The gap between prescriptive medical error disclosure policies and actual disclosure practice continues to pose a problem for improved patient safety in health care. In a recent working paper entitled "Barriers to Medical Error Disclosure: An Organizing Framework and Themes for Future Research", we identified and analyzed the potential explanations for why the medical establishment continues to err on the side of not disclosing information to patients regarding errors in their care. In this editorial, we offer a call for re-conceptualizing error disclosure as an inherent part of being professional. We believe this is congruent with the fact that disclosure is becoming widely accepted as the most ethical course of action for physicians to take in the event of error.

There are a number of existing barriers cited in the medical error disclosure literature that prevent physicians from fully and effectively performing disclosure duties. These barriers include: the tangible professional or legal sanctions facing physicians [1,2]; the intangible attitudes and perceptions towards error that plague the workplace and drive norms of behavior in the health care environment [3,4]; the causal uncertainty surrounding the error trajectory and consequent diffusion of individual accountability [3,5,6]; and physician weighing of costs and benefits of disclosure in cases of trivial harm or near misses [3,5,7].

Recognition of these barriers can make sense of the present disclosure gap in terms of the variables that factor into a physician’s disclosure decision. Importantly, while physicians may recognize the moral imperative of providing patients with the information they deserve regarding all aspects of their care, this duty can be compromised due to the weight of competing interests, obstructing circumstances, or various other reasons to not disclose. The unfortunate result of this balancing act is that physicians routinely hesitate to disclose. Indeed, this decision can be justified given a strict cost-benefit analysis of the issues that involves weighing the pros and cons of disclosing, or pitting reasons to disclose against reasons not to disclose.

As academics we must take caution, however, when walking the fine line between making sense of the present disclosure practices and validating them. Granted, physicians inevitably face ethical dilemmas and difficult decisions in the event of medical error, usually made more difficult or complicated by factors beyond their control. But it is important not to lose focus on the fundamental question in these cases: what should physicians do—disclose or not disclose?

In our view, the preferential position remains firmly grounded in the notion of physicians as professionals. The true hallmark of any professional, whether law, engineering, accounting, or medicine, is to put the public interest over any other competing interests, be they those of the physician or of the health care organization. In other words, professionals owe their ultimate allegiance to the public good. As professionals, physicians have a primary and final duty to their patients. Moreover, the role of a physician evolved from a historical conception of a “healer” as part of a morally based practice combining medical expertise with an altruistic concern for a patient’s wellbeing [8]. Although the practice of medicine has since been institutionalized such that health care organizations and their employees face systemic complexities and production pressures, these should not trump the basic philosophy of the health care profession.

The philosophy of professionalism requires us to think of ethical duties as a core component of physician’s performance duties, such that the right course of action for the physician in cases of medical error is not at odds with, but rather aligns with, the role of the physician in all aspects of the job. The Hippocratic Oath that physicians take in their professional practice, for example, represents the inherently moral basis of the role of a physician. Insofar as it states, “first, do no harm”, the oath codifies a norm of physician behavior in the workplace underwritten by a commitment to principles of care and respect for patients.

Without conceiving of disclosure duties as part and parcel of a holistic conception of professional care for patients, we might fail to recognize that physicians may err twice in the line of care: first by acts or omissions leading to the initial medical error, and again by failing to disclose the appropriate information to the patient [9]. Historically, too much attention has been placed on strictly biomedical forms of harm in the context of the Hippocratic Oath, at the expense of recognizing ethical harms to patients such as failing to respect their rights as autonomous agents to...
information about their health care services and wellbeing [5]. There is ample evidence in the extant medical error disclosure literature that suggests the present understanding of “harm” by the medical establishment is too narrow in scope. First, patient perceptions of what constitutes a medical error include, for example, issues of communication on the part of their physician, and patients routinely express the desire to receive full disclosure of any errors incurred in their care [2]. Second, patients tend to undertake legal action in the event of an error not because of the initial harm itself, but in search of information they feel they are owed, an explanation they failed to receive, and physician or organizational accountability they feel was lost in a decision not to disclose [3,10]. Third, judges decide fault in these cases by looking primarily at the post-incident behavior of physicians—such as disclosure and apology—in terms of whether or not it exhibits a commitment to professionalism and continued quality care for patients [3,10].

Physicians are professionals, and owe their ultimate allegiance to their patients. The physician duty to disclose is an inherent part of their role of professionals that further derives from an underlying moral basis of the practice of medicine. We should not rest easy with the present disclosure practices in health care organizations, whereby ethical commitments of physicians continue to be overridden or obstructed by conflicting interests or pragmatic reasons for nondisclosure.

It is crucial that all those involved in the medical profession wholeheartedly support disclosure to patients as the default position in the wake of medical error. This means a continual ad vocation against the aforementioned barriers upon which decisions not to disclose are sometimes validated. Importantly as academics who support the fight to disclose medical error, this means speaking out to ensure that the disclose position, and education in its best practice, is a fundamental part of the core medical and health sciences curriculum, as well as a necessary condition for continued health care facilities accreditation [11]. Both the public and our patients deserve this new default position as an integral part of standard quality care.

REFERENCES