

The attitudes and beliefs of health care providers towards ethical issues in medical errors

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Abstract

Background: Medical error is considered a failure to achieve an aim in the context of medical care and treatment. This failure is a consequence of getting unpredicted result of following planned actions or making wrong actions. The Institute of Medicine (IOM) reported that a high incidence of medical errors causing death and are many ethical issues related to this. This study aimed to explore the beliefs and attitudes of health care providers regarding these ethical issues and interpret their feelings towards the occurrences of medical errors. **Method:** A qualitative approach was used as the basis of exploring this subject matter and the researcher used two focus groups to obtain a dataset. The first group consisted of eight physicians from different departments. The second group consisted of thirteen other healthcare providers. Open-ended questions were used to collect data. Thematic analysis was used to generate the findings. **Results:** All participants had knowledge about medical errors; they agreed that physicians have an ethical duty to disclose medical errors. They also agreed that although the patient has the right to know the truth, healthcare professionals are typically worried about the impact of medical errors on their career. Particularly healthcare professionals are concerned with the possible repercussion of the patient issuing a lawsuit against them. Medical errors can have a negative effect on the patient-doctor relationship. Physicians have concerns about stigmatization and confidentiality and also they feel sad and guilty about the medical errors and would prefer to be offered support. **Conclusion:** Health care professionals are knowledgeable about the ethical issues involved in the occurrence of medical errors. There are a range of different attitudes and beliefs toward the ethical considerations related to medical errors with only some level of agreement.

Key words: Attitudes, beliefs, health care, ethical issues, medical errors.

ملخص البحث

الخلفية: يعتبر الخطأ الطبي فشلاً في تحقيق هدف في سياق الرعاية الطبية والعلاج. هذا الفشل هو نتيجة للحصول على نتيجة غير متوقعة لاتباع الإجراءات المخطط لها أو اتخاذ إجراءات خاطئة. أفاد معهد الطب (IOM) أن هناك نسبة عالية من الأخطاء الطبية التي تسبب الوفاة والعديد من القضايا الأخلاقية المتعلقة بذلك. هدفت هذه الدراسة إلى استكشاف معتقدات ومواقف مقدمي الرعاية الصحية فيما يتعلق بهذه القضايا الأخلاقية وتفسير مشاعرهم تجاه حدوث الأخطاء الطبية. **الطريقة:** تم استخدام النهج النوعي كأساس لاستكشاف هذا الموضوع واستخدام الباحث مجموعتين مركزيتين للحصول على مجموعة بيانات. تتكون المجموعة الأولى من ثمانية أطباء من أقسام مختلفة. تتألف المجموعة الثانية من ثلاثة عشر من مقدمي الرعاية الصحية الآخرين. تم استخدام الأسئلة المفتوحة لجمع البيانات. تم استخدام التحليل الموضوعي لتوليد النتائج. **النتائج:** كان لدى جميع المشاركين معرفة بالأخطاء الطبية. اتفقوا على أن الأطباء عليهم واجب أخلاقي للكشف عن الأخطاء الطبية. واتفقوا أيضاً على أنه على الرغم من أن للمريض الحق في معرفة الحقيقة، إلا أن المتخصصين في الرعاية الصحية قلقون عادةً بشأن تأثير الأخطاء الطبية على حياتهم المهنية. يهتم أخصائيو الرعاية الصحية بشكل خاص بالانعكاسات المحتملة لإصدار المريض دعوى قضائية ضدهم. يمكن أن يكون للأخطاء الطبية تأثير سلبي على العلاقة بين المريض والطبيب. لدى الأطباء مخاوف بشأن الوصم والسرية ويشعرون أيضاً بالحزن والذنب بشأن الأخطاء الطبية ويفضلون الحصول على الدعم. **الخلاصة:** مهنيو الرعاية الصحية على دراية بالمسائل الأخلاقية التي ينطوي عليها حدوث الأخطاء الطبية. هناك مجموعة من المواقف والمعتقدات المختلفة تجاه الاعتبارات الأخلاقية المتعلقة بالأخطاء الطبية بمستوى معين فقط من الاتفاق.

الكلمات المفتاحية: المواقف، المعتقدات، الرعاية الصحية، القضايا الأخلاقية، الأخطاء الطبية.

