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CATHOLIC PHYSICIANS in general have no quarrel with that paragraph in our *Ethical and Religious Directives* which reads as follows: "Everyone has the right and duty to prepare for the solemn moment of death. Unless it is clear, therefore, that a dying patient is already well prepared for death, as regards both temporal and spiritual affairs, it is the physician's duty to inform, or to have some responsible person inform, him of his critical condition." Such are the values at stake in the face of approaching death that it is not too difficult to discern the doctor's primary obligation in these circumstances. Whatever doubts may be occasioned by the explicit wording of the directive are amply clarified by the comments of Fr. Gerald Kelly, S.J., in *Medico-Moral Problems*, II, 7-9, and in LINACRE QUARTERLY, August 1955, 95-97.

But not so evident perhaps is the answer to a further question which is not expressly provided for in the Directives and which is being asked with increasing frequency. Should the cancer patient be told the nature of his disease? Is there any moral principle which obliges a doctor to reveal his diagnosis of cancer, or is he justified in withholding that information even if the patient asks the question direct?

Some doctors have solved the problem for themselves in universal terms, and maintain that the fact of cancer should never be revealed to a patient, even if a lie is necessary in order to conceal the truth.[1] To my knowledge, only one professed ethician (not a Catholic) has defended the other extreme and insisted that all diagnostic data belongs to the patient by strict right and cannot licitly be withheld from him.[2] Catholic moralists who have considered the problem adopt a more conservative position, and prefer not to speak *a priori* of either alternative in terms of strict obligation. They exclude the lie, of course, from among the legitimate means of concealing the truth. But they do make provision for a choice according to the circumstances of individual cases. And the ultimate decision — whether tactfully to reveal the truth or to withhold it by some legitimate evasion — they leave to the doctor's prudent judgment as to what is best for the individual patient.[3]

One gets the impression, however, that doctors are not always

[1] For one sampling of varied medical opinion on this question, cf. *GP*, September 1954, 74-84.

[2] Joseph Fletcher, *Morals and Medicine*, Ch. 2, "Medical Diagnosis: Our Right to Know the Truth."

[3] John A. Goodwine in *America*, 28 May 1955, 236-38; Gerald Kelly, S.J., in *Linacre Quarterly*, August 1955, 96, and *Medico-Moral Problems*, II, 8; Jules Paquin, S.J., *Morale et Médecine*, 409; G. Payen, S.J., *Déontologie Médicale*, 125-26.

entirely satisfied with such a solution. Some seem to suspect the moralist of straddling the issue and of foisting upon others a responsibility which is properly his own. They press for a less ambiguous answer, a more automatic rule-of-thumb, apparently forgetful of the fact that the norm proposed by moralists for this situation is the very one which physicians instinctively follow in ordinary circumstances, to the mutual satisfaction of both themselves and their patients.

How does the doctor usually decide which details of diagnosis to share with his patient and which to withhold? Invariably he has recourse to the patient's own best interests. Because, for example, their intelligent cooperation is clearly necessary for successful therapy, the cardiac, the diabetic, the epileptic, and the victims of other curable or controllable ailments are instructed in some detail as to the nature of their afflictions and in the precautions which must be taken to cope with them. Anything less would be professionally inexcusable, since it is altogether clear in such cases that to keep the patient in ignorance would be to defeat the immediate purpose of the doctor-patient relationship, namely, the cure or control of disease. And in accordance with the same norm, other details are frequently not disclosed, either because they would be of no particular benefit to the patient or because, through misunderstanding or exaggerated concern on his part, therapy would be thereby more hindered than helped. In any case it is the physician who takes the responsibility of deciding how much of his diagnosis to reveal and how much to withhold — always with the best interests of the patient at heart. Patients who have confidence in their doctors, and who are able to judge their own cases objectively, would be among the first to agree that adherence to some such norm is ultimately to their best advantage and most compatible with their reasonable wishes.

Consequently it would seem entirely consonant both with good medical practice and with sound morality to express some such principle as this with regard to the patient's right to the whole truth: the patient's reasonable claim to diagnostic data is not absolute, but is qualified by his own presumed intention to receive maximum benefit from medical treatment. In other words, he rightfully expects and is entitled to such information from his physician as can be judged truly necessary or useful for his own total well-being. On the other hand, he is presumed not to desire knowledge which would prove more detrimental than beneficial. Any demand for such knowledge may be considered unreasonable and may be evaded, if possible, by any legitimate means.

