008 compared the perspectives of offspring who were informed about their conception from donor gametes during childhood versus adulthood. Using online questionnaires that were completed by donor offspring who are members of the Donor Sibling Registry, data was collected to analyze children’s feelings toward their parents about being conceived from donor gametes (14). Results showed that offspring who were told about the nature of their conception later in life—adolescence or adulthood—rather than during childhood were “more likely to recall having negative or neutral feelings, e.g. confused, shocked, upset, relieved numb and angry” (14). For instance, 22% of offspring over the age of 18 felt confused by the disclosure compared to just 14% of offspring under the age of 18. Similarly, 28% of offspring over the age of 18 felt angry by the disclosure compared to 10% of offspring under the age of 18. Such evidence suggests that concealing the truth from family members, even for the intentions of compassion and love, is indeed psychologically detrimental.

#### IV. THE ARGUMENT AGAINST THE NONDISCLOSURE OF CANCER DIAGNOSIS

##### A. Argument Against Nondisclosure - Human Dignity

Even if nondisclosure were to bring happiness to cancer patients, it would still be problematic because happiness without freedom violates human agency and

well-being. Patients may have plans that they wish to fulfill before their lives end, and if they are not told about their diagnosis, they may not be able to live the end of their lives the way they had hoped. The act of completely excluding the patient from decision-making processes pertaining to their own healthcare objectifies the patient and represents a failure to recognize their intrinsic dignity—the worth and value all human beings have simply by virtue of being human. In the context of disclosing cancer diagnoses to Chinese patients, the truth should always be told to the patient regardless of the potential negative effects that it may bring. Lying about a cancer diagnosis “undermines human dignity and implies lack of respect to both the person who lies or the person being lied to” (2). The recognition of human dignity through disclosure of a cancer diagnosis can be supported by Kantianism.

### B. Kantianism

Kantianism, developed by 18th-century German philosopher Immanuel Kant, is a deontological theory, meaning that morality is determined by a characteristic of the action itself and not the ends of the action. The fundamental principle of morality is based on the good will, which enables one to do duty for duty’s sake. Withholding the truth is not warranted by the possible consequence of happiness. Nondisclosure violates human dignity and disrespects patients. Kant proposes the categorical imperative, which means that an action is necessary and good in and of itself. He explains that lying is morally wrong because it is a contradiction in will, a contradiction in nature, and a failure to treat humanity as an end. Propounding, “Act only according to that maxim by which you can at the same time will that it should become a universal law” (15), Kant declares that if one performs an action, everyone else should be able to perform that action. Withholding the truth may not equate to actively lying; however, they both violate the categorical imperative.

Kantianism emphasizes that reason is the only thing that is universal and that the will is the faculty that enables rational beings to choose what actions to take (15). Duty is “practical unconditional necessity of action; it must, therefore, hold for all rational beings...and only for that reason can it be a law for all human wills” (15). As rational beings, physicians and patients have the free will and autonomy to choose their actions. Their ability to reason should enable them to distinguish between the sensible world and the intelligible world (15). Belonging to the intelligible world, rational beings have freedom when pursuing a course of action. The freedom to reason, driven by

the good will, makes it possible for rational beings to follow the categorical imperative of telling the truth and for patients to be involved in making decisions concerning their own health.

### C. Response to Counterargument Against Kantianism

Opponents of Kantianism might argue that the theory is faulty because there should be exceptions to truth-telling in order to uphold beneficence, a principle by which one has a moral obligation to act in the best interest of others. They may say that truth-telling should depend on the patient’s desire and preparedness to learn the truth. In a study conducted in a 2400-bed cancer hospital in northern mainland China, 15 physicians and 22 nurses who had worked with dying cancer patients for at least half a year were interviewed about their experiences of treating dying cancer patients. The participants emphasized that it was against their tradition to discuss death with the patients. Maintaining hope is paramount when caring for terminal cancer patients because it “creates a positive attitude and reduces suffering” (4). One nurse stated:

They were doing their best to fight with the disease, and how could you tell them they’ve got advanced cancer? There was not much time left? They might be depressive, gloomy or even committing suicide, no hope towards life...it’s much better to die in hope than live in despair (4).

