

Clinical Vignettes to Assess Willingness to Deceive

1. You have been working very hard and are looking forward to an evening off so you can rest and attend to some errands. A colleague who is not generally helpful to other residents calls you to ask for a favor; she wants you to swap overnight call with her so she can <attend a bridal shower for a friend> {leave town to visit her sick father.} She asks if you are available, stating that she has already asked several others who could not help, and you are her “last chance.” The truth is you are available, but you really do not want to work that night.

How likely would you be to tell a “white lie” about being busy so you can avoid taking call ?

2. One day, your friend and colleague Frank (who is a medical resident) takes you aside after morning rounds. He tells you that he has a problem - he was just told he must undergo mandatory random drug testing today. He confides to you that he smoked a small amount of marijuana the previous night (which you know he rarely does), and he is quite concerned. Frank is an excellent clinician, and you do not believe he has a drug problem. To your knowledge, he has never been impaired at work, never missed a day of work and is respected by his patients and his peers. Nevertheless, hospital policy stipulates that anyone who refuses or fails a drug test will be suspended.

How likely would you be to provide your own urine sample for Frank to use if <there is no realistic chance of being caught> {there is a small chance of being caught (20%-25%)}?

3. You are taking care of a patient with congestive heart failure. During morning rounds the attending physician, asks you to report the patients’ blood potassium level from the morning laboratory draw. You do not recall the exact value, but believe that it was normal. You know that this particular attending physician is <a stickler for details, and will become quite upset if you do not report the precise potassium level> {easy going and well liked by most residents}. If you say you don’t know , your are <likely> {unlikely} to be ridiculed and reprimanded, <and you will certainly feel embarrassed>. On the other hand, if you make up a plausible laboratory value, <you would avoid these unpleasant outcomes>. It is doubtful that the attending physician will find out. In this particular case, it is unlikely that the patient would be harmed if you were to fabricate a potassium value.

If asked to report the potassium level during rounds, how likely would you be to tell the attending physician that you do not recall the exact value?

4. A unit secretary who works on the medical ward in your hospital is admitted to the hospital with pneumonia. She tells you that she has a history of <rheumatoid arthritis> {chronic genital herpes}, and that an outside physician gave her a prescription for <ibuprofen> {acyclovir} to treat it. She says that she does not want anyone in the hospital to know about the <rheumatoid arthritis> {genital herpes} other than you and requests that if you must document her history in the hospital medical record, that you say she is taking the <ibuprofen> {acyclovir} for something else, such as a <sprained ankle> {shingles}.

How likely would you be to write in the hospital medical record that she is taking the <ibuprofen> {acyclovir} for a <sprained ankle> {shingles} rather than <rheumatoid arthritis> {genital herpes}.

5. One evening, a 68-year-old man is hospitalized with fatigue and anemia. You conduct the admission history and physical examination, but forget to perform a rectal exam. <The patient has an uneventful night> {During the night, the patient has a myocardial infarction as a result of an undetected gastrointestinal bleed}. During rounds the next morning, the attending physician asks you whether the patient's stool was guaiac negative. Since you forgot to perform a rectal examination, you do not know whether there was blood in the stool.

How likely would you be to tell the attending physician that the stool was guaiac negative, even though you had not actually checked?

Note 1: Two versions of the vignettes were administered. One version included the text within these brackets, <>. The other version included the text within these brackets, {}.

Note 2: Following each vignette, there was a five-point Likert scale ranging from "very likely" to "very unlikely."

Note 3: From "Green MJ, Farber NJ, Ubel PA, Maugher DT, Aboff BM, Sosman JM, Arnold RM. Lying to each other: When internal medicine residents use deception with their colleagues. Arch Intern Med. 2000;160:2317-23." Reprinted with permission from the American Medical Association. Copyrighted (2000), American Medical Association.