
Eliminating Emotional Harm to Patients



Hospitals should strive to eliminate emotional harm as much as they do to reduce or eliminate physical harm to patients, according to a BMJ article written by healthcare quality and safety experts from Beth Israel Deaconess Medical Center (BIDMC). Emotional harm is defined as something that affects a patient's dignity by the failure to demonstrate adequate respect for the patient as a person.

According to lead author Lauge Sokol-Hessner, MD, a clinician in the BIDMC Hospital Medicine programme and the Associate Director of Inpatient Quality: "Emotional harms can erode trust, leave patients feeling violated and damage patient-provider relationships. Such injuries can be severe and long-lasting, with adverse effects on physical health."

Previous studies have shown patients often emphasise emotional rather than physical harm in discussing adverse events. Such harms may include a failure to conduct a sensitive conversation in a suitably private setting; misplacing or losing sentimental objects; or "never events" such as sending a funeral home the wrong body after a patient passes away.

The authors note that not all emotional harm is a consequence of a human failure to demonstrate respect. For example, a patient may be harmed by the lack of privacy because a hospital does not have enough private rooms.

The BMJ article highlights the work BIDMC has done to promote dignity and respect in patient care. In 2008, BIDMC launched an effort to publicly report a variety of patient safety issues as part of its effort to reduce and eliminate physical harms. Building on this work, the medical centre also made a significant commitment to defining the loss of dignity and respect as a preventable harm and taking active steps to prevent them.

BIDMC also made a commitment to identifying and tracking emotional harms using the same databases used to document physical harms. "Ensuring that our profession does not cause preventable harm to our patients requires that we address emotional harms with the same rigour we have applied to physical harms," says senior author Kenneth E. Sands, MD, MPH, BIDMC's Senior Vice President of Healthcare Quality and Chief Quality Officer at the Silverman Institute for Healthcare Quality and Safety.

Co-author Patricia Folcarelli, RN, PhD, Senior Director of Patient Safety at BIDMC notes: "A reliable culture of respect for patients almost certainly requires a culture of respect among organisational leaders and staff."

Healthcare facilities should identify and acknowledge personal and systemic factors that may be associated with emotional harms, such as a lack of training, a stressful work environment or faulty systems of care, the authors write.

"There are many challenges in this work, including establishing operational definitions of 'respect' across culturally diverse patient populations," Dr. Sands adds. "Overcoming these challenges should become our mission as we fulfil our fundamental ethical responsibility to 'do no harm.'"

Source: [Beth Israel Deaconess Medical Center](#)

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