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# Moral Choice in Public and Private Life

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# XIII

# DECEPTIVE SOCIAL SCIENCE RESEARCH

> The use of deception has become more and more extensive, and is now a commonplace and almost standard feature of social psychological experiments. Deception has been turned into a game, often played with great skill and virtuosity.
>
> [. . .] I sometimes feel that we are training a generation of students who do not know that there is any other way of doing research in our field. [. . .] Our attitude seems to be that if you can deceive, why tell the truth?
>
> —Herbert Kelman, "Human Use of Human Subjects: The Problem of Deception in Social Psychological Experiments"

> Encouraging styles of research and intervention that involve lying to other human beings [. . .] tends to establish a corps of progressively calloused individuals, insulated from self-criticism and increasingly available for clients who can become [illegible]spokenly cynical in their manipulating of other human beings, individually and in the mass.
>
> —Margaret Mead, "Research with Human Beings: A Model Derived from Anthropological Field Practice"

> The behavioral researcher whose study might reduce violence or racism or sexism, but who refuses to do the study because it involves deception, has not solved an ethical problem but only traded it in for another.
>
> —Robert Rosenthal, unpublished working paper for a conference on deception in research

## *Social Science Experimentation*

In Stanley Milgram's obedience experiments, first performed at Yale in 1963, subjects were ostensibly recruited to take part in a study of memory. They were then duped into believing they were to be "teachers" in an experiment in which they would administer painful electric shocks of increasing strength to "learners" whenever the latter made mistakes. The so-called learners were actually actors who grunted, screamed, begged to be released from the experiment. As the subject-teachers administered what they thought was ever stronger punishment, they were observed to see whether they continued or protested, and what their reactions were. A large fraction of them were induced to give the highest range of shock, even when the pseudo-learners cried out that they feared a heart attack.

The responses of one subject are described as follows:

> He began the experiment calmly, but became increasingly tense as the experiment proceeded. After administering the 150-volt shock, he began to address the experimenter in agitated tones:
>
> (150 volts delivered.) "You want me to keep going?" (165 volts delivered.) "That guy is hollering in there. There's a lot of them here. He's liable to have a heart condition. You want me to go on?"
>
> (180 volts delivered.) "He can't stand it! I'm not going to kill that man in there! You hear him hollering? He's hollering. He can't stand it. What if something happens to him? I'm not going to get that man sick in there. He's hollering in there. You know what I mean? I mean I refuse to take responsibility. He's getting hurt in there. He's in there hollering. Too many left here. Geez, if he gets them wrong. There's too many of them left. I mean who is going to take responsibility if anything happens to that gentleman?"

> (The experimenter accepts responsibility.) "All right." (195 volts delivered.) "You see he's hollering. Hear that? Gee, I don't know." (The experimenter says: "The experiment requires that you go on.") "I know it does, sir, but I mean—huh—he don't know what he's in for. He's up to 195 volts."
>
> (210 volts delivered.)
>
> (225 volts delivered.)
>
> (240 volts delivered.) "Aw, no! You mean I've got to keep going up with the scale? No, sir. I'm not going to kill that man! I'm not going to give him 450 volts!" (The experimenter says: "The experiment requires that you go on.") "I know it does, but that man is hollering in there, sir."
>
> Despite his numerous, agitated objections, which were constant accompaniments to his actions, the subject unfailingly obeyed the experimenter, proceeding to the highest shock level on the generator. He displayed a curious dissociation between word and action. Although at the verbal level he had resolved not to go on, his actions were fully in accord with the experimenter's commands. This subject did not want to shock the victim, and he found it an extremely disagreeable task, but he was unable to invent a response that would free him from E's authority.[1]

The results were quite unexpected. Even the investigators themselves had had no idea that such a high proportion of the subjects could be talked into causing what seemed to be great pain to their fellow human beings. Sixty-two percent of the subjects turned out to obey the experimenter's commands completely.

But along with the shock came a profound sense of unease. Human beings had been duped into revealing sides of themselves they would never voluntarily have exhibited. They had been used, manipulated, without consent. Was this a legitimate way to experiment? And could the worth of the results somehow be "balanced" against the discomfort they had felt, the knowledge about themselves they had gained?

