



Doctors Under-reporting Medical Errors To Hospitals, Study Suggests

A related University of Iowa-led study, published in the May 2007 issue of the Journal of General Internal Medicine, found a similar, although smaller, gap between physicians' attitudes and actual actions in the disclosing of medical errors to patients.

Information from the two studies, which were based on surveys of doctors in teaching hospitals, shows an apparent disconnect between error disclosure to patients and error reporting to hospitals and points to the need for a more integrated view of medical error communication, said Lauris Kaldjian, M.D., Ph.D., associate professor of internal medicine at the University of Iowa Carver College of Medicine.

As an example, 41 percent of physicians in the earlier study said they actually had disclosed a minor error to a patient but only 18 percent of physicians in the current study said they had reported a minor error to their hospital.

"Taken together, the findings indicate that physicians have more experience talking to patients about medical errors than reporting them to hospitals," said Kaldjian, who also is director of the college's Program in Biomedical Ethics and Medical Humanities.

"It may be that physicians find it more important or meaningful to talk to patients about mistakes and may not see as much value in communicating the same mistakes to a reporting system," he added.

Kaldjian points out that disclosing errors to patients relates directly to real-time patient care, while reporting errors to institutions is directed toward improving the care of future patients. "It is important that we try to find a way to accomplish both kinds of error communication," he said.

Kaldjian and co-investigators received survey responses from 338 physician participants from different regions in the United States. Among them, 73 percent said they would report to their institution a hypothetical error resulting in minor harm, and 92 percent said they would report a hypothetical error resulting in major harm. However, in actuality few physicians have reported a minor error -- 18 percent -- or a major error -- 4 percent -- to their hospital. In addition, 17 percent acknowledged not reporting an actual minor error and 4 percent acknowledged not reporting an actual major error.

The discrepancy between attitude and action is particularly notable, Kaldjian said, given that the survey showed that 84 percent of physicians believe error reporting can improve the quality of care.

The answer to the gap may lie partly in other findings from the survey, he noted: Only 55 percent of the respondents knew how to report errors, and only 39 percent knew what kinds of errors to report.

"The fact that nearly every physician is likely to make a minor error at some point in his or her career, taken together with the lack of understanding on how and what to report, indicates we need to clarify what errors should be reported and how to report them," he said.

Kaldjian said that while the study results may not generalize to non-teaching hospitals, the patient safety movement that came into full force around 2000 clearly depends on how medical errors or mistakes are handled.

"We can fix a system only if we know what is wrong," he said. "We're gathering information about errors in order to improve systems and reduce errors. If a doctor does not report an error, then we miss an opportunity to gather potentially important information about health care delivery, and the ability to improve is compromised."

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