

Therapeutic Lying in Dementia Patients

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Introduction

When thinking of the category of workers who should lie the least in their careers, doctors and nurses quickly come to mind as they are taught to be open and honest with their patients for not only the safety of the patient but also to protect themselves. However, when adding dementia patients to the mix, providers should effectively implement lying into their daily routines at the benefit of the patient. The term “lying” often pairs with a negative connotation due to the falsehood of the statement or phrase that is being made. In any given situation, humans have been taught to tell the truth since their earliest recollection of childhood. Furthermore, when thinking of the term “lying” in the medical field, it has an even worse connotation, as one’s health may be put on the line. However, by placing the word “therapeutic” before “lying,” the negative connotation lessens, as lying is deemed to make patients feel at ease; in particular, dementia patients. Ethically, it is wrong to lie on a normal basis, but lying in a therapeutic setting is a practice that can be supported by the ethical theories of consequentialism, utilitarianism, and virtue ethics. With the support of ethics, therapeutic lying should be further enforced into the healthcare field due to its good intentions for providing the best care for patients. Although a majority of the theories support this practice, deontologists still refrain from any use of lying. Due to this contradiction, therapeutic lying continues to spike controversy despite the clear benefits that the patient receives.

Background Information

Dementia is a neurocognitive disorder that makes it increasingly difficult for dementia patients to make their own decisions, function normally, and recall all that they have experienced. Some patients are unable to understand those around them and quickly forget what they are told.¹ However, it has been found that many patients with dementia are able to convey their values and preferences to an extent.² Therapeutic lying can be defined as the practice of deliberately deceiving patients for reasons deemed being in their best interest.³ This term came together due to the pairing of the healing powers of therapy and how lying revolves around the intention to deceive. That is, therapy involves the curative powers for the treatment of disease or disability whereas lying refers to making a false statement with the intention to deceive. In this case, the lying is used to deceive the patient in hopes to eliminate harm and to create a controlled behavior for the patients in order to provide a state of peace.¹ As previously stated, although lying has a negative connotation, when you mix the two together, they can form a sense of relief for patients. This phrase has also been interchangeable with the term fiblets, due to the harmless, nonmalicious intention to lie in order to provide comfort. Therapeutic lying can be used in multiple settings such as rehabilitation centers, senior citizen homes, and other locations that care for patients with dementia. In these types of facilities, it is important to get into the realities of the patients rather than conveying the true reality onto them. In doing so, the caregivers are in a sense acting in order to play along with the world that the patient sees themselves living in. It helps to take a different approach with patients that fail to find comfort in other redirections or distractions.⁴ Furthermore, the lies are able to be fully appreciated as stress is reduced in a patient when they are put at ease due to their caregivers going along with what their patients are longing for.³ These lies have not only provided a state of calmness to the patients as well as decreasing

their families' distress, but it also helps to improve compliance and save time when working in the medical field which helps all of those who are involved.¹ The most typical lies that are used are ones that involve the patient's absent or deceased relatives, pets, or ideas that revolve around leaving the facility they are currently in.¹ Although a seemingly simple concept, the thought that goes into the lying aspect is quite complex.³ This complexity leads to varying opinions on the matter, as to whether or not it is ethical due to the deception that is paired with participating in therapeutic lying.³ There exists confusion as to where to draw the line when providing for a better sense of autonomy versus simply wanting to do what seems best in a case by case situation with each patient.³ That is, even the desires of the families with how the caregivers interact with their loved ones factor into whether or not it is right or wrong to go against the wishes of those around the patients.³ Despite the diverse opinions on the use of therapeutic lying, where the controversy will forever remain is between doctors and their patients due to the open and complete honest conversation that must occur in the typical doctor-patient relationship.³ This stems from need to provide the full disclosure to patients no matter if the news falls into the good or bad category.³ Therefore, many caregivers still remain skeptical about the uses of lies due to the impacts that it may have on both the patient and their family members.³