Kantian opponents would contend that if the patient is unprepared to handle the truth, then nondisclosure is necessary and the morally right action. One might argue that the ends of an action do not justify the means of it. The potentially positive consequences of nondisclosure are not a valid excuse to withhold the truth of a cancer diagnosis. The intentions and reasons for acting are more important than the consequences. Physicians should not make exceptions for truth-telling, because this would lead to inconsistencies in healthcare. People who enter hospitals as patients are in a vulnerable state because they are ill and they are subject to the authority of a physician, who has the responsibility of promoting the health and well-being of the patient. If people know that physicians are inconsistent with the disclosure of cancer diagnoses, they may lose trust in the medical staff, thus dissuading them from entering hospitals when they are ill.

#### D. Argument Against Nondisclosure - Promoting Human Goods

In China's hierarchical and paternalistic culture, patients might claim that they trust their physicians to make decisions for them. However, without providing a patient with sufficient information on a diagnosis, prognosis, and therapeutic treatment options, a physician would not be able to make the best decision for the patient. Nondisclosure of a cancer diagnosis violates patients' basic human goods. Since knowledge is a basic human good, it follows that cancer patients must not be ignorant of their diagnosis. Additionally, since life and health are basic human goods, it follows that patients are owed the truth in order to preserve such goods. The life and health of a cancer patient would be respected through disclosure because the patient would then be given the freedom to determine the next steps following their diagnosis. Basic human goods are derived from Natural Law.

#### E. Natural Law

Natural Law is a teleological moral theory espoused by 13th-century European philosopher Thomas Aquinas. This theory differs from Utilitarianism because intentions matter; it forbids harming a person in order to produce good consequences. It is non-consequential because an action must be good in and of itself or at least morally neutral. The supreme principle of morality is to intend to do good and avoid evil. This theory prioritizes the protection of the basic human goods, which includes knowledge, life, health, nutrition, hydration, shelter, procreation and rearing, affectivity, and love. Natural Law ethicists believe that "the person primarily responsible for the health of the patient is the patient, not the physician" (16). A physician's action of nondisclosure would violate a patient's right to the basic human goods previously mentioned and thus, would be morally wrong. As human beings with intrinsic dignity, patients have free will that should be respected by including them into conversations regarding their own health. Zhang and Min propose, "In order to fulfil the right of autonomy, clients should be informed with sufficient information regarding the illness situation, so as to support sound decision-making" (2). Natural Law incorporates positive rights and duties that physicians should be subject to. These positive rights and duties require physicians to perform actions, of which truth-telling is included, that provide health care and proper education for their patients.

#### F. Counterargument Against Natural Law and My Response

Natural Law opponents might object that Natural Law proponents arguing against nondisclosure are being culturally insensitive for imposing Western values of human goods and autonomy onto Chinese culture. If decision-making is usually done by the family in China, the patient likely trusts the family. I respond by stating that the basic human goods underlie human dignity and free will—core values that should not be negated by cultural differences. Though China's Confucian influences ought to be respected, culture does not warrant violations of human dignity and free will, which are central to all human beings regardless of their culture. Full knowledge of one's health status is an essential part of free will because it enables patients to have a say in addressing the diagnosis, whether that involves formulating a treatment plan or refusing treatment. As such, practicing informed consent is a way to respect patients. It is possible to honor the family-centered care encouraged by Confucianism while also including the patient into the conversation. Moreover, although Natural Law ethics advocates for patient autonomy, it does not prohibit family members from contributing to a patient's decisions. Family members can influence patients on their plans following a cancer diagnosis, but direct disclosure by the physician is obligatory in order to respect patients' free will, protect the basic human goods, and strengthen physician-patient relationships. Even if a Chinese patient trusts their family, they are nonetheless still in a vulnerable position as they are under the authority of a physician. If no trust is established between the physician and patient, it would open the possibility for a patient to become harmed. Recognition of the basic human goods ensures that patients are not reduced to objects that hold absolutely no authority. Additionally, because cancer is typically associated with symptoms, a patient who is left uninformed about a cancer diagnosis would likely suspect that something is wrong. If the patient accidentally discovers later that they have had cancer all along, they may have heightened anxiety after learning that their physician lied to them. The purpose behind disclosure from a physician should be to provide high-quality oncology care and end-of-life care if the cancer is terminal. Without disclosing a cancer diagnosis to patients, it would be difficult for a physician to facilitate a high-quality end-of-life.