Sometimes the only possible difficulty in applying this principle would be a physician's blindness to certain objective values. Thus on the supposition of approaching death, for example, all other considerations yield to the spiritual good of the patient, to his right and obligation to prepare adequately for eternity. For Catholics this means ordinarily the opportunity of receiving the last sacraments while still in possession of their rational faculties. For non-Catholics likewise it means a chance to conjure with the realization of death's approach and to prepare themselves in whatever manner their own religious convictions and God's grace may suggest. No other consideration of itself outweighs the spiritual importance of realizing that the time for repentance, for acts of virtue, for grace and merit, is drawing to a close. Chiefly for that reason, because the patient's highest spiritual interests so clearly require an awareness of approaching death, moralists can speak without hesitation in terms of obligation on the doctor's part to see to it that his patient is provided with that knowledge.

But when it comes to the question merely of identifying for a patient the precise nature of his illness, the issue is not always so clear-cut. The difficulty then lies in determining whether the patient's welfare is truly best served by imparting that information or by withholding it. For on the one hand, once the patient is aware that his illness is fatal, it is not likely that ignorance of its more specific nature will have serious harmful effects on his spiritual or material well-being. (Or if cancer is curable, therapy will usually not be hindered merely because some euphemism is substituted for the word "cancer.") On the other hand, it is not always possible to predict just what psychological effect, good or bad, knowledge will have. Some take the realization of cancer courageously and even cheerfully; others may tend to despondency and despair. For some the dread word would be a crucifixion; for others, knowing the worst can be a distinct mental relief, a comfort of sorts, and perhaps a welcome instrument of grace and merit. Seldom can one be sure beforehand just what reaction will occur. It is because of the uncertainties involved in most such cases that moralists cannot speak in universal terms of obligation on a physician's part to reveal a diagnosis of cancer. That decision would appear to be usually a question of the preferable thing to do, and not necessarily a matter of moral right and wrong.

Hence a doctor's strict moral duty to inform the patient would seem to include only (1) information necessary to the patient in order to insure successful therapy, and (2) foreknowledge in proper time of approaching death. The decision to communicate further diagnostic details need not be dictated by a sense of grave obligation, though it may suggest itself as the more humane thing to do in some circumstances. When an emotionally well-balanced victim of cancer expresses a sincere and rational desire to know the truth—especially if he be a person of strong faith—it can prove psychologically advantageous to all concerned that the truth be told him. If no request for the information is made, it is safe to presume that the patient either prefers not to know or is not particularly interested; and since he has no obliga-

tion to inform himself of that fact, the physician is justified in maintaining silence. And if a doctor has positive reason to believe that only harm would result from the knowledge, then evasion of the issue by any legitimate means is the proper procedure.

In every case the norm should be the same, namely, the individual patient's best interests insofar as they are humanly discernible. But the ultimate decision should not be the same in every case, since what is good in this regard for some will be bad for others, and *vice versa*. Hence one thing which doctors should avoid is the application of one and the same prefabricated decision to every case they encounter. Rather they should make a reasonable attempt to predetermine whether the truth about cancer will be of benefit or harm to the individual patient, and on this altruistic basis formulate an *ad hoc* judgment.

The moral principle involved is altogether clear: act always in the best interests of the patient. Its proper application to this problem depends upon a doctor's correct sense of values and his prudent discernment.

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ST. PEREGRINE, THE CANCER SAINT

St. Peregrine (rhymes with ter'rapin) was converted by St. Philip, O.S.M. He entered the Order of the Servants of Mary in 1283. Then for 62 years, Peregrine labored with the sick and did incredible, voluntary penance in religious life in reparation for a tempestuous youth. God permitted a cancerous growth to gnaw away at one of his legs. Amputation was deemed necessary. A miraculous cure the night before the scheduled surgery removed all trace of the malady.

His feast day is May 2 and God's power has been manifested in sudden and miraculous cures affected through Peregrine to win him the title of official patron of cancer victims. For centuries Europeans have been loyally devoted and have confidence in this Saint.

In America the true mission is not necessarily to heal all cancer victims but rather to teach the value of pain so that their sufferings may not be wasted, with no profit to them. Discouragement should not follow if St. Peregrine does not miraculously effect a cure. Who knows? Maybe God is saving that miracle for someone whose faith is less strong . . .

Further information may be had by writing to The St. Peregrine Center, 3121 W. Jackson Blvd., Chicago 12, Illinois. Booklets, statues, medals, prayer leaflets, and holy cards are available.