At first, these questions were debated mostly among psychologists. But, in 1974, when Milgram's book on the subject reached the general public, the debate spread. Up to that time, deceptive research in the social sciences had not been urgently questioned. In medicine, on the other hand, such deception had been found to have a long and sometimes tragic history.[2] As a result, it is now carefully regulated in all biomedical research.[3] Subjects can take part in a study only after their consent has been obtained; and if the study employs deception, as when placebos are used, the subjects must have consented to it in advance. The question arose: Should such a rule not apply to *all* research with human beings?

In principle, the federal regulations do apply to all research so long as there is risk for human subjects. In practice, however, behavioral research is treated very differently—witness the recently revised *Ethical Standards of Psychologists,* adopted in January 1977. These standards merely suggest that investigators obtain informed consent, but make explicit exceptions for those studies which "necessitate concealment or deception":

> d. Openness and honesty are essential characteristics of the relationship between investigator and research participants. When the methodological requirements of a study necessitate concealment or deception, the investigator is required to insure as soon as possible the participant's understanding of the reasons for this action and of a sufficient justification for the procedures employed.
>
> g. The ethical investigator protects participants from physical and mental discomfort, harm, and danger. If a risk of such consequences exists, the investigator is required to inform the participant of that fact, secure consent before proceeding, and take all possible measures to

> minimize distress. A research procedure must not be used if it is likely to cause serious or lasting harm to the participant.[4]

The rudimentary nature of these requirements is striking. When investigators can persuade themselves that deception is for a good purpose and presents no harm, they can proceed with secrecy, disguises, and lies. The choice is up to them, not their dupes. So is the determination of what might harm or cause discomfort.

One reason why the Ethical Standards are so permissive is that genuine informed consent might interfere with many studies, for a great deal of research in the social sciences is, by its very nature, deceptive, especially in sociology and social psychology. A situation is in some way contrived; human responses are then observed and measured. If the subjects do not know what is being tested, or even, sometimes, that a test is going on, their responses will be more spontaneous.

Beginning with a few isolated deceptive studies early in this century, a veritable flood of such research is now pouring forth from universities, market research organizations, private scholarly groups, and governments. Its results are published in hundreds of journals around the world and taught to thousands of students. If sufficiently striking, these results are then publicized in the press and on television.

In one such inquiry, male undergraduates were falsely led to believe that they had been sexually aroused by photographs of men, and their responses to such information studied. In another, subjects were surreptitiously given LSD. In still others, persons who responded to questionnaires on sensitive issues, expressly stated to be anonymous, were traced through invisible codes on the envelopes. In many studies, the subjects are never approached for even a spurious consent to a deceptive study; social scientists may infiltrate groups such as Alcoholics Anonymous or religious or political organizations; they may train children to accost passers-by and make believe they are lost; or they may stage some accident or assault complete with victim, fake blood, and debris, to measure "helping" behavior among bystanders.

What excuses are offered for this interference with the subjects' freedom of informed choice? Investigators appeal to two principles: producing benefits and avoiding harm. First, they hope that the research will produce important benefits: not only the general benefit of advancing human knowledge, but more specific social advantages, such as improved teaching techniques or the reduction of violence. The knowledge leading to their goals can often, they argue, be most conclusively demonstrated by means of deceptive experimentation. Thus one investigator explains that:

> A plausible cover story not only masks the experimenter's intention, it can also provide a setting which has great impact on the subject.[5]

According to the second claim, since many experiments are utterly harmless, it is a waste of time and energy to impose upon them the kind of requirements which biomedical experiments might well require. This harmlessness is attested in two ways. First, the review committee to which experiments are often submitted does have the right to reject harmful experiments. If an experiment is not rejected, it cannot carry much of a risk for subjects. And second, investigators often accept the burden of explaining the deception to subjects after the experiment is over and justifying their questionable actions. This explanation, often referred to as "debriefing," is believed to prevent abuse and to wipe out any lingering discomforts and anxieties. Why then, ask investigators, in the light of such guarantees, should people want the right to refuse an experiment certain to do them no lasting harm? And is it not unethical *not* to do such harmless experiments which might uncover knowledge we urgently need to have?

