Editorials

Disclosing Errors to Patients, Ethical Challenges and Opportunities

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ABSTRACT

Clinical error disclosure continues to be debated. Healthcare workers are typically reluctant to report errors, even if they may show respect for the patient. The editorial underscores healthcare workers' struggle to balance professional duties and patient well-being during error disclosure. Honesty and patient interests are prioritized in this paper. However, abrupt and insensitive communication is discouraged.

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Highlights

- Healthcare professionals are often hesitant to disclose errors.

- The emphasis has shifted from individual to team disclosure.

- Disclosure calls for a more nuanced ethical approach that consistently prioritizes patients' best interests.

Plain Language Summary

The editorial illustrates the challenge for healthcare workers to balance patient care and professional duties during error disclosure. It prioritizes honesty and putting the patient interests first but discourages insensitive communication.

Introduction

In the 'global patient safety action plan 2021–2030', the World Health Organization (WHO) indicates the value of healthcare transparency. The extensive report of psychological and financial impacts described by patients and their families affected by clinical errors during the last five years supports this recommendation (Ottosen et al., 2021). Healthcare workers (HCWs) often hesitate to discuss errors with patients and their families because they feel ill-prepared due to concerns about potential consequences, vulnerability, and humiliation (Gallagher et al., 2023). They often take a passive approach and wait for patients to raise concerns. Such an approach is inappropriate and burdensome for patients.

Challenges and value of error disclosure

Not all error disclosures are received positively, particularly when the nature and scope of the errors are ambiguous. Due to these concerns, discussing errors with patients and their families is often challenging. Should an extensive error be reported if it does not harm the patient's immediate recovery or long-term health? Alnahdi (2017) asserted that openness and honesty drive the ethical responsibility to obtain informed consent from patients and their families before resolving clinical errors. Disclosure reflects HCWs' respect for patient autonomy. Moreover, the disclosure promotes the principle of non-maleficence. Assuring patients that their health condition is associated with an error rather than the underlying disease prevents psychological distress (Edwin, 2009).

Meanwhile, error disclosure offers patients accurate and truthful information. The patients and the general public expect HCWs to practice honesty and prioritize patient interests over professional interests. Error disclosure also enables HCWs to apologize and help all parties recover psychologically. Patients might respect HCWs more if they acknowledge the error and are willing to rectify it. Any form and shape of error may be perceived as an intrusion on the patient's mental health and require explanation and reassurance at the very least. Besides, patients heavily count on the healthcare team responsible for the error to offer ongoing care (Gallagher et al., 2023). Disclosure is also essential for patient safety, and patient-centered care includes communication with patients and families when care fails. When an error is hidden, it may be repeated and compromise patient safety. Consistently deceiving patients damages HCW's credibility.

The way forward

First, honesty requires compassionate clinical judgments about error disclosure. HCWs must have the knowledge and skills to successfully explain clinical errors to patients (Hannawa et al., 2016). Following harmful errors, HCWs, patients, and families must be fully engaged to restore genuine interactions, rebuild trust, and demonstrate caring, which is critical to the recovery process for all parties (Aubin et al., 2022).

Next, the focus is on team disclosure, not individual disclosure. This is particularly relevant when multiple institutions provide patient care. Therefore, the team must choose the best error disclosure strategy to increase the disclosure quality by designating a focal HCW to answer patient and family questions and concerns. The "ask-tell-ask" strategy by Shapiro et al. (2021) may facilitate such a process.

Furthermore, should all errors be disclosed or only damaging ones? Limited disclosure in healthcare may reduce patient anxiety and preserve trust in HCWs,

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whereby relevant information must be selectively presented and predictions made. This therapeutic privilege may justify "benevolent deception", which minimizes errors. This method does not mean that patients should not know about trivial errors.

Finally, not all clinical errors have negative consequences. Regardless of whether the error could have been avoided, affected patients and their families must be informed of the causes of the error and given support to recover. A more nuanced ethical disclosure approach that prioritizes patients' best interests should also be adopted.

Ethical Considerations

Compliance with ethical guidelines

There were no ethical considerations to be considered in this research.

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