Just Culture: Giving a Voice to the Second Victims of Medical Errors

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This activity is jointly-provided by SynAptiv and the Colorado Hospital Association
Objectives

1. Share examples of physicians who are second victims
2. Discuss the negative consequences of failing to acknowledge the second victim phenomenon
3. Learn when to make a referral for mental health evaluation
4. Successful therapeutic strategies for restoring the second victim
Suffering in Silence:
The Emotional Impact of Medical Errors on Practicing Physicians

Vignettes
(I will fill this in)

• 1
• 2
• 3
Just Culture for Physicians: 
**What should we do when things go wrong?**

The Old Way: **Unjust Culture**

- IOM 1999 landmark report revealing that 98,000 patients in the US died each year due to medical errors.
- Recognition that errors are under reported in cultures of retribution:
  - Blaming/Shaming
  - Focus on the individual who made a mistake
  - Punishment as a remedy
The New Way: **Just Culture**

“To promote a culture of safety, punitive measures should be avoided with hardworking professionals that show promising potential for the future and did not show blatant disregard for patient error but were involved in an unintentional human error.” (Steelfel 2008)

Supportive counseling should be available and punitive measures only when there was a conscious disregard of unreasonable risk.

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**What is a Second Victim?**

“A health care provider involved in an unanticipated adverse patient event, medical error, and/or a patient-related injury who become victimized in the sense that the provider is traumatized by the event. Frequently second victims feel personally responsible for the unexpected patient outcomes and feel as though they have failed their patient, second guessing their clinical skills and knowledge base.” (Seys, et al., 2012)
Historically:
Second Victim = Silent Victim

It is irresponsible on the part of an institution to allow these wounded physicians to continue to practice without acknowledgement of the impact of the event, the ability to process what occurred and without peer support.

Some consider this a public health matter:

Preserving the physician workforce and adequate access to care
No Intervention = Unjust Culture

Negative Consequences

- The negative consequences of second victims’ trauma often are ignored or missed.
- This is significant and problematic because the effects of SV impairment may cause additional damage and costs beyond the initial harm to the primary victim.
- For example, second victims without support and fair follow-up to adverse outcomes may cause more medical errors, have riskier prescribing profiles, and display less empathy.
- Physicians in this situation often change specialties or practices, work less, or leave patient care altogether.”

(Physicians Insurance, 2012)

A Second Victim Needs Support

A literature review supports the concept of organizational support systems that provide the second victims with emotional and professional support following a sentinel event or other adverse outcome.

(Shawna M. Butler 2015)
Care for the Caregivers Programs are Emerging

- Physicians Insurance Peer Support Programs rely on volunteer clinician members, retained as consultants to the Claims Department, who are trained to contact members (SV) by telephone to offer short-term, confidential, emotional support and resources following their report of an adverse event to the Claims Department.

- Reported events are notification in anticipation of litigation.

- The Peer Support Program is voluntary and physicians may independently request or decline services.

When to seek additional consultation

- In peer support efforts you may open Pandora’s Box:
  - Addiction
  - Other serious untreated illness
  - Suicidality
  - Major psychosocial stressors
    - Divorce
    - Bankruptcy
    - Illness or death in a family member

  Trust your gut!
  Never Worry Alone!
  Reach for a lifeline!
Warning Signs of Deteriorating Health

- Absenteeism – emotional, physical
- Change in attitude and/or mood
- Troubled relationships
- Disruptive behavior
- Professional boundary issues
- Decline in appearance
- Physical symptoms or illness
- Other
  - Financial problems
  - Staff turnover

Loss of function hierarchy for ill physicians

- Community
- Spiritual life
- Recreation and avocation
- Friends
- Peers
- Family
- Work

IF WORK IS IMPACTED, PHYSICIAN MAY BE SERIOUSLY ILL
CPHP’s mission is to assist physicians (including those in training) who may have health problems that left untreated, could adversely affect their ability to practice medicine safely.

Safe Haven

- Confidentiality

- Ability to apply for/renew a license in Colorado without disclosing personal health history to CMB

- Most states require full disclosure
**CPHP Program Services**

- Debriefing
- Confidential and Free Health Assessments
- Treatment Recommendations and Referrals
- Support and Monitoring of Physicians’ Health
- Family Services
- Interface with Workplace
  - Accommodations
  - Return to work recommendations
  - Needed reports and documentation
- Physician Education
- Research

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**WHO ARE PHYSICIANS?**

- Obsessive Compulsive
- Exaggerated sense of responsibility
- Self Doubting
- Perfectionistic with little tolerance for errors
- Self esteem based on accomplishment and appreciation
- Life long focus on achievement and helping others as a way of managing internal distress
- Intellectual in coping style (may not deal well with own emotions)
- When in trouble, difficulty asking for help
Physician Vulnerability

- Training
  - Traditionally, shame based
  - Adaptation to Extreme Conditions
  - Other Directedness
  - Little Stress Management Education
    - Suppression of Feelings
    - Intellectualization