1. Introduction

Patient safety is a global problem, and the statistics related to medical errors. The World Health Organization (WHO) acknowledges “Adverse events occur in all settings where healthcare is provided. Most of the current evidence comes from hospitals because risks associated with hospital treatment are higher” and “Every point in the process of care-giving contains an inherent lack of safety. Adverse events may therefore be the result of problems in practice, products, procedures or systems.”(2)

Almutairi (2014) highlights the current discourse about issues of safety in healthcare provision in Saudi Arabia and habitual under reporting of medical errors (1). Elmonstri et al (2017) explains that “safety culture” has become an important concept for organizations aiming to achieve high levels of patient safety and that creating an organizational culture that is fundamentally based on a desire to avoid harm and substandard care should be encouraged by managers and leaders and shared throughout the organization (3).

This research is an investigation into understandings, attitudes and beliefs about the occurrence of medical errors in healthcare contexts. It adopts a qualitative approach using focus groups to explore contextualized understandings of medical errors in hospitals according to healthcare professionals, including doctors and nurses and allied healthcare professionals.

Many studies have been conducted about medical errors in general terms and to some extent the ethical issues related to medical errors have been explored. However, the attitudes and beliefs of healthcare providers and specifically the ethical implications of those attitudes and beliefs are still largely under-explored and unknown in relation to medical errors. The study endeavors to provide a report of the core ethical issues related to medical errors from the perspectives of participating healthcare providers.

Therefore, the problem of this research lies in bridging this gap in literature by answering the following questions:

1. What are the attitudes and beliefs of healthcare professionals in relation to medical errors?
2. What are ethical issues are considered by healthcare professionals in relation to medical errors?

2. Literature Review

2.1 Medical errors

Medical errors are defined as failure of a planned action as it was intended or the use of a wrong plan to achieve an aim in the context of medical care and treatment.(4) However, it is important to highlight that there are a number of different perspectives about defining this term.

Literature suggests that there are a number of approaches to situating medical errors in practice and in addition a number of ethical considerations occur in the event of medical errors. The sense of obligation that healthcare providers and professionals may feel towards their patient and in relation to their associated care of their patient is a fundamental consideration that has been articulated in literature.(6)

Furthermore, the choice and practice of disclosing information to patients and healthcare providers in the management of medical errors is another reported consideration that presents itself as an ethical dilemma to healthcare professionals and providers. This is a particularly complex issue and there are several key ethical points associated with the consideration of disclosing or withholding information in the event of a medical error (6).

Literature suggests that it may be detrimental for the relationship between the patient and their healthcare professional/ provider if a medical error is not disclosed to a patient. The fundamental principle of respect for individuals, based on the self-determining capability of that individual, is a driver for practitioner to not keep knowledge of errors as a secret. (7) The literature suggests that the disclosure of errors may have the advantage of maintaining the trustful relationship between the physician and patient, and to some extent may also help reduce the number of lawsuits taken against the healthcare profession.(8)

Nurses also suffer strong negative emotions following being involved in medical errors. A qualitative study which was conducted involving interviews with nursing staff reported a similar range of emotions to those expressed by physicians: guilt, fear, shame, and apprehension. Health care professionals reported feeling a relief to share their feelings of guilt following their disclosure of their involvement in a medical error to a trusted colleague or to someone else other than their immediate peers. There are other members of the health care team that are considered silent victims such as nurses, technologists, and pharmacists who witness the errors. They report feeling conflicted about being able to speak out about the incidence of a medical error yet at the same time feel a sense of loyalty and camaraderie to the patients as well as organization.(13)

Additionally, another ethical issue arises when a patient decides to take a lawsuit against the health care provider. When attending hospital, patients and relatives usually consult doctors with expectations that they will be cured or at least assisted to ‘feel better’ when they undergo a surgical or medical procedure. In the event of poor or unexpected consequences following a procedure, some patients may believe that as something must have ‘gone wrong’ it is necessary that someone must be blamed and that healthcare professionals should be reprimanded for the medical error. This notion of blame apportioned by a patient to the health care professional, team or organization is aligned with the notion discussed earlier about ‘compensation culture’.

