

The 'bystander effect' in crime also applies to medicine

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(Medical Xpress)—The "bystander effect," which refers to people standing by and doing nothing while an emergency situation takes place, can also apply to medical care, according to two Yale doctors. Their "Perspectives" piece appears in the Jan. 3 issue of the *New England Journal of Medicine*.

The "bystander effect" became widely known and studied after the murder of a young Queens, New York woman, Kitty Genovese, who was returning home from work in the pre-dawn hours of March 13, 1964. Early reports suggested that nearly 40 people either observed the attack or heard her cries for help, but did not intervene. This case prompted significant research into this pattern of collective [human behavior](#), in which everyone assumes someone else will come to the rescue, also known as the "Genovese syndrome."

The authors assert that this phenomenon may exist in medical care as well. They say that increasingly stringent limits on resident work hours, born of concern about physician fatigue and patient safety as well as increasingly complex patient conditions, may be contributing to unintentional lack of coordination of care among well-meaning physicians.

The tendency to refrain from offering help in emergencies may manifest most significantly, the authors write, when many others are present. People assume that someone else will take responsibility, or that others already have. In fact, the researchers write, the larger the group of people, the more likely the bystander effect may occur.

They give an example from their own dermatology service, which was asked to evaluate a patient with multiple [organ failure](#) and accompanying skin problems. Their team was one of nine specialty services tending to the patient in the [intensive care unit](#), resulting in frequent physician-to-physician handoffs and numerous active care providers.

At one point, the authors write, more than 40 doctors were participating in the patient's care in the ICU. "Our inability to easily name his disease process quickly created ambiguity about 'ownership' of the patient," according to co-author Dr. Jason Lott, postdoctoral fellow in dermatology and internal medicine at Yale School of Medicine, and a

Robert Wood Johnson Foundation Clinical Scholar.

Eventually decisive action was taken and the patient recovered, but the crisis – and the confusion surrounding it – provided an important lesson in how the bystander effect can impact [medical care](#) and how it might be minimized through heightened efforts to improve coordination of care, note the researchers.

"Psychological research on the bystander effect suggests that individuals may be more likely to act when they are friends with one another," explained co-author Dr. Robert Stavert, dermatology resident at Yale. "Therefore, systems which encourage structured cooperation and collaboration across specialties within a hospital may reduce the likelihood of this tendency. Additionally, reimbursement models which reward collaboration may be beneficial in improving coordination of care and limiting the impact of this potential pitfall."

Provided by Yale University

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