### A. ALTERNATIVES

If the public could debate these issues, the very first question would be: Given the fact that any deceptive practice harms not only those lied to, but also liars and trust more generally, what alternatives to deceptive studies are there in the first place? This question is a troublesome one for social science investigators. Unlike the case of a crisis where a lie may be the last resort, experimentation itself can hardly be called a last resort, and deceptive experimentation even less. One alternative to seeking knowledge through lies to subjects is to forego the knowledge sought altogether; another is to seek it nonexperimentally, through studying records and other data; a third alternative is to pursue the knowledge experimentally, but through an honest research design.[6]

If these alternatives were publicly discussed, I doubt that the debate would result in a blanket approval of all deceptive studies thought harmless by investigators. Each study would have to be separately evaluated from the point of view of available alternatives. Such a process, if seriously undertaken, would eliminate a great many of these studies. First to go would be those which seek no new knowledge in the first place, but merely train students in repeating the deceptive models of the past. For training is clearly as effective through honest as through dishonest research designs.

Second, those studies which could achieve the desired knowledge by honest means should be required to do so. This might require a greater expenditure of ingenuity and perhaps greater facility in working with records and with statistics. The search for alternatives may well require more training and more imagination than the leap to deceptive techniques.

Finally, those studies which can go ahead, even though subjects are asked in advance for their consent to the deceptive experiment, could be given priority over those where no such consent could be sought without invalidating the study.

To make such distinctions would require a real change of direction among investigators and experimentation committees. For manipulation has by now become a way of life, to the point where alternatives are not often considered. Every textbook recounts the well-known successes of past deceptive studies. They are repeated and emulated by each incoming generation of social scientists the world over. And committees set up to oversee experimentation often do not (unlike their counterparts overseeing biomedical research) require informed consent by subjects before deceptive studies can be undertaken.

But such changes raise a difficult problem. What about research of very likely benefit to society, where alternative models cannot possibly achieve the information a deceptive study might bring—a study, perhaps, designed to learn more about what makes adults abuse children? How might it stand up to the test of public justification? It is hard to imagine that persons might voluntarily reveal the character traits that they can be tricked into revealing in such studies. And it can at least be argued that we still have insufficient experimental documentation of these characteristics.

## B. HARM AND BENEFIT

In order to answer this question, we have to consider carefully the harmlessness claimed for such studies. Most are now agreed, as the Ethical Standards make clear, that studies producing lasting damage to subjects ought not to be undertaken for the purposes of gaining knowledge in the social sciences: that studies such as the experiments where military personnel were unknowingly given LSD should never have gone forward. Studies such as Milgram's experiment on obedience, therefore, must claim to produce no such lasting harm. And any momentary stress or discomfort must be believed either to vanish by itself or to be removable by the "debriefing" process after the study is over. How would these two claims stand up in the light of public discussion by groups which include potential subjects of these deceptive experiments?

The response of potential subjects would doubtless be that they might well be willing to participate in some such experiments but not in others, and that, moreover, some of them might not want to participate in any. They would probably agree, therefore, that each should judge personally the harmlessness of what is planned for him. What seems painless to one may deeply injure another. What leaves unbearable marks of intrusion on personal privacy in one life will not affect another. To be made to act cruelly, or to be misinformed as to personal sexual responses, will hurt the vulnerable while others escape unharmed.

## C. DEBRIEFING

But is there not added safety in the "debriefing" process? Can any residual stress or anxiety or sense of

invaded privacy not be removed once the study is over? There are two parts to the claims of efficacy for debriefing: an honest description of the study once it is over, and psychological support given by the investigator to allow the subject to cope with the stress or the knowledge gained. Both require scrutiny from the perspective of those who are to receive the benefits of the "debriefing"—the experimental dupes.

