Original Research

Attitudes after unintended injury during treatment: a survey of doctors and patients

ABSTRACT ● **Objective** To compare the attitudes of doctors and patients toward the disclosure of information after adverse medical events. ● **Design** Cross-sectional questionnaire survey. ● **Setting** Ophthalmology department of an outer London hospital. ● **Subjects** 246 patients attending one ophthalmic outpatient clinic during a 5-week period and 48 ophthalmologists. ● **Main outcome measure** Proportion of each group who believed that patients should be informed about the occurrence of an adverse event and its potential future complications following elective ophthalmic surgery. ● **Results** Most patients (226/246, 91.8%) believed that a patient should be informed of an adverse event. Fewer ophthalmologists (29/48, 60.5%, P<0.001; odds ratio 7.4 [95% CI 3.7-14.3]) shared this belief. The majority of patients (200/246, 88.5%) believed that a patient should be as fully informed as possible about the event and possible future complications, but this belief was shared by a minority of ophthalmologists (16/48, 33.3%, P<0.001; odds ratio 8.7 [95% CI 4.7-15.9]). ● **Conclusion** After an adverse medical event, there is a discrepancy between the amount of information that patients wish to be given and that which physicians feel is appropriate.

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Introduction

Unintended injuries or adverse events caused during treatment occur much more commonly than previously believed.[1] Recent legal and disciplinary cases have shown that although patients are increasingly dissatisfied with a perceived lack of openness in the medical profession, doctors in the United Kingdom are not legally obliged to provide an explanation after an adverse event.[2] Because of this situation, the General Medical Council (the regulatory body for doctors in the United Kingdom) has revised its guidance on good medical practice, stating that routinely, after an adverse event, a full and honest explanation and an apology should be provided.[3] To come to a fuller understanding of these circumstances, we surveyed the attitudes of both patients and doctors about doctors providing information to patients after a hypothetical adverse event during cataract surgery.

Subjects and methods

A specifically designed questionnaire (see box) was used to survey all patients attending a consultant ophthalmologist's clinic during 5 weeks in 1998. All 48 ophthalmologists attending a regional meeting participated; 246 of 302 (81%) patients also agreed to participate. The questionnaire asked about the postoperative information that should be provided routinely given a hypothetical situation in which a common intra-operative complication (posterior capsular rupture) occurred during cataract surgery, with an estimated 10% risk of an adverse effect on vision.

Results

The attitudes of the patients differed substantially from those of the ophthalmologists: 92% (226) of patients compared with only 60% (29) of ophthalmologists believed that a patient should always be told if a complication has occurred (P2=34.5, 1 df, P<0.001; odds ratio 7.4; 95% CI 3.7-14.3). The ophthalmologists who did not believe that patients should always be told responded either that the patient should never be told or that it depended on the circumstances. Altogether, 81% (200) of the patients but only 33% (16) of the ophthalmologists believed that a patient should be informed of a complication and be given detailed information on possible adverse outcomes (P2=47.1, 1 df, P<0.001; odds ratio 8.7; CI 4.7-15.9).

Discussion

Our survey shows that after an adverse event, patients expect to receive more detailed information than doctors believe should be given. Doctors' reluctance to provide patients with detailed information after adverse events is often an attempt to protect them from potentially detri-

Questionnaire

Please read the following story (which is typical but fictional):
Mrs. Brown has an operation for a cataract. During surgery, there is a complication. The lens capsule breaks, and the surgeon has to make a bigger cut than planned, use stitches, and put in a different style of lens implant. There is an approximately 1-in-10 chance that Mrs. Brown's vision will be affected by these changes.

The next day, she sees well and is pleased.

Should Mrs. Brown be told about the surgical problem?
Yes/No

If yes, do we discuss the possible consequences?
Yes/ Only if she asks/ No

Please comment on your decision on the back.

What is your age?
25 and under/25-60 years/over 60 years

mental anxiety. Doctors may also avoid talking with patients about adverse possibilities, however, because it is a time-consuming, difficult, and unpleasant task and because they fear losing a patient's trust and being blamed or, perhaps, sued. It has also been suggested that the current medical culture, in which error is often automatically equated with professional incompetence or inadequacy, makes admissions to either patients or colleagues difficult.[4] Many studies show, however, that failure to provide information, an explanation, and an apology increases the risk of litigation and erodes the patient-doctor relationship.[5] After an adverse event, patients want disclosure of the event, admission of responsibility, an explanation, an apology, and prevention of similar errors in the future; in some cases, they also want the offender to be punished and to obtain financial compensation.[5]

The practice of medicine can never be free of errors.[4] Changes are required in the attitudes of both patients and members of the medical profession, with a realistic understanding of the limitations of doctors and medicine and more blame-free openness between doctors and patients.

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Contributors: The original idea for the study arose in a meeting of the three authors. GV and MH designed and piloted the questionnaire. All three authors collected data and wrote the paper. MH performed the statistical analysis. MH acts as the guarantor of the paper.

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COMMENTARY
Do physicians have a duty to disclose mistakes?

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If doctors believe they may have injured their patients in the course of medical treatment, should they tell the patients? The intriguing paper by Hingorani et al. reports on a survey of British ophthalmologists and ophthalmology patients on this point.[1] When asked whether a patient should routinely be informed about a significant complication of cataract surgery, posterior capsular rupture, 92% of the 246 patients surveyed said yes, but only 60% of the 48 physicians surveyed agreed. (Posterior capsular rupture may or may not be the result of avoidable physician error in any given case.) The British General Medical Council has recently concluded that, although British courts have not required doctors to disclose serious medical accidents to patients, good medical practice requires disclosure and an apology. Does that practice make sense in the United States?

In fact, courts in several states, including California, have long said that doctors have a duty to make such disclosures.[2] These cases come up in an odd context, namely when a patient seeks to extend the statute of limitations, the time limit for bringing a lawsuit, on the grounds that the defendant "fraudulently concealed" the accident. Fraudulent concealment usually requires some affirmative deceptive act by the defendant to hide his or her role in the plaintiff's injury, but when the defendant is a "fiduciary," charged with looking after patient's best interests, mere nondisclosure can become "constructive fraud" and thus stop the running of the statute of limitation. The same doctrine has been used to extend the statute of limitation in cases of alleged malpractice by lawyers.

This legal duty to disclose is obscure and seems never itself to have been the basis of litigation. Nor does it appear to have been the grounds for disciplinary proceedings against physicians. Do American physicians disclose adverse events to their patients? I can find no study of American physicians or patients similar to that of Hingorani et al., but there is surely reason to doubt that such disclosure is common.

Hingorani cites a variety of reasons given by physicians for not disclosing adverse events. These include the desire not to increase the patient's anxiety, concern about decreasing the patient's trust in the doctor, increasing the likelihood of litigation, and reluctance within the culture of medicine to admit mistakes—all reasons that exist to the same or a greater extent in the United States. The increasing use of patient satisfaction surveys by managed care organizations and physician groups adds yet another reason to avoid an embarrassing disclosure.

Should American physicians disclose adverse events to their patients? When the knowledge of the adverse event is relevant to the patient's future medical treatment or health status, the answer is clearly yes. If the adverse event requires some additional treatment, its existence becomes part of the explanation of, and informed consent for, the additional treatment. Similarly, if the adverse event means that the patient needs special monitoring in the future, the patient needs to know.

But must doctors disclose that the reason for the future medical treatment or monitoring is their own mistakes? And should disclosure be made if there are no continuing consequences for future medical treatment? In these cases as well, the answer should be yes. Putting patients'—or clients'—interests first is the essence of a fiduciary's duty. The bond between professionals and their clients should require com-