## V. FUTURE IMPLICATIONS FOR NONDISCLOSURE AND RESPECT FOR CHINESE CULTURE

The ethical dilemma surrounding disclosure versus nondisclosure of cancer diagnoses in China is exacerbated by the lack of education in oncological care for both physicians and patients. Most Chinese physicians and nurses feel inexperienced with providing psychological support to relieve patients' fears about death: "There were no psychological courses for medical students. And the hospital also doesn't have many specialists on psychology. But addressing the dying patient's psychological issue indeed is an extremely critical issue" (4). In a study involving interviews of 20 Chinese physicians who have more than 10 years of experience in oncology, 100% of the physicians stated that they would disclose diagnoses and prognoses to family members first and withhold the truth from patients at the request of family members. Moreover, 95% of physicians believed that they should prioritize "protective care" over the right to know. Additionally, 35% of the interviewed physicians stated that death is a taboo subject in China, as there is a lack of education about it in the country. Therefore, informing the patient about their impending death is considered morally impermissible in Chinese culture (17). Furthermore, the lack of psychological support in oncology wards may especially intensify the emotional torture that a patient may experience if they learn of their cancer diagnosis.

Chinese health systems must integrate psychological care into medical school education and oncological care. Disclosing a cancer diagnosis to a patient is indeed the opposite of inflicting torture, as it opens options for the patient to decide the trajectory of their healthcare options, such as curative treatments or end-of-life care if terminal. As "guidelines and curriculums for breaking bad news are increasingly being implemented in Western medical training" (18), such approaches are not included in Chinese medical training. Death is an integral part of medicine and must be regarded as such in oncological care. In order to uphold their duty of telling patients the truth, physicians could directly tell their cancer patients, "You have a significant diagnosis, and I feel it is important for you to know. But I will let you decide if you want to discuss this with your family." Additionally, the use of sympathetic phrases such as, "I am worried about you and want to talk to you directly about it so that we can make the best decision together on how to proceed," may help to create an emotional connection between the physician and the patient, thereby making the patient feel more open to having conversations about cancer. This approach enables

a physician to respect the patient's dignity and free will while also honoring the family-centered decision-making in Chinese culture.

## VI. CONCLUSION

Chinese physicians' practice of concealing the truth of a cancer diagnosis is ethically wrong because it undermines the dignity and autonomy of patients. There must be tenants of medical ethics that are universal for all physicians. Physicians have a duty to always tell patients the truth regardless of the consequences that the truth may bring. Chinese medical schools, as well as other health professional programs, must educate prospective healthcare professionals on communicating about cancer and death. The oncology specialty must incorporate psychology into its care in order to tend to the mental well-being of cancer patients. Honesty and integrity must be universal values that underlie all cultural traditions in medicine. As such, it is a moral imperative for physicians to respect their patients as persons and to protect their health. Therefore, cancer diagnoses must not be approached with benevolent deception, but rather, they must be addressed with transparency from the physician to the patient.

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Sarah-Vaughan Brakman is a Professor of Philosophy at Villanova. She is a nationally certified health care ethics consultant and a recipient of Villanova University's Outstanding Faculty Mentor Medallion. Professor Brakman's scholarship is published in the leading journals in the fields of applied ethics, social philosophy and clinical bioethics. She has held fellowships in the James Madison Program at Princeton University and the Program on Research on Religion and Urban Civil Society at the University of Pennsylvania. She is the Faculty Director of the Medical Humanities Fellowship Program for the Collegium Institute and for the past twenty years has been the ethics consultant for Devereux Advanced Behavioral Health. She holds a master's and doctorate in philosophy from Rice University.