CONFLICTING CONCEPTS: TOTAL DISCLOSURE OR DO NO HARM

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**Background:** Patient rights advocacy demands that physician inform the patient about the diagnosis and prognosis. This policy, if implemented indiscriminately may violates the physician credo : "do no harm".

**Material:** In the Cognitive Disorders Clinic (CDC) we have followed over one thousand patients since 1978. We closely monitor emotional response during testing, and the manner in which the results of the examination are communicated are individualized. As result there were no catastrophic events caused by either the testing procedures or the communication of the findings. It is essential to gauge the emotional response during the interview and examination. Lack of consideration for patient's state of mind can produce devastating results which unfortunately are explained and justified by some clinicians in an exculpatory manner e.g. the disease process is to be blamed for the negative outcome. (Neurology 50(2) p546-8 1998).

A brief video of an interview with a patient who was given the diagnosis and the prognosis of Alzheimer disease in a most insensitive manner which led to a suicide attempt.

**Conclusions:** Lack of sensitivity during the examination and the manner of communicating the diagnosis of Alzheimer disease can deal a devastating blow which can even lead to a suicide. It is the judgment of the physician how to communicate with patients in order to protect them from unnecessary stress. It is imperative that physician's judgment always supersede any arbitrary guidelines including those of total disclosure of diagnosis and prognosis.

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