However sometimes patients prefer not to initiate legal action against doctors and this is typically an ethical consideration and decision making process. There are reasons for not pursuing legal action: “a lawsuit won’t cure the harm or bring a dead person back”. (12) Patients and their families might be afraid of having further harm including future poor treatment from health care practitioners. (16)

Finally, confidentiality is another important issue that should be considered in relation to the ethical implications of medical errors. It is widely believed that healthcare professionals should be assured that their errors will not be broadcast or shared with media or professional bodies. This is considered to be necessary safeguarding for health care professionals. In addition, mechanisms should be put in place to enable healthcare professionals to report their errors anonymously and confidentially to ensure they are not discriminated against unfairly within their working context and by individuals (11) (17).

2.2 Statistics and occurrences of Medical Errors

Statistics show high numbers of medical errors. According to the Institute of Medicine (IOM), there are about 44,000 to 98,000 people die each year in hospitals as a result of medical errors. Even the lower estimate (44,000) suggests that medical errors are the eighth leading cause of death, higher than motor vehicle accidents (43,458) or breast cancer (42,297) (4). However, statistics are not so clear in Saudi Arabia. One study published in August 2013 reported 642 cases of medical errors occurring in the operating room (20.4%), followed by a significantly similarly high number in the emergency department (18.1%). Most of the deaths occurred in surgery and obstetrics (about 25% for each), surgery was at the top of the specialties (25.1%), followed by other medical specialties (17%) (5). These statistics indicate the prevalence of medical errors in the medical system and as such are worthy of deeper understanding specifically in relation to the attitude and beliefs of health care professionals and other providers working within this context.

3. Method

A qualitative approach to research, using the data collection method of focus groups was used to explore the attitudes and beliefs of health care providers and professionals towards ethical issues and considerations in relation to medical errors and to achieve an in-depth discussion. This not only helped in achieving this aim but also it deliberately intended to generate new ways of thinking about this largely under-researched topic.

The study encompassed two groups of study participants. The first group of study participants included different surgeons (from different surgical specialties: general surgery, orthopedic, ENT, and Ophthalmology), obstetricians, all physicians in Internal Medicine and ICU Department. The second group of study participants comprised other types of allied healthcare providers and professionals.

Thus, two focus groups were conducted at Imam Abdurrahman Bin Faisal Hospital that located in the city of Dammam in Saudi Arabia. The first group involved only physicians from different specialties, such as general surgery, obstetrics and gynecology, pediatric, orthopedic, ENT, Ophthalmology, anesthesia, medicine and intensive care unit. The researcher deliberately designed the focus group by choosing only physicians to provide an environment where people can express their opinions and to create a group with shared characteristics. The intention of the researcher was to ensure the grouping of individuals would reduce the chance of some individuals to dominate the discussion in the focus group or stifle different viewpoints.

In the first group, twenty-two physicians were invited to participate in this study. Table 1 shows the distribution of these physicians among hospital departments. However, only eight physicians attended the focus group. In the **second group**, other health care providers invited to participate. All invitees attended except the head of the Surgery Department.

The researcher invited all study participants to participate in the study by sending a personalized letter by an e-mail. The letter explained the purpose of the study and the importance of participants' opinions. It also included information about the study, such as its place, its date, its time, and the size of the focus group. In addition to the emails, phone calls were made to confirm the participants' attendance before the focus group time. On the day of the discussion, participants completed consent forms before the discussion starts. The focus groups were conducted in a safe environment where people could freely express their opinions.

A thematic analysis approach to analysis the data in this study was deliberately chosen to enable the researcher to immerse themselves in the data and to encourage them to theorize the new ideas that emerged.

Bernard and Ryan (1998) set out the steps involved in this approach to qualitative analysis of data and this guided the researcher in her analytic process. A provisional name was given for each emerging theme. The text was then re-examined carefully for relevant incidents of data for each theme and sub-theme. In this step, each theme was taken separately and the original data was re-examined for information relating to that theme. Finally each theme is described and clarified and some quotations are used to rationalize and justify the meaning and interpretation. These quotations are taken from the original text to help deliver the theme meaning to the reader (22) (23) (24) (25) (26). Once the qualitative data had been thematically grouped the researcher can plot these themes on to a map to demonstrate the inter-relationships between and within themes.