Personality Traits in Physicians

- Rigid: either black or white (no ambiguity)
- Alexithymic: inability to express feelings
- Determined
- Poor delegation
- Neglectful of self
- Delay gratification

*Adapted from Myers and Gabbard: The Physician as Patient, 2008
STIGMA AND SHAME

Despite a strong desire for support, services are underutilized (Uue-Yung, H. et al 2011)

The effects of adverse medical events on physicians

- Sleeplessness and other somatic symptoms
- Remorse
- Guilt and Shame
- Isolation
- Intense rumination (egocentric interpretation of error)
- Intrusive recollections of the event
- Nightmares
- Anxiety and self doubt (Sirriyeh et al, 2010)
- Emotional exhaustion
- Depersonalization (Lewis 2012)
- 60% Depression (Seys et al, 2013)
  - (U.S., Norway, Scotland, England, Germany and Israel)
Second Victim Experience

• Feelings of failing their patient
• Question their clinical skills and ability
• Doubting their career choice

(Alcott et al 2009)

The effects of adverse medical events on physicians

Significant trauma complicated by:

• Profound feelings of inadequacy
• Existential Crisis: A life altering experience
• Intensity and severity of the error/adverse event may correlate with outcome for second victim
• Abandonment of medical career
• Suicide
Physician Suicide

- Higher ratio of suicide completions (400 annually)
- Knowledge of lethal means
- Access to lethal drugs
- SV’s identify themselves as healers, not instruments of harm:
  - Cognitive dissonance
  - Shame about medical error
  - Fear of the unknown and catastrophic thinking
    - Employment termination?
    - Regulatory board discipline?
    - Lawsuit?
    - Media?

Therapeutic Interventions

- Creating safety
  - Emphasize confidentiality
  - Records are not discoverable
  - Establish rapport
  - Express empathy and caring
  - Normalize their response
Therapeutic Interventions

Debriefing, sometimes over and over again

• Second victims need a chance to tell their stories after a life changing event

• They need help transforming their guilt and shame (paralysis) into action (empowerment) that helps them, their first victims and community to heal.

Self Care
Therapeutic Interventions: Recommendations to the Workplace

1. Involve SV in the investigation/root cause analysis rather than relegating them to a passive recipient of the results. Blameless discussions can help them learn.

2. Encourage lots of “checking in” with SV, including from the highest level of leadership.
   - Confidence restoring
   - Reflects team/system concept of managing adverse events

3. Consider temporary workplace accommodations:
   - Reduce hours
   - Limit on-call duties

Education: Chronic Stress is Bad for your Health

- Circadian Rhythm Disruption
- Sustained Stress is not Benign
  - Sympathetic Nervous System Hyper arousal
  - Atrophy of the hippocampus
- Elevated Cortisol Levels
  - Irritability
  - Insomnia
  - Weight Gain/Diabetes
  - Osteoporosis
  - Hypertension/Stroke
  - Toxic to Neurons (Reduced BDNF)
Creating new pathways

- Meditation
- Yoga
- Tai Chi
- Prayer
- Exercise
- Hobbies
- Cognitive Behavioral Therapy
- Medications – as needed

Cognitive Restructuring

<table>
<thead>
<tr>
<th>Negative thought</th>
<th>Rational Response</th>
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<tbody>
<tr>
<td>1. I am a terrible doctor.</td>
<td>1. Remember you graduated at the top of your class and residency program. Your colleagues have expressed respect for you and confidence in your medical skills. You are a good doctor who made a mistake.</td>
</tr>
<tr>
<td>2. I will never get over this. My life is ruined.</td>
<td>2. I have worked with many physicians who have had bad outcomes or have been sued. These are painful experiences. I have witnessed their recovery and I am confident you will also heal.</td>
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**Six Stages of Recovery**  
(Scott et al 2009)

1. Chaos - immediately after the event  
2. Reflection  
3. Integrity restoration  
4. Enduring inquisitions  
5. Obtaining emotional support  
6. Moving on:  
   1. Regains perspective *(thrives with opportunity in crisis)*  
   2. Adequate coping but maintaining a level of sadness *(survives)*  
   3. Dropping out altogether  

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**Second Victims Have Rights**  
(Denham 2007)

*TRANSPARENCY AND OPPORTUNITY TO CONTRIBUTE:*  
– Second victims have a right to participate in learning gathered by the organization about the error and to share in important causal information.  
– Having an opportunity to contribute to prevention of future errors helps second victims heal.
Second Victims Have Rights

(Denham 2007)

Respect:
– Second victims deserve respect and common decency, they should not be blamed and shamed for human fallibility

Understanding and Compassion:
– Leaders must understand the psychological emergency that occurs when a patient is unintentionally harmed.
– Compassion is necessary for successful grieving and healing.
Second Victims Have Rights

*(Denham 2007)*

**Support:**
- Second victims should be entitled to psychological and support services delivered in a professional and organized way.

Second Victims Have Rights

*(Denham 2007)*

**Treatment that is just:**
- A presumption that the second victim’s intentions were good
- They can depend on leaders for integrity, fairness and shared accountability for outcomes
Questions???

References


References (continued)


