

## LETTERS



## APOLOGISING FOR ERRORS

## Difficulties in apologising for a medical error

Hassan Chamsi-Pasha *head of non-invasive cardiology*<sup>1</sup>, Abdullah Hanoun *orthopaedic registrar*<sup>2</sup>, Mohammed Ali Albar *director*<sup>3</sup>

<sup>1</sup>King Fahd Armed Forces Hospital, Jeddah, Saudi Arabia; <sup>2</sup>Orthopaedic Department, Yeovil District Hospital, Yeovil, UK; <sup>3</sup>Medical Ethics Department, International Medical Centre, Jeddah, Saudi Arabia

Because statements of sympathy and regret can be used to prove legal liability in medical malpractice cases, lawyers routinely advise doctors against apologising and being open about what happened.<sup>1 2</sup> Doctors who admit errors may face the discredit of their peers, the anger and disappointment of their patients and their patients' families, legal involvement, and financial loss. Saying I'm sorry, from a legal perspective (according to different laws), may be considered an admission and may lead to the loss of malpractice insurance coverage. A law that precludes an apology from admission in a malpractice case can help resolve the problem. Regulations that prohibit insurance companies from using an apology to avoid coverage or increase premiums would also encourage honesty and openness.<sup>3 4</sup>

Other barriers might include the culture of medicine and the inherent psychological difficulties in facing our mistakes and apologising for them. Despite these barriers, incorporating apology into conversations between doctors and patients can cater to the needs of both parties and can play a role in the effective resolution of disputes related to medical error.<sup>5</sup> Several institutions have now had positive experiences with policies

that involve disclosing and apologising for medical errors. Programmes of disclosure and apology at the Lexington (Kentucky) Veterans Hospital, the University of Michigan Health System, and Johns Hopkins, among others, have resulted in large reductions in legal expenses.<sup>6</sup> Future research and regulations will dictate doctors' decisions about when and how to apologise.

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Full response at: [www.bmj.com/content/351/bmj.h4695/rr-0](http://www.bmj.com/content/351/bmj.h4695/rr-0).

- 1 Godlee F. It's time to apologise. *BMJ* 2015;351:h4695. (2 September.)
- 2 Frenkel DN, Liebman CB. Words that heal. *Ann Intern Med* 2004;140:482-3.
- 3 Kern SI. It's still not safe to say "I'm sorry." *Med Econ* 2009;86:40.
- 4 Al-Bar MA, Chamsi-Pasha H. Contemporary bioethics: Islamic perspective. Springer, 2015. <http://link.springer.com/book/10.1007/978-3-319-18428-9>.
- 5 Robbennolt JK. Apologies and medical error. *Clin Orthop Relat Res* 2009;467:376-82.
- 6 Nicole G; GARC, Government Affairs and Reimbursement Committee of the AAPA. Apologizing for adverse outcomes. *JAAPA* 2007;20:47-8.

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