4. Results and Discussion

Medical errors can cause serious harm (to the patient, provider and institution/ clinic) and can be expensive, stressful and time consuming. This study focuses on the ethical issues surrounding medical errors that occur in hospitals. (14)

Physicians have an ethical duty to disclose information about medical mistakes to their patients as part of their professional code of conduct. The American Medical Association (AMA) Code of Ethics presents important guidelines for professional practice regarding the disclosure of medical errors. It states "the physician is ethically obligated to inform the patient of all the facts necessary to ensure understanding of what has occurred when a patient experiences significant medical complication from a mistake. If information is important for the patient's well-being or is relevant to future treatment, it should be disclosed". (27) Moreover, "The Ethics Manual of the American College of Physicians (ACP) is even more specific and on point, providing that physicians should disclose to patients information about errors of procedure or judgment if such information is material to the patient's well-being". (28)

The qualitative analysis presented illustrates a number of key findings which directly indicate a number of ethical obligations which guide the conduct of healthcare professionals in their management of and behavior towards medical errors. Examining the duty that health care providers have towards the management of medical errors elicits participants' different perspectives. Some health care providers have neither the knowledge nor systems for formally reporting medical errors. To some extent this may explain the absence of accurate statistics about the occurrence of medical errors in Saudi Arabia. The available studies have only published the percentage of errors in different medical departments. (15)

The thematic analysis of the data has led to the development of the following six emergent themes related to the attitudes and beliefs associated with medical errors: Medical Errors: ambiguous understandings, Disclosure, Personal reactions to medical errors, Professional Conduct when medical errors occur, the role of the patient, Cultural influences on medical errors.

4.1 Medical Errors: towards a shared understanding

There was consensus and acknowledgement amongst all study participants that medical errors happen within the healthcare setting. However there were differences in understanding in terms of what they may or may not entail. For some study participants, medical errors are events that happen when a wrong method of treatment is taken or an incorrect way of handling patient care is adopted and causes harm to patients. The language that is used by these study participants suggests that the practice of the individual or group of individuals involved in the event or occurrence of a medical error can be deemed as wrongful. The notion of an action being right or wrong suggests that the act of medical errors to come extent is linked to morality.

Many of the participants focused on the importance of defining medical errors within terms related to the conscious or unintentional choice of actions that those involved took in their practice as a healthcare professional. The focus groups enabled to articulate that medical errors are not simply events where something goes wrong, but events or occurrences that can have unintended consequences. As such medical errors can be understood not simply in terms of the actions involved in those conducting the medical errors, but in the consequences of medical error for the patient. These findings illustrate that the notion of medical errors is complex and can be understood in a number of ways and as such the attitudes and perspectives towards these occurrences have similar complexity.

4.2 Disclosure of Medical Errors

There was a great deal of discussion within the focus groups by all who participated about the notion of disclosure which for accuracy was defined as the process involved in the ‘telling about’ and exposure of the occurrence of a medical error. A highly moral conversation occurred amongst many of the study participants about the extent to which clinicians and those healthcare professionals involved in a person’s care should be obligated to expose and tell about the occurrence of a medical error.

The researcher asked all study participants directly if they believed that patients be told about a medical error that had happened to them. Study participants acknowledged that not only were they obligated to do tell the patients but this was expected of them as professionals working within an environment that is guided by a professional code of conduct. Moreover, study participants expressed that not only were their actions to inform patients of medical errors governed by their code of conduct but there was a general consensus that this is ‘the right thing to do’ and a basic human right for patients to know what had happened to them.

In addition, study participants’ sense of obligation to inform patients of medical errors was also strongly linked to their desire to be and perceived to be truthful. Study participants commented that they would find it unsatisfactory within their professional roles to be deemed as individuals who did not tell the truth and deliberately fabricated the truth. However, some study participants contradicted this pursuit to deliver truthful information in their suggestions that it may be permissible for healthcare professionals to use their discretion in which medical errors required reporting and those medical errors that may not require reporting or exposure. Many participants, around $\frac{2}{3}$ of study participants, confirm that the patient must be informed about his/her condition at the right time.

Nearly all study participants suggested that physicians/healthcare professionals may actively choose to conceal medical errors because he/she may be afraid about the possibilities of a patient bringing a lawsuit against them as a professional and explaining that this fear which can be found in the professional is in fact a natural hima reaction.

Healthcare professionals expressed their concerns about being cautious about the non-disclosure of medical errors. The findings suggest that physicians could be dismissive about the events of medical occurrences based on the associated severity and researcher elicited that there could be serious consequences if serious events were concealed frequently. People will stop trusting the physicians if by any way it becomes a stereotype that physicians tend to hide the truth. Horton writes about that the existence of a dominant culture that encourages secrecy about medical errors which is damaging the public’s sense of trust in healthcare providers. However conversely when medical mistakes are reported and documented this can exacerbate patients’ fears.

