Welcome to the third module on medical error disclosure.

In this module you will consider the impact of medical error on families and strategies to regain their trust.

When mistakes happen, patients and families can suffer in two distinct ways. First, they suffer from the event itself. In addition, they may suffer if the event is handled poorly. Injuries resulting from error differ from unavoidable complications, in that patients are harmed by the very people and institutions they've trusted with their care. They then have to turn around and rely on the same people (or members of the same profession, and likely the same institution), for continued care and restitution. This makes most people feel very vulnerable.

As stated by Duclos and colleagues, a trusting relationship between you and the patient and family is the bedrock of medical care. These relationships will be sorely tested when errors happen. The primary goal during error disclosure is to focus on your relationships with these people. While it is necessary to explain the facts behind the errors, facts alone are insufficient. You are dealing with humans during a very stressful moment. Caring for them while they absorb the double whammy of error disclosure is part of your job.

Patients and families are impacted by medical error in several ways. Physically speaking, if they survive, patients may have more pain, additional procedures, longer recovery times, or potentially greater disfigurement. Both patients and families may suffer emotionally and financially. The logistics of caring for a loved one may become more complicated for the family. Much of the error disclosure literature focuses on the emotional impacts. One of the ways you can increase trust with families is to be astute to their financial and logistical concerns, and to connect them to the resources and supports they need.

The study by Duclos cited earlier provides many telling quotes from patients, illustrating these themes of good communication. You can find the article on the Moodle website.

The same study similarly provides many telling quotes from patients, illustrating themes of poor communication.

Michael Woods, co-author of a best-selling text for physicians, identified three clues to a troubled relationship between physicians and those they care for: frequent interruptions by either party; either (or both) of you saying the same things over and over, each time getting
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looser; and reverting to stock phrases that are meant to close down the conversation, such as: “You don’t need to worry about that;” or “That’s just our policy.” If you hear the conversation heading in those directions, step back and mentally re-group before you continue.

The patient literature is clear that hearing an apology is one of the most important parts of the disclosure conversation. Sometimes it is all people really need to hear, in order to accept the situation and deal with it. Despite evidence that transparency and an appropriate apology can win trust and reduce litigation costs, many physicians and risk managers remain cautious.

An apology if an acknowledgement of responsibility coupled with remorse. When it is heartfelt, it can be healing for both parties. If premature or non-genuine, however, it can be counter-productive, especially if it comes across as a ploy to prevent legal action. The single best article about the when, why, and how of apologizing is a four-page commentary by Aaron Lazare, which can be found on the Moodle website.

Here’s an example from an encounter involving a serious communications error: a delayed EKG reading and delayed treatment, leading to heart failure. This provider’s apology tone appears genuine and respectful. See if it strikes you the same way.

Here is another example of a genuine apology, followed by some explanation of the context in which the error (a retained sponge) occurred. Sometimes this type of explanation can sound like a rationalization. In this example, it seemed to humanize the situation. Perhaps it is because of the provider’s tone, pace, and body language. What do you think?

In this example involving a pneumothorax, we have a provider with a different personality and tone – more authoritative and direct. At the same time, her apology was clear and she left the family with a sense of credibility and trustworthiness. Do you agree?

One of the harder points of the conversation involves the question of responsibility. From a systems point of view, most errors result not from a single individual, but from the accretion of smaller miscues, lapses, gaps, and stresses. As we’ll see in the next module, prevention of future errors invariably calls for improvement in some aspect of teamwork, use of protocols, discussions among colleagues around fatigue, and the like. But it can feel to the family that if “everyone is responsible then no one is responsible, as seen in this video.”

Here are some sample phrases for different situations. It is very important to your personal reputation and to your institution’s good standing that you do NOT throw your co-workers “under the bus.” During a tense conversation with families, it can be tempting to shift blame to
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others, especially if you were not personally involved. As well as being unfair and potentially premature, blaming others can leave the impression you are trying to avoid accountability. If you are the person reporting the adverse event, but are not yet sure how it came about, be sure to explain that the team is investigating the event and will answer all their questions when you more fully understand it.

Ok, time to go. There is no step-by-step checklist for how to manage relationships following an adverse event, because if the sentiments aren’t genuine, the words can back-fire. Try reminding yourself: the relationship between you, the patient, and the family comes first. As stated by the American Society for Healthcare Risk Management, “attempts to repair a relationship are never a failure.” If you recognize clues to a troubled conversation, i.e., interruption, repetition, stock phrases, stop and mentally regroup before continuing. Holding yourself accountable and apologizing can be important for your healing as well as those you care for. In our next module, we will address the issue of error prevention.