

Greater Good



To the Editor:

I read Dr Alpert's commentary¹ about lying to patients and remembered this story.

I met Mr. A. on my first day back to the wards. He was admitted a few days previously with diabetic ketoacidosis resulting from his customary interruption of insulin therapy, certain that God would take care of his diabetes. We discussed the good news of his recovery and started talking about his discharge. On the day of admission, he reported a mild cough and low-grade fever. Per protocol, he was tested for coronavirus disease 2019 (COVID-19) and unexpectedly found to have a positive result.

Mr. A. grew up in a tough neighborhood in Louisiana. After a few years in prison for reasons he preferred not to disclose, he had no choice but to live in a halfway house, where he would prepare himself to go back to the society. In this long process, he said, he "found God, his true compass."

I told him that, for everyone else's safety in the halfway house, I wanted to test him for cure on the 10th day in the hospital, 4 days away, as it was then recommended by the Centers for Diseases Control and Prevention. He replied: "Doctor, I no longer have coronavirus. I know it. The Lord told me, and no matter what you tell me, who do you think I am going to believe? I am out of here tomorrow."

Multiple conflicts and hypothetical solutions invaded my mind. Mr. A's determination seemed unbreakable. What was I to do? Should I call the ethics committee? Could I ensure his isolation in the halfway house, where hundreds of other men lived? Could we force him to stay? I am agnostic, so I did not want to engage in a religious

conversation. But I am also painfully honest, so lying was not an acceptable option.

The next morning, I explained to Mr. A. that if he were tested too early a likely positive result would require him to stay longer. He repeated his same argument. With a poker face and hesitation, I said: "I dreamed of the Lord telling me that I had to keep you for 3 more days and test you then." He stared at me, remained silent for a few moments, and then replied, "Ok, doc." The days passed. Mr. A was retested with a negative result. He and his neighbors would be safe.

I repeat my mantra: "Everyone knows what nonmaleficence is; beneficence, like beauty, lies on the eyes of the beholder." Did I mislead his autonomy, or did I do my part in ensuring the safety of Mr. A and others? A lie is not inherently maleficent. I had no dream of divinity guiding the pandemic procedures. Even if I had, I doubt I would have believed it to the point of guiding my hand in telling a patient what to do. . . . I conclude that manipulating subjective truths while staying loyal to our promise to "do no harm" has the potential to reach its sister, "do good."

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Reference

1. Alpert JS. Lying to patients – is it ever ethical? *Am J Med* 2021;134(12):1435–6.

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