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# Store owner's job is not to diagnose booze problem

Our family has a wine-and-liquor store. Occasionally we get phone calls from distressed people asking us — often pleading with us — not to sell their loved ones any liquor or wine because of alcohol abuse. How should we respond? — **D.F., New York**

You should tactfully decline such requests. As an ethical matter, you've no way to verify their honesty or accuracy.

A relative's opinion of someone's drinking is not the most reliable diagnosis. Nor should an adult be required to have the consent of family members to buy a bottle of merlot. Anyway, practically speaking, there are no doubt plenty of other liquor stores in your area. I'm told it's even possible to buy liquor by the glass in something called a "bar."

There are situations in which a proprietor can — must — refuse service. Bartenders commonly cut off drunken customers. But that requires only an observation of a patron's immediate behavior, not a deep understanding of his medical history.

I respect the anguish of those who love someone with a drinking problem and admire your reluctance to do harm, but this problem cannot be solved by such ad hoc intervention.

Any solution will take the heartfelt cooperation of the drinker himself. And that's what you should explain



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— gently, patiently — to the troubled folks who phone you.



I work at a hospital where several nurses practice therapies like healing touch and therapeutic touch, said to adjust a patient's energy field and thereby decrease pain and improve healing, although there is no significant evidence for this. If those nurses believe in these treatments, may they tell the patient they are effective? If the treatments provide merely a placebo effect, telling patients about this lack of evidence might undermine that benefit. Would that justify withholding the information? — **Name Withheld, St. Louis**

Something needs to be adjusted here, but it is the nurses' behavior, not the patients' energy fields. These nurses, however well-intentioned, should not perform unproven therapies — if these are unproven; opinions differ passionately — on unwitting patients. To do so is to tell a kind of lie to patients, who reasonably assume that their care meets hospital standards. And while the placebo effect can

be beneficial, that is insufficient reason to routinely deprive patients of pertinent facts. Patients cannot give informed consent if they lack honest information about their treatment.

That the nurses sincerely believe in the efficacy of their methods is of no account. People sincerely believe all sorts of things. My imaginary uncle, Milt, sets great store by the potions he whips up in the bathroom sink under a full moon in his underwear. It is evidence, not sincerity, that is wanted here. (Or, in the case of my Uncle Milt, trousers.)

What the nurses could do is explain that their techniques are unproved and unendorsed by the hospital (if this is the case; hospitals vary), offering patients, in effect, the sort of supplemental treatment available outside the hospital. But this approach is not without risk. A therapy provided in the hospital by its staff carries a sense of official approval, no matter what disclaimers are offered. In any case, these nurses must alert their colleagues and hospital administrators about such things. Both groups need to know how patients are being treated if they are to do their jobs well.

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