4.3 Personal reactions to medical errors

The focus groups enabled a discussion amongst study participants about their individual emotional responses to experiences they have first-hand knowledge of when a medical error has happened. All study participants unanimously described that they had experienced sadness and guilt when a medical error had occurred.

The principle reasons that the study participants used to explain their worries were in relation to the possibility that their actions and involvement in the incidence of a medical error could lead to the stigmatization of themselves as an inadequate physician/healthcare professional. Despite the study participants acknowledgement within the protective, safe environment of the focus group that medical errors are in fact part of human nature, they simultaneously expressed and acknowledged that this was not a widely publicly expressed view and within the external environment of a hospital, healthcare organization or the wider society, study participants do not feel that they can express the truth and to an extent an acceptance that medical errors happen and will always happen. There was an inference that physicians/healthcare professionals would choose to shy away from exposing a medical error in fear of the stigmatization that would happen if they were exposed which suggests to a certain extent that a culture of blame' inhibits the individual professionals and impacts on their desired reaction to the event of a medical error.

The feelings of fear were also related to the possible repercussions, such as a patient bringing about a lawsuit against the physician/healthcare professional. They were feeling vulnerable of vulnerability in that they directly talked about their suspicions and lack of confidence in the extent to which they would be 'legally covered and protected' in the event of a lawsuit being brought against them.

In a recent survey study of 402 health care providers examined the response of physicians, nurses, and pharmacists to medical mistakes, the most frequent reactions were guilty, worried, and nervous. Among these providers, the highest grading worries included fear for the patient, fear of disciplinary action, and fear of punishment. In that study the authors also found that reactions were more likely to recognize friends and family as sources of support than other health care professionals. (32)

A medical student who observes an error during operation will be in a difficult position of deciding what to do with this information. How he/she should reply if the patient queries about the possibility of an error. The medical student, like all medical professionals, has a duty not to falsify or neglect unpleasant facts. It is respectful of the patient's personality to disclose the error partially or falsify the information. The medical student should appreciate the difficulty of the situation and wisely balance the interest of the patients with the interest of the profession. The second concern includes the medical student's role within the medical system and an appreciation of the patient-physician relationship. Eventually, the medical student's role is not to disclose error but to smooth the therapeutic relationship by transmitting patients concern to the correct persons. (12)

The effect of medical errors on patient-doctor relationship is one of ethical considerations. Studies show that when an injury is caused by an error the patient-physician relationship is destructed. It lowers expectations of high quality care and dedication from physicians and other health care professionals. (6)

In addition, the patient has the right to report a medical error, to lawsuit, and to be compensated. Many studies, conducted by Wendy Levinson, Thomas Gallagher, and others, reveal that people sue not only for compensation of loss or suffering, but because their desire to know what happened and how this will be prevented in the future, because their feeling of being devalued by doctors, or because their longing to punish the responsible one. (15) However, sometimes patients do not prefer to initiate legal action against doctors and this is another ethical issue. There are reasons for not pursuing legal action:” a lawsuit won’t cure the harm or bring a dead person back”. (12)

Patients and their families might be afraid of having further harm including future poor treatment form health care practitioners, if they ask about mistakes they perceive or express their feeling (15). Is it possible to prevent patients and physicians from medical errors? Based on the IOM report, studies show many medical mistakes are result of systematic defects rather than errors by health care practitioner. For instance, lack of good communication between healthcare providers and inadequate labeling of drug interaction are both examples of such systematic malefactors. (12)The most noticeable part of the IOM report is its concentration on systematic errors. In the individual mistakes view, the result of error is the deficits in doctors’ expertise or thoughtfulness while in the systematic view, the physician is one link in a series of actions that happen within complicated medical incidents. (15)

Tiredness and the improper use of junior staff can both cause problems and can be set as examples for unnecessary preventable issues. The key reasons for adverse events are related to operative errors, medical procedures, diagnosis, and medications. All of those can be avoided by better surgical training for example. This has been deliberated by the Royal College of Surgeons. However, the concerns still that young surgeons are less experienced than before due to the short of training tight working hours. Also, better training programs may also help when it comes to medical procedures. Moreover, minimizing the operations and procedures at night may contribute in preventing such errors. Yet, the drug errors are still problem as no one can recall all potential interactions that might occur. The wrong dosages are another recurrent problem and a computerized pharmacology system such as that described from Birmingham 10 seems an ideal preventive and learning tool.

