

Medical Errors and Disclosure

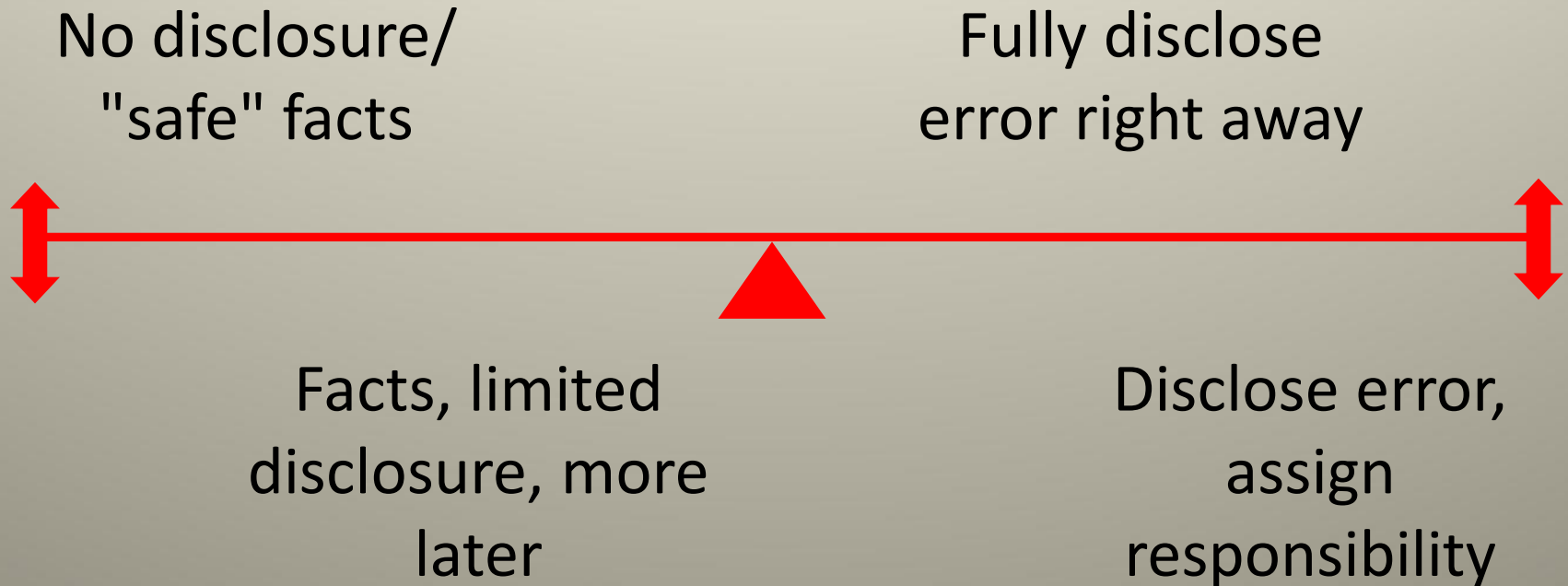
Medical Errors and Disclosure

- What is considered a medical error - Jed Maslow, MD
- Scope of malpractice in Tennessee - Nick Golinvaux, MD
- How do you disclose a medical error - Byron Stephens, MD
- What if a colleague has an error - Donald Lee, MD

A Curriculum on Disclosing Adverse Outcomes and Errors

1. Obvious error
2. When there is uncertainty about an error
3. Suspected error by a colleague
4. No error but patient/family believes so

Response Strategies Balance Beam



Scenario #3
Suspected error by a
colleague

#3 – Suspected error by a colleague

- Ms. Thesaurus is a 55 y.o. female English teacher. She presents with right hip pain, confirmed by your exam.
- Six months ago was involved in MVC, sustaining right femoral neck fracture. She underwent fixation of hip fracture with multiple screws.
- She asks, “why does my hip hurt so much?”
- She reports that procedure was done at outside institution, in same city, by Dr. Contradictory. You’ve seen some of Dr. C’s patients for other problems and thought you would have treated some differently.

#3 – Suspected error by a colleague

- Ms. Thesaurus and husband provide outside medical records, including pre-op and immediate post-op hip radiographs and operative report.
- Today's radiographs show one of the screws used to fix femoral neck fracture is proud and protrudes from femoral head and is now causing acetabular wear. Femoral neck fracture is healed.