Ethics on Therapeutic Lying

Part of human nature involves caring for one another and providing assistance when given the opportunity to. In the case of healthcare workers, they have the responsibility placed on them to partake in caring for their patients at every given moment, not solely when opportunities arise. Ethically, they prioritize caring for their patients, especially the dementia patients in order to help maximize the chances of them being able to live a fulfilled life reflective of their daily values. For most deontologists in the medical field, they would perceive their approach to their practice as one that is centered around the patient.⁵ One of the most supportive philosophers of the belief of showing respect for others, Immanuel Kant, focused on deontology.⁶ Being that deontology's basic belief was that human reason remains the fundamental source of duty, he feels as though one should act rationally and tell the truth in all situations that they are faced with.⁶ Humans have a duty to tell the truth and people have a right to hearing the truth. With this in mind, deontology underlies all actions, just as Kant believes respect for humans should be at the forefront of every individuals' mind.⁶ Within deontology, the duties and obligations of the healthcare provider outweigh the usefulness of lying to their patients.⁵ However, with every ethical theory comes a weakness: deontology involves clarity, rationality, and fairness which does not always lead to telling the truth. Kant's ethical concept fails to portray the best way to live.⁶ Further stated, deontology is a flexible theory, but still finds it only acceptable to consider the ends while not allowing the ends to solely justify the means.⁶ When relating deontology to the therapeutic lying, deontologists would believe that no link between lying and practicing as a doctor could coincide with each other due to their belief that harm is unacceptable regardless of its consequences.⁵ This approach fails to take into consideration the actual effects each decision has on society, in particular, both the patient and

their family in regard to distress and discomfort. Traditionally, when the deontological practice is infringed upon, medical negligence arises which is the root of the cause of medical workers wanting to stray far away from anything related to therapeutic lying.⁵ Deontology focuses on the idea that right actions are defined by their conformity with moral duties, which neglects lying to patients even if it causes harm to patients. This conflicting approach seems concrete at the surface, but when relating deontology to medicine, not all factors are being considered carefully which fails to support therapeutic lying and its specific intent.

Despite deontology not being in favor of therapeutic lying, utilitarianism, consequentialism, as well as virtue ethics are in support of lying due to the effect the lies have on all of the individuals involved. Opposite from the strict beliefs of deontology, utilitarianism focuses on the nature of happiness and motivation of persons within society.⁶ The ethical theory most supporting therapeutic lying, utilitarianism, helps to encourage doing whatever it takes to make patients happy and stands behind the motivation of the caregivers to lie in order to make their patients feel at ease.⁵ Within this ethical approach, the decisions that are made are based on the greatest amount of benefit that occurs after an action is carried out.⁵ Within utilitarianism are two branches: act utilitarianism and rule utilitarianism, both supporting the use of therapeutic lies.⁵ Act utilitarianism revolves around analyzing the benefits and harms in a given situation, while rule utilitarianism is more of an impulsive decision that is made without precise calculation of the impact that a lie has, in this case on patients.⁵ Instead, the actions are motivated by previous evidence, such as seeing how therapeutic lying has been known to work well in dementia patients in the past.⁵ Moreover, the “right” decision is encouraged by the thought that the consequences of an action, in this case lying, would allow patients to benefit.⁵ That is, if the staff of providers steps into their patient’s reality, the patient will most definitely benefit because

they will feel as though they are remembering correctly and will not have to endure the added stress of confusion.

To further support therapeutic lying, consequentialism, defines the greatest good for the greatest amount of people.⁶ When relating this to therapeutic lying, the conflict of whether or not to create the greatest good for the patients prioritizes over the greatest good of interacting with people in general by not lying. Consequentialism supports the decision that acts are right or wrong based on their good and bad consequences.⁶ When choosing between right and wrong, the “right” act is the one that proves to have the best consequences.⁷ Placing a heavy emphasis on outcomes revolves around welfare consequentialism which most closely relates to the well-being of patients being at the forefront of healthcare workers’ minds.⁷ Typically, the two components of consequentialism include the probability of the outcomes occurring and the value of the outcomes.⁷ When interacting with a patient and actively lying with the intent to ease the patient, the outcome is positive as well as the value of the outcome due to the patient being able to be content in all aspects while eliminating aggravation or sadness in their own reality. In general, consequentialists believe that honesty is the best policy due to the fact that it will provide a stable streak long term.⁶ However, when it comes to the care of dementia patients, by documenting each lie that has to be told in order to provide comfort to the patient, stability will be able to be put into effect. When lying to dementia patients, the outcomes are good in the sense that they feel at ease knowing that what they believe is reality and is coming true, even when it is not. Although lying is not deemed as a “good” deed, when related to lying in terms of making the patient feel better, it can be categorized as a good action with good intent.

