You’ve Been Served: Now What????
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Defendant

- In Sara’s own words
- “My first feelings after being charged with medical malpractice were of being utterly alone. I felt isolated from my colleagues and patients. I also understand that what I experienced...are common reactions of most doctors accused of negligence.”

Impact of “being served”

- “swallowed up life”
- “demanded constant attention and study”
- “multiplied attention and strain”
- “generated pattern of broken sleep”
- “felt integrity as a person and physician had been damaged and might be permanently lost”
A word about legal considerations

- Served?
- Contact carrier or hospital/group legal.
- Get advice re: with whom to discuss facts
- Get support
- Provide support

The Seven Pillars: A Comprehensive Approach to the Prevention and Response to Patient Events

- Data Base
- Unexpected Event reported to Safety/Risk Management
- “Near misses”
- Process Improvement
- Activation of Crisis Management Team – emotional first aid
- Full Disclosure with Rapid Apology and Remedy

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The Objectives:
1. Treatment that is “Just”
2. Respect and Dignity
3. Understanding and Compassion
4. Supportive Care; “Fitness for Work”
5. Transparency
6. Organizational Education on Process
7. Leadership Review for Process Improvements

Importance of having a “Just Culture”
Association of perceived medical errors with resident distress and empathy: a prospective longitudinal study (West et al. *JAMA*. 2006;296(6):1071-8)

“Self-perceived medical errors are common among internal medicine residents and are associated with substantial personal distress. Personal distress and decreased empathy are associated with increased odds of future errors…reciprocal cycle.”

Benefits of Care-for-the-Caregiver Programs

- Emotional “First Aid”
- Restoration of providers to professional role
- Essential for establishment of a “Just Culture”

Stages of Recovery following Adverse Events (Scott et al. 2009)

- Chaos and accident response
- Intrusive reflections
- Restoring personal integrity
- Enduring the inquisition
- Obtaining emotional first aid
- Moving on - dropping out, surviving, or thriving

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Second Victim Responses

Physicians report
- Significant emotional distress
- Feeling unsupported by institutions
- Desire to receive counseling
- Concerns about barriers
  (Waterman et al. 2007)

Residents report
- Complex blend of emotions (distress, guilt/self-doubt, frustration/anger)
- Desire to talk with other residents/attendings as family members/friends lack medical training and ability to understand
- Attending input and feedback crucial in coping process
- Appreciate constructive learning opportunities
  (Stgel et al. 2008)

Individual Requirements

- Able to provide “emotional first aid” with thorough understanding of second victim phenomenon
- Trustworthy
- Has clear boundaries (confidentiality)
- Responds in a timely manner to support queries and to assigned provider
- Can attend 50% of monthly meetings and semi-annual training sessions

The Eight Commandments of Peer Counseling
(Salovey, 1996)

1. Be nonjudgmental
2. Be empathic (not a brick wall)
3. Don’t give personal advice—do not opine on legal matters related to the case, investigation, etc…
4. Don’t ask questions that begin with “Why”
5. Don’t take responsibility for other people’s problems
6. Don’t interpret (when a paraphrase will do)
7. Stick with the here and now
8. Deal with feelings first
Care for the Caregiver

- Involvement in a medical error increases:
  - Burnout
  - Likelihood of involvement in future errors
  - Risk of depression
  - Risk of suicide
  - Leaving practice

National Quality Forum Safe Practice #8

- Care of the Caregiver:
  - Available to all employees involved
  - Timely and systematic
  - Just treatment
  - Respectful
  - Compassionate
  - Supportive medical care
  - Participation in event investigation, risk identification, and mitigation activities to prevent future events.
  - Supporting providers helps them care for their patients

Choosing Wisdom: What Helped

- Talking about it (colleagues), not minimizing
- Sharing stories
- A moral context/professionalism/spirituality
- Becoming an expert
- Making positive changes/teamwork
- Dealing with imperfection
  - “It’s just a different vision of what it means to be excellent...a more real vision of that”
- Teaching/helping others
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