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Docs slow to admit mistakes

By LEE BOWMAN Scripps Howard News Service

We all make mistakes, even doctors from time to time. And in theory, it's good to admit it when we make a mistake.

But when it comes to doctors, a recent study suggests they're more likely to say it's important in theory to disclose a medical error to patients than they are to actually 'fess up.

The study, published online last week by the Journal of General Internal Medicine, was based on survey responses from 538 faculty, resident physicians and medical students at teaching hospitals in the Midwest, Mid-Atlantic and Northeast.

Researchers at the University of Iowa found that while nearly all respondents -- 97 percent -- said they would disclose a hypothetical medical error that resulted in minor medical harm, 93 percent said they would disclose an error even if it had caused disability or death.

But only 41 percent said they had actually disclosed a minor medical error they made, and just 5 percent said they had revealed a major error during their career. Moreover, 19 percent said they had made a minor medical error but not disclosed it; 4 percent said they had made a major error and not disclosed it.

What's striking is that this seems to suggest about half the doctors think they have never made even a minor medical mistake.

" It seems fair to assume that all of us have made at least a minor error, if not a major error, sometime in our careers, " said Dr. Lauris Kaldjian, an associate professor of internal medicine at the university's medical college and director of its Program in Biomedical Ethics and Medical Humanities.

" Most doctors recognize that they're fallible, but they still strive for perfection, " Kaldjian said. " The idea persists that the physician rides into the clinic on the white horse. To come in as the healer and then realize that you have harmed is a difficult thing to accept, let alone to admit. "

The surveys did suggest that the more experience a doc had, the more willing he or she was to admit an error. And they also showed that doctors who had been sued for malpractice were not any less inclined to disclose errors.

On the other side of the bed rail, though, consider a study done at a Boston-based outpatient cancer center between February and September of 2004. Saul Weingart of the Dana-Farber Cancer Institute set up interviews between volunteer " patient safety coordinators " and the patients. Then the researchers reviewed the care and coded the events.

Their report was sponsored by the Commonwealth Fund and published in the Joint Commission Journal on Quality and Patient Safety.

One in five of the 193 patients interviewed reported having an " unsafe experience " at the clinic. But when the researchers reviewed the complaints, they found that only two incidents -- 1 percent -- were genuine adverse events, four more were considered close calls and 14 others were medical errors with no risk of harm.

Most reports turned out to be about the quality of service the patients received: long waits, miscommunication with doctors and nurses, dissatisfaction with the clinic's environment and amenities.

So just as doctors don't like to admit mistakes, the cancer patients seemed to take a larger view of the type of care they felt made them feel safe.

" The vocabulary of patient safety is confusing to patients, and we offered no explicit definition, " Weingart and his colleagues wrote, adding that for patients, the idea of " unsafe care " brought up complaints about parking, security, delays and emotional distress.

They also said long-term patients who interacted regularly with medical caregivers in general may be more likely to report episodes they consider substandard care, " perhaps because they had more opportunities to be harmed. "

Experienced patients were also assumed to be less worried about alienating caregivers with complaints than those seeking help for problems that are generally resolved with one or two encounters.

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