Virtue ethics consists of the different character traits that are the foundation of actions leading to humans prospering in life. Moreover, humans strive to focus on building their

character and holding true to their values daily. Supporting this everyday approach, virtue ethics tells humans to focus on the type of person that they want to be which will in turn pave the way for the actions that are carried out to help them achieve the goal of human flourishing.⁸ Virtue ethics takes into consideration external factors that affect relationships and the purpose for acting in a certain way.⁶ Compared to other ethical theories, virtue ethics takes emotions into consideration since humans are constantly tempered by reactions and the ability to reason.⁸ Many other philosophers refrained from allowing emotions from interfering with reasoning to find a solution.⁸ In relation to therapeutic lying, emotions is the top priority when rationalizing on whether or not to use a lie based on how the patient will respond. They are supposed to be used if the emotional state of the patient will remain consistent or will increase, anything that will refrain from the patient's mental state to further decline into a distressed state. In general, virtues help to allow an individual to act or perceive something in a particular manner. This is due to human emotional reactions taking over and illuminating the way in which we view an interaction.⁸ Emotions are responsible for how we become sensitive to situations involving conversations with other individuals, knowing that each word and action carried out can heavily impact others involved.⁸ Therefore, virtue ethics, while having honesty as a virtue, does not act completely against lying if it for the betterment of the relationship involved.⁸ That is, the lying that the caregiver would participate in would relate to them being motivated by the idea that their act of lying would help their patient. Moreover, virtue ethics help to provide guidance to help make decisions when choosing how to interact with patients.¹ Virtue ethics tied with practical advice helps to create a strong basis for those that are skeptical and against lying to patients due to the unknown that will be paired with it.

In Support of Therapeutic Lying

This skepticism is mostly present in all caregivers, with a majority of caregivers seeing both the pros and cons from each side of the therapeutic lying debate. One of the many factors that aids in their opinion of lying is due to the setting in which they are interacting with their patients. For instance, nurses versus physician's assistants, general doctors, psychiatrists, and members of associations, such as the Alzheimer's Association, all have different stances on this controversial issue. In other words, this is due to the fact that each member from these diverse groups in the medical field have a wide range of interactions with the patients which makes them sway towards supporting or denying the use of lies.

One study of nurses believed that they should in fact lie to step into their patients' reality. By doing so, the nurse felt as though they were providing some sense of truth to their patient because the patient's reality is what they believe is the truth in their own eyes.¹ By trying to convince the patient that what they believe is not true, they would feel as though their caregiver was lying to them which would create a lack of trust and deception would be perceived from the patient's perspective. This type of perspective leads to the development of the phrase "dementia truth," defining what the patient last recalls as being factual in their experiences.¹ In another instance, a nurse noted about how they had already lied multiple times to their patients throughout the day, specifically with one patient who was not going to accept any answer other than "yes."¹ The nurses in this particular unit felt that their lies were not going to cause harm to anyone, instead, the complete opposite.¹ The nurses believed that by coloring the truth, their patients were going to have a better well-being. It has been found with working with so many patients that the nurses see their patients being happier in their own world rather than trying to

adapt and learn how to live in actual reality. They claim to do all of this with the intention that it is for their benefit, which they deem most important when working with patients.¹ As noted earlier, most dementia patients are still able to recognize their own feelings and values, which helps nurses to make the decision whether or not to lie.¹ That is, another nurse experienced a situation where their patient picked up on the fact that the nurse was in an angry mood.¹ Being aware that the nurse was in an angry mood changes how that nurse and all of the other nurses would carry themselves when interacting with patients because they can still sense uneasiness.¹ As a whole, the care givers in a particular residential unit decided that lies that revolve around different relationships with their relatives and situational lies were acceptable, rather than lying about more important things such as their medical records and any additional health updates.¹ This goes to show that nurses do not condone any sort of lying that would interfere with the physical well-being of the patient; rather, they are participating in an act that protects their patients from further mental harm.¹