The first claim for the process of "debriefing" is a very interesting one from the point of view of veracity. Where there has been an experimental inroad on veracity, the claim seems to be that the harm brought by a lie is "erased" by truthful information, much as an antidote for poison wipes out its effects. So long as the harm from the lie does not remain long with the dupe, it will then have had no effect. As Bacon said:

> [. . .] it is not the lie that passeth through the mind but the lie that sinketh in and settleth in it, that doth the hurt. . . .[7]

Truthfulness after the fact, then, is held to remove any residual harm the lie may have done, especially if it is conveyed without delay. Some investigators hold that this aspect of debriefing works especially well if they disclose their own discomfort at having lied, and explain why they feel, nevertheless, that the lies are justified. Subjects may respond with disappointment at being so easily duped and at having placed trust in a "cover story." But if the debriefing succeeds, investigators hope to have counteracted the disappointment and enlisted the subject as an ally in the experiment, to the point of promising not to tell *other* subjects about the deception they will encounter.

Unfortunately, debriefing does not always succeed.[8] The disappointment may remain; the anxiety or loss of privacy may not be overcome. The experiment may reveal something to subjects about themselves that no debriefing will erase. Subjects may become even more suspicious after the explanation, and thus less useful for further studies. And they may suffer from the discovery that someone in a position of a model and authority figure resorted to such devious tactics.

Some investigators argue that this is reason enough *not* to debrief subjects, except where the harm done can truly be alleviated. For others, the second claim connected with debriefing assumes even greater importance: that even if the antidote of truthfulness does not in itself work, even if it does not wipe out anxiety and guilt and a sense of having been exposed, the psychologist-investigator can. The Ethical Standards state that it is the responsibility of the investigator to "assure that there are no damaging consequences for the participant."[9]

Can the subjects be sure that their reactions to stress, anxiety, unpleasant and perhaps degrading discoveries about themselves will be so easy to erase or learn to live with? Do they have the requisite confidence in the ability of psychologists to restore the human spirit after injuries? And even if some are gifted with such an ability, are all? Each of us has a very different sense of privacy lost, of personal space invaded,[10] of knowledge gained that is hard to cope with. These are not always easy to erase or to overcome. To assume the contrary belies the complexity of human responses; it demands greater faith in the restorative skills of investigators than experience warrants.[11]

Subjects need, then, to be able to judge for themselves whether an experiment is risky for them and whether they have confidence in debriefing. The judgment of the investigator does not suffice. Such caution on the part of the public would stem neither from a hostility to research nor from a desire to limit academic freedom—two concerns often suspected by scientists to underlie the new turn toward protecting the rights of human subjects of experimentation. Rather, the caution is directed solely to the question of risks from the experiment; for academic freedom has never been construed to be freedom to place others at risk without their consent.

But this caution has limits. It cannot be stretched to mean that each and every study should have to go through the same consent procedures. For many studies in the social sciences are totally harmless even by the most exacting standards. Measurements, observations, and nonintrusive experiments can surely often proceed without the slightest risk. Take observations of what pedestrians do when an investigator's stooge jaywalks or talks to himself on street corners; or notes taken on how a crowd welcomes a returning war hero. It would be cumbersome for all and a bit mad to require strict consent to these. How, then, are they best separated out?

## *Review Committees*

There is no need for new federal regulations, already proliferated beyond all reason. Rather, the standards already in use for biomedical research should govern behavioral research as well. These standards require informed consent from subjects in any research that adds "physical, psychological, sociological, or other" risk to their lives.[12] The professions themselves and the many institutional review committees already in existence are, in principle, best qualified to weigh such risks to human subjects. Their mandate is, after all, precisely to set standards and to screen projects: to screen away both those studies too dangerous to carry out, even if subjects could be found to consent to them, and those studies so trivial that no consent is needed.

In practice, however, committees do not always serve this function well for social science research. Many studies, and often the shoddiest in design, least competent in execution, never even come before these committees. Those that do are not now screened to require consent by subjects whenever there is a question of risks to subjects—witness the many controversial studies that *have* been passed by committees. This failure to see the risks for subjects is made more inevitable by the fact that so few committees have representation by laymen and potential subjects in the first place.