This system alerts the user when incompatible or dangerous medications are prescribed.

Introducing of this system worldwide could stop huge number of errors. As for the errors in diagnosis, this can be reduced through better training and wider implementation of protocols and diagnostic algorithms. (17)

Concealing medical errors is one of other ethical issues, in a study of a mail and telephone survey of US physicians, this study aims at judge agreement with assumption from IOM report. They found that most physicians believe decreasing medical mistakes should be nationally prioritized but that all physicians see the threat of malpractice litigation is a barrier to the voluntary reporting. (15)

There are many factors that may contribute to not reporting medical errors include: lack of reporting system, under-appreciation of event severity, lack of trust, peer-pressure, lack of confidence that reporting will affect a change in practice, and resistance to protocol development. (11)

Living in a blame culture is also a major factor contributes to not reporting the medical errors as well as one of the ethical issues which can be encountered when evaluating the occurrence of errors. This is the reason why it is difficult to encourage the patients to report the errors. To learn from mistakes, we need to be aware of each and single error happened so that the corrective actions can be initiated. This necessities change in the culture as well as sensitivity in dealing with the personnel doing reports. (17)

Doctors have always realized the practice of medicine to be error-prone. Despite that fact, unrealistic prospects from the clinicians' side, patient and society can promote an environment in which errors represent a moral failing or cause for stigmatization. (31) Confidentiality is another subject. Physicians should be ensured that their errors will not be broadcast to media or professional bodies. In addition, they are able to report their mistakes namelessly and in secret. In the "blame culture", it is though that this may increase the reporting of adverse events and close errors. Going further, strict confidentiality obstructs the identification and administration of individual bad performance, which might lead to repetition of serious errors. (11) (16)

4.4 Professional Conduct when medical errors occur

Closely related to the earlier theme of Disclosure, professionalism has been discussed specifically professional behavior during and when medical errors occur and are reported. The actions involved their reactions and responses to either being directly involved or witnessing medical errors are considered to be a measure of an individual's professionalism. Despite a genuine sense of camaraderie and support for colleagues, healthcare professionals report their desire and obligation to raise awareness about medical mistakes without apportioning any blame.

4.5 The role of the patient

The patients or the patients' carers are significant in terms of the role that they play in the reporting and in being informed of the incidence of a medical error. Patients/carers may play an active role in reporting a medical error when they are aware of an observable problem or adverse events in relation to the treatment they have undergone.

The patients may be the drivers in systematically reporting the incidence of a medical error and it was widely acknowledged that this was justifiable and acceptable suggesting equity between physicians and patients in their ability to report medical errors. Closely correlated with the patient's role in reporting a medical error is an acceptance amongst study participants that patients will seek financial remuneration and compensation and the reporting of a medical error by a patient is by virtue a complaint process.

Everyone has reported their concerns that not only the actual occurrence of medical errors with individual patients, but also the widespread knowledge in society in that medical error happens negatively impacts on the nature of the patient-doctor relationship. Specifically, the harmful effects of medical errors have been spoken of on level of trust and confidence that patients have in their respective physicians/healthcare professionals when an error occurs, no matter how serious in nature the medical error is.

The findings strongly convey the patients' expectations about receiving a full explanation about what occurred, why the error happened, how the consequences will be managed, and how the recurrence will be prevented. The findings demonstrate that healthcare professionals acknowledge that medical mistakes take a severe toll on patients and families and furthermore if information about the adverse reaction is deferred, it just adds further distress. The failure to disclose information about medical errors unpleasantly affects patients' decision making, damages the patients' trust in physicians and increase the chance of malpractice cases. In fact, 24% of people who raise malpractice cases believe that their physician is dishonest and covers up important information. In order to motivate health care professionals on this point, the disciplinary actions may not necessarily be initiated against them; they could provide errors to be acknowledged and properly disclosed. (13)

Regarding the approach to informing patients, this research study identified multiple perspectives which are aligned with other research findings reported in the literature review. As with other literature, this study revealed that health care professionals should disclose errors to patients and their family as a routine practice and in a timely manner particularly when a patient is in a stable condition. Sometimes, the extent of the disclosure may need to be altered to fit the wishes of the patient for example, if errors are minor and have not caused harm to patients. In such cases, Herbert et al. suggests that proper disclosure should be made unless the patient does not desire to be informed about the proofs of errors. (13)