Residential staff members concluded that they are able to make more progress with aggressive patients when they are forthcoming with stepping into their reality rather than trying to force their patient to realize what is actually happening around them because the unfortunate reality is that they will end up forgetting again.¹ With that being said, lying eliminates further anger and frustration. With the ability to sense anger and disruption of pleasure, it is important for the nurses to do the best they can to allow their patients to focus on the things that bring them happiness rather than unsettling them.

The Alzheimer's Association's opinion on therapeutic lying helps to provide a different perspective on therapeutic lying as this is a group that is directly correlated with patient support, rather than the direct care of patients. The Alzheimer's community appears to condone lying to

individuals to avoid distress. They feel similar to the nurses' take on it in that caregivers should 'avoid harsh facts that may cause distress.'⁹ Continuing, psychiatrists have a different type of interaction with dementia patients due to how they help to diagnose and treat disease. In a study conducted, psychiatrists were presented a 12-item list of guidelines on how and why to lie to dementia patients in order to see if they agreed with these rules or not.⁹ These 12 items helped to summarize how providers of dementia patients should interact in their clinical practice with a variety of different pieces of guidance. These items included the use of mental capacity assessments being conducted prior to using therapeutic lies, the importance of documentation when a lie is used, and careful training that includes strategies on how to approach patients when a lie should be put to use.⁹

Against Therapeutic Lying

After close consideration of the guidelines that were presented, there still remained a variety of views and opinions. Seventy-five percent of the psychiatrists believed that lies could in fact improve communication; however, only fifty percent agreed that the lying could be conducted ethically. Their concern stems from the chance that lies could be used inappropriately and make endorsing the act of lying nearly impossible. Relatedly, some caregivers feel as though all use of lies are unethical and that they cannot possibly be used in a person-centered fashion.¹ In other words, they feel as though lying is wrong regardless of the intentions behind it. Yet, this is not the case. Therapeutic lying always has intentions behind it and can be person centered in the sense that care providers rely on this as one of their strategies to get through the day. The medical field always teaches their workers to be open and honest with their patients, yet the golden rule of truth telling remains unhelpful; furthermore, it does not provide enough guidance when dealing with dementia patients, a specific group of individuals who need particular care.¹ While it is important to note the concern of workers who do not feel comfortable lying to their patients due to the risk that comes with it and the internal guilt of misgiving, the main focus should be shifted on trust rather than lying. That is, as long as trust remains preserved between the patient and doctor relationship, then communication is still intact, and the patient will feel a sense of security.

In addition, this relates to the medical oath that doctors abide by in order maintain trust within the patient-physician relationship as well medicine's commitment to society. Although a document that was created during the 5th century B.C., it has been reworked over the years to further apply to modern medicine; however, leaving many aspects similar to how they were originally intended.¹⁰ That being said, the words that relate most to therapeutic lying revolve

around the promise to come for the benefit of the sick.¹⁰ This is where the oath becomes contradicting in the sense that doctors should always want to be honest with their patients, yet if they are truly coming for the benefit of the sick, they would lie in order to help put them at ease. Therefore, many caregivers still remain skeptical about the uses of lies due to the impacts that it may have on both the patient, their family members, and the controversy between determining whether or not lying can be considered ethical in this situation.³

