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Doctors are Not Victims

By Chuck Dinerstein — June 8, 2018

Courtesy of Daniel Feren?ak [1]

The Europeanesthesia Conference had a poster/abstract [1] addressing a phenomenon “barely known by health workers,” being the second victim. The first victim is the patient who suffers an adverse outcome, for which presumably the second victim, the doctor, was in part or totally responsible. I always thought of those feelings as regret or even guilt, but I am not sure victimhood came to mind.

The Study

This was a simple survey of 34 Spanish anesthesiologists, predominantly working in tertiary referral hospitals, so no need to worry about statistics, this is just a set of quantified observations.

- 91% felt responsible for medical errors [2] - 26% of those errors resulting in severe injury
- Emotional responses were the most common - 84% of anesthesiologists felt guilt, 42% experienced a lack of confidence at work, 39% felt anger
- Physical reactions were less frequent - 13% were irritable, 13% lost sleep, and 10% cried more easily
- 60% of anesthesiologists sought help often from peers because only 50% felt they had adequate tools to address their responses
- 3% sought professional help

When we make an error, grievous or not, there is a disparity between how we perceive ourselves and how we are being perceived, especially by our peers. The more significant the injury, the greater the discordance is likely to be. We want to believe we are fundamentally different than the person that committed the error; that could never happen to us, it must be due to some other factor. Anyone who has spent time at a medical morbidity and mortality conference has heard

many variations of the patient being the cause because they had significant risk; our efforts were heroic, not reckless or ill-advised.

In reality, we have let ourselves down not meeting our personal standards; and we often feel powerless, an emotional response heighten because it occurred in a setting where we are most often powerful. The ideal victim and I am speaking as an abstraction, comes to their situation due to unavoidable circumstances, it is not their actions, but the actions of others – they are powerless. Physicians make mistakes, by omission or commission, but we have agency, so I am not sure that victimhood is the right analogy to draw. Calling ourselves victims is a way to deflect our culpability and in turn, our guilt; shifting the cause of adverse events onto other agents, real or imagined and restoring our sense of power.

It is difficult to accept our mistakes, especially when they result in disability and death. But to claim victimhood is to deny our responsibility. The physical and emotional findings, even in this small survey, is consistent with post-traumatic stress, but that reflects our role as combatants, not victims. Patients are not consumers and physicians are not victims when medical errors occur. Words matter.

[1] Posters and abstracts at conferences are not peer-reviewed in the same way as journal articles. They are not as rigorous and are often used as the proof of concept “paper” leading to more exacting journal submission.

[2] Medical errors come in many sizes and shapes. In this instance, we are talking about a range of mistakes involving medications and judgment in patient assessment and treatment. There is rarely just one cause for error, and the human component is only one of several factors.

Source: Second Victims: The Forgotten Ones Euroanesthesia Conference Abstract 257 [2]
