In “Deception and the Clinical Ethicist,” Meyers (2021) defends the argument that the clinical ethicist should sometimes be an active participant in the deception of patients and their families. Meyers also expresses the point that in some cultures it may be acceptable, even obligatory, for a family to take on medical decision-making, deceptively protecting the patient from some “burden.” In Western countries, physicians discuss diagnoses with patients immediately, emphasizing the importance of their rights to informed consent and autonomy. However, in contrast to this Western individualistic approach, physicians in many Eastern countries, such as China, Singapore, and Japan, take a family-centered approach to cancer diagnoses/prognoses disclosure (Gan et al. 2018). The present commentary focuses on the ethical issues of deception and truth-telling in medical practice in China.

The subject of bioethics has seen dramatic development in China in past decades; however, benevolent deception still occurs in some contexts and the trend toward full disclosure of cancer diagnoses has progressed slowly (Gan et al. 2018). Although the Western principle of autonomy has been introduced into bioethical discussion in East Asian countries, it is far from being generally accepted in biomedical practice (Fan 1997).

We start with a typical case: Mr. C, a 71-year-old Chinese man with five children has been diagnosed with advanced lung cancer. The physician deemed him terminally ill with only 6 months left to live and suggested that the only treatment that could prolong his life was chemotherapy. Mr. C received routine chemotherapy in the Department of Pulmonary Medicine. To protect Mr. C from anxiety, depression, and loss of hope, his children deceived him and represented the chemotherapy as simply a regular therapy for the treatment of pneumonia. Mr. C was optimistic about his recovery until he overheard his diagnosis; a few days after finding out the depressing truth, he passed away (Zhang and Min 2020).

In fact, it is a prevalent phenomenon in China for family members to deliberately conceal a cancer diagnosis from their loved ones. In a 2018 survey involving 143 cancer patients in Beijing, 85.9% of the patients agreed that they relied much on their families during the treatment process, and 78.0% hoped that their families could make all of their medical decisions (Gan et al. 2018). Furthermore, in a study involving interviews with 20 Chinese physicians with more than 10 years of experience in oncology, 100% of the interviewees stated that they would first inform patients’ families about diagnoses and prognoses and would withhold the truth from patients if family members asked them to do so (Gan et al. 2018). Another study from China reported that only 34.4% of family members thought that patients with a terminal illness should be informed of the diagnosis; when the hypothetical diagnosis changed from terminal illness to early-stage cancer, 30.1% of families still wanted to shield patients from the information (Jiang et al. 2007).
We now discuss the grounds upon which benevolent deception has been accepted culturally, legally, and theoretically in China, from the viewpoint of clinical ethicists.

In Confucianism, which is central to Chinese culture, the family is regarded as containing the most important relationships for individuals, and the family forms the foundation for all social organizations. In ancient Chinese society, families bound by blood ties participated in economic and social activities as basic units. Although there have been some slow changes in the Chinese conception of family over time, ties among family members remain close and strong. While helping others is a moral duty, helping family members is a much stronger one. The more closely related the family members, the stronger their obligations to assist one another become (Lee 2015). Family members unite to solve problems for each individual member. This kind of family-based decision-making can enhance a sense of obligation, deepen feelings, and promote harmony among family members (Zhang et al. 2021) and is usually given first priority in everyday affairs. Moreover, as most Chinese people hold no religious beliefs, the idea of death is often devastating for patients, and disclosure of a cancer diagnosis can even cause a breakdown (Gan et al. 2018). In mainland China, some hospitalized patients have killed themselves or attempted to kill themselves after receiving a cancer diagnosis (Fan and Li 2004). Withholding the truth about fatal diagnoses, such as cancer, is often considered more humane and ethical. Hence, family-based consent to medical treatment and benevolent deception are regarded as natural and reasonable in China; the importance of fulfilling familial obligations and protecting patients from unnecessary emotional distress exceeds respect for patients’ rights to informed consent and autonomy.

Moreover, benevolent deception is allowed under current Chinese law. For instance, Clause 26 of the Laws of the People’s Republic of China on Medical Practitioners (2010) declares that medical practitioners are required to truthfully introduce medical conditions to patients or their family members but should be attentive to avoiding adverse consequences that might be caused by truth-telling to patients (Zhang and Min 2020). The Civil Code of the People’s Republic of China (National People’s Congress 2020), which took effect on January 1, 2021, stipulates the following:

The medical staff shall explain the medical conditions and treatment measures to the patient in diagnosis and treatment thereof. Where a surgery, a special examination, or a special treatment is needed, the medical staff shall explain to the patient the medical risks, alternative treatment plans, and other information in a timely manner and obtain his express consent. Where it is impossible or inappropriate to do so, the medical staff shall explain it to the patient’s close relatives and get their express consent.

Indeed, family members in China sometimes lodge complaints or even file suit against physicians for disclosing information directly to patients (Fan and Li 2004). Thus, physicians usually allow families to play a critical role in what to disclose to patients regarding a cancer diagnosis/prognosis. This “family consent” approach is commonly adopted in China.

Finally, some philosophical theories can provide ethical justification for such “white lies.” Kantian deontology advocates a strict observance of truth-telling and argues that lying, for whatever reason, is always morally wrong. However, Kant’s deontology has been criticized regarding its absolutism because it ignores contextual situations and cultural differences and regarding its lack of exceptions for moral obligations of beneficence (Ling, Yu, and Guo 2019; Zhang and Min 2020). In contrast to deontological theories, Mill’s utilitarianism presents lying as necessary and acceptable if done to achieve greater happiness for individuals, especially in situations involving protecting individuals from harm. In Mill’s utilitarianism, what makes lying right or wrong depends on the consequences of such lying. Despite the fact that there is something vague and controversial about the theory, its suggestion that it is acceptable to deceive a vulnerable patient about a discouraging prognosis if it will assist the patient in avoiding emotional torture and suffering and in leaving the world in a peaceful state of mind supports the position advocated for here (Ling, Yu, and Guo 2019; Zhang and Min 2020).

There are two major differences between the practice of deception among medical practitioners in China and among those in Western countries. First, unlike Western physicians who may deceive both patients and their families according to their own professional judgment, Chinese physicians mostly only deceive their patients at the request of their families. Second, because of cultural and legislative factors, such deception is less contentious in China than in Western countries because Chinese medical ethics allows hiding the truth as well as lying when necessary to achieve what is in the best interest of the patient. However, as the trend of truth-telling to patients is increasing globally, universal lack of emotional support for patients and truth-telling skills training for medical personnel are areas of concern in China.
In sum, we agree with Meyers (2021) that sometimes kindness, compassion, and a commitment to avoid harm should prevail over strict allegiance to truth-telling, under the condition that deception is the best choice among all bad choices available.

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