Committee structure and procedure must be reformed, therefore, before the public interest can be said to be safeguarded. Laymen and potential subjects must be represented. Most important, committees must use adequate criteria of what constitutes risk to the subjects of experimentation. They must make it clear that consent requires informing subjects of all that is relevant to their decision, including the purpose of the study and the fact that deception may enter into it. The committees should look sharply, too, whenever risk is possible, for even marginal efforts at coercing the consent of subjects. This may happen when students are required to participate in studies in order to take courses or receive degrees. Among the risks taken seriously must be psychological ones: the damage which some may experience from having revealed themselves unknowingly, from having their privacy invaded, or from discovering something about themselves that will be painful to live with.

Learning about people's private, even intimate, behavior and emotions without their consent is very much like surreptitiously listening in on their telephone conversations or looking through their keyholes. Such acts are no less intrusive for being done in the interests of research. The same barriers ought to protect us from these forms of invasion of privacy.[13]

If psychological risks are taken into account, deceptive studies such as the obedience research by Milgram could go forward only with subject consent. If consent is refused, this should be taken as an indication that the study ought not to have been done without consent in the first place. (In fact, it would be useful to list a number of deceptive studies merely as examples in a questionnaire, to see which would be more, and which less, acceptable to potential subjects.) If the study cannot be performed after informed consent because the surprise element is gone, two alternatives remain: to devise a marginally deceptive study so *harmless* to subjects that no consent is needed; or to ask a group of subjects for consent to a number of studies, detailing the risks, but asking consent to secrecy as to when any one would be likely to be in question. The review committee would then have to deliberate to see whether such a procedure provides sufficient protection.

## *Questions of Professional Responsibility*

The greatest harm from deceptive experimentation may be that to the investigators themselves, to the students trained in their professions, and to the professions as such. Subjects, after all, may come into contact with deceptive experiments only briefly; but investigators plan the studies, execute them, explain them over and over again to subjects being debriefed, and teach students how to carry them out. The danger of spreading deceptive practices here is twofold. Individually, lies can become a way of life, manipulation habitual. And professionally, deceit can become more commonplace, with growing ranks of participants having fewer and fewer compunctions.

For the investigators themselves, the practices may be disagreeable at first; if forced to participate they may become inured to doing what they ordinarily would resist and thus lose a degree of moral sensitivity. Many begin as students and find it difficult to refuse to participate in giving a "cover story" or in the infiltration of a group, especially when they see their professors playing such roles. Neither in classrooms nor in textbooks are they encouraged to make distinctions of an ethical nature. The textbooks occasionally point to the presence of a problem with deception, only to add that research nevertheless requires it. But important distinctions of a moral nature are not made: distinctions between harm to dupes and harm to liars, between an accidental lie and a planned, repeated one, between lies and other deceptions, between routine practices and emergencies, between different excuses or different degrees of justification.

This absence of ethical analysis of a questionable research technique in common use leads to a larger question. Is there a place, in universities, for the teaching of deceptive research? Ought academic disciplines to include such techniques? Do other disciplines not exclude them? While every field has its share of duplicity, most do not *teach* it. The teaching function itself, then, has to be questioned where these techniques are concerned. We have to ask: What does it do to students to be placed in situations where professors teach them to deceive, where their grades and professional advancement

may depend on their adaptability and ingenuity in working with deceptive techniques?

The accumulated effects on individual students must affect the professions themselves. And where the professions become known for such research, yet another problem arises—each deceptive study comes to contribute to a breakdown in trust. Few activities show such a spread as those of deceptive research. Academic uses have given rise to innumerable commercial uses. Psychologists know that public resistance to participating in research is growing. Pollsters are received with suspicion, often hostility; questionnaires remain unanswered; students—up to now the most easily available group of subjects—are increasingly sophisticated about research processes, to the point where there is real doubt about the validity of the research where their naïveté is assumed. One commentator on the vast deceptive practices in the name of social science holds that:

> These tricks simply strengthen the growing conviction that you can't trust people you don't know. If a mugger doesn't hit you, a credit checker doesn't spy on you, or a salesman doesn't take you to the cleaners, a social scientist will dupe you.[14]

It is in the interest of social scientists themselves, then, to protect their standing and the accuracy of their results by taking a stand against the resort to deception without consent and to other underhanded methods, even when no direct harm to subjects can be discerned; to refrain from teaching such methods; and to probe, with students and colleagues, the moral aspects of research.

