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How to Talk to Patients After an Adverse Outcome

Talking with patients in the aftermath of an adverse outcome is commonly referred to as “Apology and Disclosure” within the risk management community. It is clinically unique to the specific patient condition and event; however, there are elements that universally apply to the process. In this article we briefly discuss patient needs and expectations that form the building blocks of the disclosure process.

The first task is to recognize the event from the patient’s perspective. While it may be a “routine” case for the doctor, and one where a complication has been experienced in surgery before, there is nothing routine about it for the patient.

Secondly, we must understand the patient’s expectations in advance and align those with the anticipated clinical results. Optimism bias may interfere with the patient’s comprehension of the true risks, and when expectations do not match results, the human perspective is to suspect wrongdoing. This is often perpetuated by family members and friends not present during that critically important expectation assessment and consent discussion.

Finally, there are three core areas a patient mentally needs to reconcile specifically: What happened? Why did it happen? And how can what happened be prevented? Patients have an emotional need to know what and why, as well as participate in the corrective process. Many a lawsuit has been spawned solely by the need to understand what happened in perceived or real absence of open and honest disclosure.

The reasons for how the event occurred are not always known at the time the event is recognized. Those causative factors are discovered during the investigation that follows and may take weeks or months to uncover; however, it is not only crucial to

interact timely with the patient but also without speculation until after that investigation yields results. This is the initial “disclosure” and starts an ongoing process of dialogue as the timeline of the investigation proceeds. It is also the best, and possibly the only, moment to express an empathetic response such as, “I’m sorry you are experiencing this complication. Like we discussed, we knew it was a risk and this is what we are doing about it”. Comments to avoid are those that imply fault such as “I’m sorry I made a mistake”. Accepting responsibility is only done after the causation analysis from the investigation warrants that determination.

Expressions of empathy, disclosures, and event causation analyses are best done from a position of experience. If the disclosure is done without skill, it can be worse than none at all. It is best to seek assistance from experienced staff whenever possible.

The CAP Cares Team was specifically assembled to assist and coach members through this process. They may be reached at the CAP Hotline 800-252-0555.