

Patient perception is vital when reporting medical errors

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When reporting medical errors, patients' perceptions of their physicians' disclosure may be key to gaining their trust, according to researchers from the Johns Hopkins Bloomberg School of Public Health. However, a positive perception of the disclosure has little effect on the lawsuit risk a physician faces. Researchers examined volunteer responses to several videos depicting the disclosure of an adverse event along with variations in the extent to which a physician accepted responsibility. They found that a patient's perception of what was said was more important than what was actually said by the physician.

In addition, researchers found that in this study a full apology and acceptance of responsibility by the physician in error was associated with better ratings and greater trust. The results are published in the September 1, 2009, issue of the [Journal of General Internal Medicine](#).

"Viewers were more likely to want to sue physicians that offered an incomplete apology or who did not accept responsibility," said Albert Wu, MD, MPH, lead author of the study and a professor with the Bloomberg School's Department of Health Policy and Management. "When viewers thought that the doctor had apologized and taken responsibility, they gave the doctors much higher ratings with 81 percent of viewers reporting trusting the physician and 56 percent reporting they would refer the physician. However, despite the positive reaction to perceived apology or responsibility, viewers were only slightly less inclined to want to sue."

Researchers showed 200 adult volunteers from Baltimore City videotaped vignettes that depicted physicians disclosing one of three adverse events to patients. The vignettes varied in the extent of their apology and acceptance of responsibility. Viewers were then asked to evaluate the physicians. Actors were used to create the adverse events including a year-long delay in noticing a malignant-looking lesion on a mammogram, a [chemotherapy](#) overdose ten-times the intended amount and a slow response to pages by a pediatric surgeon for a patient who eventually codes and is rushed to emergency surgery. Apology variations were full, non-specific and none, while responsibility variation was limited to full and none. Wu, along with colleagues from the Johns Hopkins School of Medicine and the University of Florida, examined the relationship between the designed and perceived variations to responses and to account for differences in viewer demographic characteristics.

"There is broad consensus that physicians and health care organizations should disclose adverse events to patients and their families. Our findings show that the [perception](#) of what is said is more strongly associated with how physicians were perceived," said Peter Pronovost, MD, PhD, a co-author of the study and professor with the Bloomberg School's Department of Health Policy and Management and the Johns Hopkins School of Medicine. "Training is needed to help those in practice and training carry out the difficult task of disclosing adverse events. Moving forward, it will be important to evaluate the effectiveness of that training, including how it is perceived by patients and their families."

Source: Johns Hopkins University Bloomberg School of Public Health ([news](#) : [web](#))

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