“To err is human”. This simple phrase carries significant implications in the practice of medicine. According to data published in the literature, medical errors occur in 6.5% of hospitalized patients and up to 25% of ambulatory care patients. The Institute of Medicine has called for making a priority the elimination of medical errors. Among some of the obstacles to reducing medical errors is failure to disclose and openly discuss these errors.

Fear of litigation, criticism by peers and normal human discomfort when disclosing mistakes has created among us a “culture of silence.” Facilities and practitioners fear losing revenues, adverse publicity and more regulatory oversight and thus are not proactive in openly discussing medical errors. We all have to go beyond these problems and finally understand that transparency and reporting of errors is the first step in implementing changes that will ultimately result in preventing errors. Currently the JCAHO requires reporting of the most egregious of errors; sentinel events, and conducting a root cause analysis of the event along with developing, implementing and monitoring a corrective action plan to minimize further events from occurring.

An important aspect of dealing with medical errors is how to tell the patients. Some medical errors may not result in injury. In others, the error may lead to permanent injury and even death. The first priority when dealing with these errors should be patient stabilization and treatment if necessary. After controlling the situation, the attending provider (with a hospital representative if the patient is in a hospital) should explain to the patient what happened and what was done to mitigate the complications associated to the error.

There does not appear to be an increase in liability when the provider discloses errors. In fact some limited evidence suggests that suits are less common. Ultimately all healthcare providers have an ethical obligation to disclose medical errors. I think this will result in more trust from our patients.