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Chervenak FA, McCullough LB

The Professional Responsibilities of Obstetrician-Gynecologists in Managing Clinically Significant Medical Errors

Speculum - Zeitschrift für Gynäkologie und Geburtshilfe 2016; 34 (4) (Ausgabe für Österreich), 27-28

Krause & Pachernegg GmbH • Verlag für Medizin und Wirtschaft • A-3003 Gablitz

P.b.b. 02Z031112 M, Verlagsort: 3003 Gablitz, Linzerstraße 177A/21

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The Professional Responsibilities of Obstetrician-Gynecologists in Managing Clinically Significant Medical Errors

F. A. Chervenak[1], L. B. McCullough[2]

Before the 1990s in the United States and many other countries, the professional ethics of managing clinical errors was controversial. Many physicians and healthcare organizations were opposed to disclosure of medical errors to patients, for reasons mainly concerned with individual and organization self-interest in preventing increased liability, in spite of the fact that there was no evidence to support this belief.

Non-disclosure created a clinical ethical challenge for professional responsibility: What should patients be told about why additional clinical management was needed after an error had occurred, of which the patient was unaware? At the very least, non-disclosure put the physician in the awkward situation of deceiving the patient by withholding clinically significant information. Moreover, the ethics of informed consent are clear: there is a professional responsibility to explain to the patient the nature of her condition, the medically reasonable alternatives for managing it, and the clinical benefits and risks of each medically reasonable alternative. The nature the patient's condition is that it was caused by a medical error, which occurs when the wrong clinical management is provided or when the correct clinical management is provided in the wrong way.

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Early in the first decade of the new millennium, consensus rapidly formed that there is indeed a professional responsibility to identify and report medical errors internally, so that appropriate review can be performed, to identify causes of the error and how they might be prevented by changes to organizational policies and practice. The process for such reporting and evaluation should be non-punitive, to encourage routine reporting of medical errors internally. Some medical errors are clinically significant: they result in a patient's condition that requires further clinical evaluation and management. The ethics of informed consent clearly apply at this point: As noted above, there is strict professional responsibility of the physician responsible for the medical error to inform the patient: about her condition; that it was caused by a medical error; about the medically reasonable alternatives for managing the patient's condition and the clinical benefits and risks of each such alternative; and about measures that will be instituted to reduce the probability of the error's recurrence. The strength of this professional responsibility is directly proportionate to the seriousness of the patient's condition. It is essential that organizational policies support routine internal reporting of medical errors and support physicians in disclosing medical errors to patients. There is no evidence that such organizational policies and practices increase the cost of professional liability.

Leaders in obstetrics and gynecology have the professional responsibility to create an organizational culture of evidence-based patient quality and safety as the context

within medical errors should be prevented, internally reported and evaluated, and disclosed to patients. We emphasize three essential components of this organizational culture.
First, physician leaders should support open and unbiased peer review of all medical errors, with no one exempt from this process.
Second, physician leaders should strongly discourage a preventable source of medical error: idiosyncratic and other clinical practices that are not evidence-based.
Third, physician leaders should see to it that there is appropriate and sustained organizational support to assist physicians in the disclosure of medical errors to patients.

Physician leaders should emphasize the advantage of such practices. Physicians will no longer have to manage deception of patients, which corrodes professional integrity and risks loss of trust by patients in their physicians and in healthcare organizations. Physicians will also be free to abandon the groundless belief that deception reduces professional liability. Physicians will also be in better position to sustain and strengthen their professional integrity by participating in an organization culture of evidence-based patient quality and safety that supports medical professionalism.

SUGGESTED READING:

Chervenak FA, McCullough LB. The Professional Responsibility Model of Perinatal Ethics. Walter de Gruyter, Berlin, 2014.

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