#3 – Suspected error by a colleague

- Patient and husband want to know why she has persistent hip pain. She asks if previous surgery was performed adequately and wants to know what needs to be done. How might you respond?

How would you respond?

1. ...socket problem, you need surgery; let's start working on authorization
2. ...socket problem, probably need surgery; not certain when it happened, I want to review more records.
3. ... socket problem, not sure what happened, let's get a CT scan
4. ...socket problem, findings on films maybe related to previous surgery
5. I know why your pain has persisted... see this screw on this film, it was not properly placed

#3 – Suspected error by a colleague

- Upon review of *immediate* post-op recovery room films, the same screw had penetrated femoral head. There is now acetabular wear such that she may need total hip arthroplasty.

How would you respond now?

1. ...socket problem, you need surgery; let's start working on authorization
2. ...socket problem, probably need surgery; not certain when it happened, I want to review more records.
3. ... socket problem, not sure what happened, let's get a CT scan
4. ...socket problem, findings on films maybe related to previous surgery
5. I know why your pain has persisted... see this screw on this film, it was not properly placed

What would you do now?

- Reschedule to see Ms. T again in the future?
- Would you call Surgeon Dr. C to discuss findings...prior to meeting again with Ms. T?
- Schedule surgery?

Would you contact the
initial surgeon?

1. Yes

2. No

You Contact Surgeon

May Confirm Your Suspicion

- May wish to disclose error to patient
- May want your help with disclosure

May NOT Confirm Your Suspicion

- May disagree with you
 - surgery went fine, no problems
 - refuse to call it an error
 - ask you to conceal
- May avoid you
 - refuse to communicate
 - Seek legal counsel

If “NO,” What Then?

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If “NO,” What Then?

- Seek advice of trusted, neutral colleague
- Consider reporting these concerns to appropriate peer review authorities
- Report experience in “nonjudgmental discussion” with patient
- Something else?

Guiding Principles When You ID an Error or Potential Error

- Maintain a little humility
- How sure are you?
- Engage appropriate expertise (perhaps previously treating phys/team)
- If an error – say so
- Reduce unnecessary inflammation (don't speculate, “just the facts”)

Weigh Responsibilities

- Ethical, legal and risk management responsibilities may differ
- Choose whom you will serve:
 - Patient/family
 - Self
 - Medical Group
 - Institution/staff/Legal counsel
 - Insurer/Risk Manager

AMA Guide: Errors By Others

“A somewhat different challenge may present itself when healthcare professionals witness harm being committed or discover that a pt. experienced harm in the past when some-one else was caring for the pt. ...even if a MD is not responsible for the harm, that MD still has the ethical obligation of protecting patient welfare in general by disclosing incompetence and promoting operational improvements that enhance patient safety.”

Emotional Impact of Medical Error Involvement

The emotional impact of medical error
involvement on physicians: a call for leadership
and organizational accountability

Schwappach & Boluarte, Swiss Medical Weekly
Early Online Publication, October 14, 2008

Common Effects of Medical Error Experiences

- Increased anxiety about future errors (61%)
- Loss of confidence (in self or system) (44%)
- Sleeping difficulties (42%)
- Reduced job satisfaction (42%)
- Harm to reputation (13%)

What coping strategies are commonly employed?

Common Approaches to Coping: The Negative “3 D”s

- **Denial:** negation of concept of error, repression, redefinition of errors
- **Discounting:** externalizing blame (“not my bad”)
- **Distancing:** (“everyone makes mistakes”)

Mizrahi, Soc Sci Med
1984;19:135-146

What other approaches are seen?

Other Approaches to Coping: More generally unhelpful “D”s

- **Denounce:** the system, scapegoats (“jousting”)
- **Disrupt:** individual attempts to control problematic systems and/or poor colleagues seem to get desired results, but have unintended negative consequences as well
- **Depart:** taking the “geographic solution”

What approaches might be more fruitful/ helpful?

Positive Approaches to Coping: Yes, Even More “D”s

- **Discuss:** the events/issues/feelings
- **Disclose:** report errors promptly; gain assistance for disclosing to patients/families
- **Departmental initiatives:** fairly balancing individual responsibility and system issues that need to be addressed, blended with supportive listening and understanding
 - “New style” M&Ms for follow-up review

Response Strategies Balance Beam