However, when thinking of a virtuous care provider, patients in residential aged care facilities (RACF) believe that as long their caregiver is a person that they can trust along with specific motivation with good intentions to do what that deem is right and proves to be generous, caring, and compassionate with the mindset of upholding their values is the caregiver that they long to have.¹ Therefore, if patients are still able to feel the trust between themselves and their providers, they are happy with the care they are receiving. The hesitation from caregivers for not wanting to lie to patients also stems from the fact that the care givers feel as though they need more guidance on how to lie to their patients and when to lie to their patients. While this new integration of lying can be difficult at first, it is important that each residence with dementia patients follows strict guidelines to combat any confusion amongst the staff. In order to effectively integrate therapeutic lying into care, a four-step communication strategy was developed for RACF to help determine when to use therapeutic lying rather than jumping directly to it.¹ Stage one involves identifying the resident's need while attempting to meet them.¹ For example, if a patient wants to see their husband, the first response of the provider would be to get in contact with the husband.¹ However, if the "need" of the patient cannot be met, such as the husband being deceased, stage two involves speculating the need and providing comfort in another way if possible.¹ In stage three, it is important to attempt to distract the patient into

another action such as setting the dinner table.¹ If stage three fails, stage four will come into play which involves the use of therapeutic lies.¹ If the provider would have stopped after stage three failed, which in most instances it does, the patient would still have been in distress and would be aggravated. When using this approach, it is important to take care and time to ensure consistency within each patient and to document the lies that need to be put to use in order to help future providers. Collectively, this type of guidance can help to guarantee that no matter which provider is on duty, the patient will be able to remain in their own reality due to keeping track of the lies that were previously told.

Although focusing on a collective approach of developing a set of stages to follow, it is still most important to take an individual approach with each patient.¹ Incorporating precise definitions about lying can help to keep all staff members on the same page and can also lessen the concerns that providers have.¹ The importance of this consistency helps the patient to have a stable mindset despite the dementia taking over cognitive competence.

The Takeaway

After close consideration of how ethics applies to the medical field, it is clear that a majority of the ethical theories that are closely related to medical practice are in support of therapeutic lying. That is, utilitarianism, consequentialism, and virtue ethics carefully consider the environments of patients rather than basing right from wrong on the fact that directly lying is an unacceptable act. Deontology holds that lying is wrong regardless of the benefits that it can pose while utilitarianism focuses on the good that can be imposed on society, consequentialism emphasizes the greatest good that comes from lying, and virtue ethics revolves around character. The medical workers who are in support of therapeutic lying support their beliefs with these theories by showing how lying has helped them to provide comfort to their patients. Research in this area of healthcare lacks experiences in which lying has put a patient into more distress. Rather' the apprehensiveness for the use of lying solely stems from the lack of guidance that exists in general for lying as well as the fear of breaching legal practices. In a study conducted, a patient was both lied to and was also told the truth to see how the patient would react. In this case, when told the truth, the patient became violent, even began hitting others in his unit.¹¹ When lied to, the patient was anything but violent and acted appropriately with the staff members, his wife, and other patients in his unit.¹¹ Although the nurses were uneasy about lying to their patient due to the legal issues that could potentially be at stake, it was important for them to receive consent from the wife of the spouse to carry out lies for the benefit of all who were involved.¹¹ Therefore, what should be taken from those who have participated in lying successfully should be a stricter implementation of guidelines on how to lie to patients in a careful manner. As previously stated, although protocols have been put to use in some clinical settings, they need to become normalized in all dementia care facilities. Just as any other

medical practice rule has been put into effect, therapeutic lying needs to be legitimized to remove concern from the picture with the added focus of the benefits that will occur from the patient's perspective. After all, the well-being of the patient is always the focus of healthcare workers.

Conclusion

Therapeutic lying, while seemingly skeptical at first glance, remains a method that is used by healthcare workers to put their patients at ease. Although lying is typically an unethical act, with good intentions ethics can provide support for partaking in therapeutic lying. Ethically, it is wrong to lie on a normal basis, but lying in a therapeutic setting is a practice that helps patients to live in their own reality and bring it to life rather than trying to adapt to the world around them. By doing so, dementia patients find comfort and a sense of belonging by having their caregivers feed into what they are saying. Although a controversial topic, therapeutic lying has shown time and time again to bring happiness to patients rather than adding even more stress to their already complex lives and altered state of mind. Being that happiness of the patient occurs, ethical theories tend to support the act of lying, irrespective of the fact that lying in general is a wrong act. Therapeutic lying poses as an exception to the typical “no lying” rule that humans are taught from an early age as its positive outcomes outweigh any guilt of actively lying to someone.

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