Ethical implications of optimizing presentation of expected treatment outcomes

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In this issue of the *JAAD*, Bray et al[1] present a technique to enhance patient compliance. I applaud them for addressing an issue clinicians have had to deal with for decades. One study from the 1990s demonstrated that 30% to 46% of patients were noncompliant regarding their antihypertensive drug regimens. The following issues were identified as factors in this noncompliance: employment, use of home remedies, age, experience of adverse effects, level of concern with missed doses, and cost.[2]Another more recent study demonstrated that 20% to 30% of medication prescriptions were never filled and that approximately 50% of medications for chronic disease were not taken as prescribed.[3]

Bray et al[1] found that clinical data alone were the least persuasive in getting patients to take their prescribed medication and that those patients supplied with a more personal example of how a medication could positively impact their lives for the better were the most apt to be compliant. Interestingly, supplying clinical data plus personal data was not better than the emotional appeal alone.

What are the ethical implications of convincing patients to take potentially high-risk medications by using emotional appeals or presenting imagery of what their improvement might look like rather than presenting data? At least 5 medical ethical issues are affected by this strategy. Although a purely emotional appeal might enhance compliance, it is paternalistic: If we are not sharing all of the facts, we take away their freedom to make their own choices. As a result, we may have robbed the patient of autonomy or the right to make an informed consent about whether to take or refuse a medication. A purely emotional appeal also impinges on the ethical values of truthfulness by not supplying patients with a complete informed consent and not treating them with dignity. Finally, consequentialism, or the consequences of one's conduct as the ultimate basis for any judgment about the rightness or wrongness of that conduct, is impacted.

Failing to share potential adverse events and alternative therapies with our patients is an infringement of medical ethics plus places a physician in a potentially litigious scenario. Not informing our patients of the facts regarding efficacy, adverse effects, and alternatives fails to supply them with everything required for informed consent.

The consequences of this could result in an increase in malpractice liability if patients develop known adverse effects that were not revealed to them. Even though the physician's intention was to enhance compliance and improve the patient's outcome, he or she could be found guilty in a malpractice case. This standard paternalistic style of practice in the 1950s resulted in the 1960s article "Informed Consent: A Plaintiff's Malpractice Wonder Drug"[4] and a review in *JAMA* in 1980.[5]

Although the authors' findings are intriguing, the solution is more nuanced.

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