I want to turn now to a group of experiments which do use deception and which do invade what some would like to keep private, but where the public interest in uncovering abuse and error is great. They serve to protect the public; this purpose gives them greater urgency. Does it suffice to justify the deception?

## *Pseudo-patient Studies*

In fairy tales, princes dressed as shepherds go out among their people to learn what they won't be told at court—how the sick and the poor live; how the courtiers and the councilors do their work; how power is wielded. A curious analogue to these quests has sprung up in the last fifteen years with the help of social scientists: the pseudo-patient study. Investigators pretending to suffer from depression, delusions, aches and pains, go into clinics and hospitals to seek "help." They want to learn for themselves about the care of the sick and the needy, the use of public funds, and the day-to-day routines in mental hospitals and health clinics. These studies have now become so common that doctors have been advised to learn how to cope with a new kind of patient—the pseudo-patient.[15] And the response by health professionals has often been one of shock and hostility at the deviousness of the research techniques.

One of the most controversial of these studies was conducted by D. L. Rosenhan and his associates. Their article, entitled "On Being Sane in Insane Places"[16] has become widely known, both because of its striking and frightening results, and because it ignited a debate about the ethical aspects of such studies. The investigators wished to test the hypothesis that the distinction between sane and insane persons is difficult or impossible in psychiatric hospitals. Eight investigators sought to be admitted to twelve different hospitals. They used the following procedure:

> After calling the hospital for an appointment, the pseudo-patient arrived at the admissions office complaining that he had been hearing voices. Asked what the voices said, he replied that they were often unclear, but as far as he could tell, they said "empty," "hollow," and "thud."
>
> [. . .] Beyond alleging the symptoms and falsifying name, vocation, and employment, no further alterations of person, history, or circumstances were made.
>
> [. . .] Immediately upon admission to the psychiatric ward, the pseudo-patient ceased simulating *any* symptoms of abnormality.
>
> [. . .] Despite their public "show" of sanity, the pseudo-patients were never detected. Admitted, except in one case, with a diagnosis of schizophrenia, each was discharged with a diagnosis of schizophrenia "in remission."

In Australia, pseudo-patients were employed to find out the extent to which physicians prescribe drugs to patients claiming symptoms of depression, and to learn whether sex role stereotypes affect physicians in their efforts to help these patients.[17] Ten pseudo-patients, five male and five female, were trained to present themselves with typical symptoms of mild depression to preselected physicians. The authors recommend "pseudo-patient experience and feedback" as giving a perspective on health care that other methods may be incapable of achieving, and of "strengthening consumer perspectives on health care." They suggest the establishment of a permanent body to report regularly on health-care service by using pseudo-patient studies.

In the United States such studies are also gaining ground. In the fall of 1976, Senator Frank Moss made headlines when he published the results of investigations of the Medicaid system in New York in which he had personally participated.[18] As Chairman of the Senate Subcommittee on Long-Term Care, he acquired a Medicaid card and visited one medical center, sending

Capitol Hill policemen and committee staff aides on 120 visits to other "Medicaid Mills" in New York City. They found widespread fraud. As patients, they were subjected to unnecessary tests, often given extensive referrals and a number of prescriptions.

Such, then, are the techniques now increasingly used to monitor professional practices in the health fields. Those who are subjected to them feel injured in two ways: They have been lied to, and the lies have caught them off guard, so that their private relationships with patients have been invaded. Why, they ask, should they be treated in this way? The deceits practiced upon them are not white lies nor lies in some emergency. And the entire health care system might be further debilitated by suspicion and law suits should the pseudo-patient research continue to proliferate.

