

Abandon the term 'second victim' say families of patients who died after medical errors

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Families of patients who died after medical errors argue that it's time to abandon the term "second victim" to describe doctors who are involved in a medical error.

In an editorial published by The BMJ today, Melissa Clarkson at the University of Kentucky and colleagues say that by referring to themselves as victims, "[healthcare providers](#) subtly promote the belief that patient harm is random, caused by [bad luck](#), and simply not preventable."

This mindset "is incompatible with the safety of patients and the accountability that patients and families expect from healthcare providers," they argue.

The term was introduced by Dr. Albert Wu in 2000, to bring attention to the need to provide [emotional support](#) for doctors who are involved in a medical error. It has since been adopted, adapted, and extended by authors and educators—and healthcare organisations have now even been termed the "third victim."

But Clarkson and colleagues say the true pervasiveness of the term only becomes apparent only when the phrase "victim of medical error" is typed into a search engine. The overwhelming majority of results are information about the second victim alongside images of distraught-

looking individuals wearing scrubs or white coats.

They stress that patient communities and their advocates do not question the need to support providers who have been involved in an incident of patient harm. But they do question why the term victim "has become so embedded in the vernacular of patient safety."

For there to be a victim, there must be an offender or perpetrator (or at the very least an uncontrollable force of nature), they write. But for the second or third victims of medical harm, who is this offender, perpetrator, or force of nature?

And while the second victim label may help providers and institutions to cope with an incident of medical harm, "it is a threat to enacting the deep cultural changes needed to achieve a patient-centred environment focused on [patient safety](#)," they add.

When Dr. Wu introduced the term, it could have cultivated empathy with harmed patients, they say. Instead, "it appears to have reinforced the inward-gazing, provider-centred nature of healthcare systems, insulated from the realities faced by harmed patients and their families."

Providers and institutions "must break down this barrier, engaging with patients, families, and advocacy organisations to understand more broadly how everyone—[patients](#), families, and providers—is affected by medical [harm](#)," they argue.

"It's time to abandon the term second victim. We know who the actual victims of [medical errors](#) are because we arranged their funerals and buried them," they conclude.

More information: Editorial: Abandon the term "second victim", [DOI: 10.1136/bmj.11233](https://doi.org/10.1136/bmj.11233)

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