The discussion around whether all medical errors should be disclosed is complicated. There are differential opinions about when it may not be compulsory to disclose the occurrence of medical errors. For example, the choice to not disclose due to the fact that such practice may increase patient anxiety or confuse the patient with very complicated information. (10) Moreover, the publication of every medical error may lead to widespread harm and result in a lack trust of medicine. However, this does not mean that serious errors should be routinely hidden. (8) There may be occasions where the disclosure of errors does not benefit the patients and may psychologically harm a patient.(13) Furthermore, patients may lose confidence and faith in the physician's ability to help them, thereby prolonging their recovery. (12)

4.6 Cultural influences on medical errors

Study participants recommended that it should be placed within a healthcare organization that would support a culturally supportive environment to reduce and manage medical errors. Incident reporting could provide precious information, raise awareness and contribute to positive change through improved work conditions and health care. However there was a lack of consensus in relation to what may be considered as 'traditional approaches to managing patient safety and associated medical errors', insofar that less than half the study participants agreed that it is the healthcare professionals duty to report incidents to established and specialized committees. And it was not abundantly clear what the protocol is for informing patients.

Of particular interest is the discussion that study participants had in relation to their obligation within an organization to report on other professionals' medical errors. There were mixed opinions in relation to whether it was the right or wrong thing to do. The conversations around this specific subject fuelled a great deal of concern amongst study participants and they explicitly articulated that the act of concealing another health care provider's errors was deemed far worse and more serious than disclosing the errors to patients.

The preservation of colleagues reputations was suggested by more study participants who remarked that they believed that professionals did not want to jeopardize their inter-professional relationship and that they had concern that reporting others' errors could adversely affect the relationship among the physicians.

Alongside the peer support that should ideally be available within the context of healthcare provision, study participants expressed their desire for administrations/organizations to have an embedded culture of support for healthcare professionals. Study participants expressed that “all healthcare professionals need support post medical mistakes”. Since there is no intention to commit the medical error, all participants report that they should be supported specifically from the administration.

Study participants reported that there was often perceived to be a lack of uniformity about medical errors should be reported, managed and this support provided to healthcare professionals during these processes. A lack of protocols meant that there was ambiguity around what should be reported, what was deemed important to report and the assurance that medical errors would be resolved in the interests of patients and professionals. Study participants suggested that more robust and adequate protocols could support better communication between staff and potentially reduce the scope of medical errors occurring. Sharing experiences, communicating more effectively can reduce human error. Conversely, some study participants reported that they worried that formalized reporting systems could work against their best interests in terms of reducing their right of rebuttal.

The involvement of media, in reporting and raising the profile of medical errors in popular discourses has important ethical implications for the way that medical errors are managed and responded to by patients and healthcare professionals. This research study revealed that the study participants consider this theme a big issue which needs further exploration and attention. The findings suggest that media can often overstate the problem and does not give an accurate portrayal of the incident and instead the media can cause stigmatization for the doctors and the wider medical entity.

The findings of this study conflate with the reviewed literature in that doctors are suspicious and convey vulnerability about the outcome of legal repercussions. Reported vulnerabilities refer mostly to healthcare professionals' concern that they have no guaranteed legal protection. One study shows the impact of this is to damage the reputation of the physicians which may reduce their chances of employment and earning money.(13) Another study shows the physicians will be under psychological distress that affects his/her job. This may also affect his/her evaluation and letter of recommendations. (30)

5. Conclusion and Recommendations

In conclusion, although health care providers have different point of views in this regards, they are in common aware about most of the ethical issues surrounding the medical errors such as disclosure of information, reporting of others' mistakes, stigmatization and confidentiality, involvement of social media, feeling of health care providers, and need of support.

This study recommends improving the sequences of medical mistakes.

First, establishment of an ongoing program to reduce medical errors continued this scale and outreach.

Second, encourage employees and customers to the health sector for reporting medical errors.

Third, finding easy ways for reporting medical errors through the Internet dedicated communications and paper forms and telephone.

Finally, dealing with medical errors manner analysis to determine the cause of the problem and establish a system for the non-recurrence of this error.

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