How do the investigators respond? To what principles do they appeal? In the first place, some see no need to do so; for them, deception poses no problem. Schooled in the manipulative techniques of recent decades and passing them on to their graduate students, they have overcome any hesitation about misleading experimental subjects. At times, they even refer to "equality" in the choice of subjects: If patients can be the subjects of deceptive research, why should doctors not be similarly used?[19] As a result of such insouciance about deceptive studies, they often do not see the need to seek honest alternatives to these studies.

Other investigators are more troubled. But there are times when they see no other way to expose the abuses and errors which they suspect. And these can be very serious indeed. The countless patients who have been wrongly treated in "Medicaid Mills" bear testimony to the injustice of the system and to the immense misuse of taxpayers' money. These investigators appeal, therefore, to the principles of avoiding harm and of producing benefits, and see them as overriding the concern for veracity in these cases.

As for the claim by spied-upon physicians that they have been assaulted in their private relationship with patients, the investigators might reply that these relationships *ought* to be open to public scrutiny. They are very different in this sense from private sexual or religious behavior. The law supports investigators in making this distinction, holding that publicity which would otherwise constitute an invasion of privacy is permitted for matters in which the public has a legitimate interest. The invasion of privacy at issue here is a very different matter from that in many other studies on such subjects as homosexuality or obedience to authorities requesting violent acts.

Investigators may also appeal to the principle of fairness. It is unfair for men and women to receive different treatment because of their sex, instead of receiving the treatment best suited to cope with the disease itself. It is unfair for the poor and those most easily exploited to receive such shoddy care as they are given in the "Medicare Mills," and for those most vulnerable to exploitation in mental hospitals to be subjected to the procedures documented by the pseudo-patient studies. Finally, investigators make claims that appeal to the principle of veracity itself: monitoring will lead to greater honesty in patient care in the future, they argue, greater respect for the patient who might be an investigator in disguise, and greater reluctance to go along with sex role biases.

In weighing these arguments, we need to distinguish two separate purposes of pseudo-patient studies—to gain scientific knowledge and to protect those at risk. If such studies are looked at, first, primarily as *research*, their claims are relatively weak. Even proponents of the studies admit that the *knowledge* thus acquired can be gained with non-deceptive methods as well, and that it is by now already well established. Deception is not, therefore, the only way to achieve the scientific purpose. Because of the harm from deception already described, honest studies must therefore be preferred. As for the causes of fairness to the underprivileged and greater honesty on the part of health professionals, they are but haphazardly served by these scattered studies.

If, on the other hand, the element of *monitoring* in these studies is separately evaluated, the arguments become stronger. After all, surreptitious monitoring is common in many lines of work, such as car repair, banking, restaurant service—there is no doubt that standards are thereby higher. But if the monitoring purpose of the pseudo-patient studies is to be predominant, then participants ought to know that they may be monitored, and they ought to have consented to such a practice. As with the use of unmarked police cars, it is not enough to assume that there is public or professional consent to the deceptive practice.

By providing pseudo-patient monitoring with the safeguards given to other forms of monitoring, it can be regarded as a way to oversee patient treatment. Pseudo-patient monitoring could then at the very least be seen as different from the run-of-the-mill deceptive research now so common in the social sciences. The purposes are important; the protection urgently needed. The surreptitious element in monitoring—so pervasive in deceptive research—would then be largely overcome through consent. There may, at times, be no alternative way of conducting the supervision. Such monitoring of professional relationships differs sharply from invading the

privacy of unsuspecting subjects in ordinary deceptive research.

And yet, the deceit so practiced may levy its own toll. Our society already tolerates much surreptitious monitoring. We need to ask ourselves how much surveillance and infiltration we really want. Do we also want pseudo-students in the classrooms, pseudo-converts to religious creeds, pseudo-party members, clients, and patients? How far do we want to go to train some to spy on their fellows in order to find a few miscreants? And should there be any monitoring where no misdeed at all is suspected?

These are matters for public choice. The surreptitious practices have to be looked at together, and standards set for what communities regard as necessary and tolerable monitoring. Until such standards are set for pseudo-patient studies, health professionals should assume that they may become the subjects in surreptitious studies. To return to the fairy tale with which we began: the wisest course may yet turn out to be to treat all strangers well. Who knows—they may be princes in disguise.