The second victim

Supporting junior doctors through medical errors

Dr Sarah Newman
Assistant Director, Doctors' Health Advisory Service WA

The term 'second victim', coined by Wu in 2000, encapsulates the impact of medical error on clinicians. Despite public perception and what hardline medical culture would have us believe, medical error is inevitable, as we are all fallibly human.

We accept the patient as the first victim, and our critical incident review process naturally focuses on their outcomes. But the health professionals who feel responsible can often be neglected.

Although linear root cause analyses attempt to appreciate the multifactorial reasons behind incidents where the individual is only one 'hole' in the 'Swiss Cheese' model, the emotional impact of errors may be overlooked.

Doctors who are second victims may experience burnout, psychological distress, post-traumatic stress, risk-averse practice, and maladaptive behaviours including drug and alcohol abuse, leaving the profession and, in the worst case, suicide.

Junior doctors and trainees (JMOs) are particularly vulnerable to the effects of medical errors. Inexperience, high workload, increased fatigue, burnout, and feelings of inadequate clinical supervision are important contributors.

Senior guidance is critical in shifting the perceptive from trauma to growth. Medical errors can be re-envisioned as formative learning experiences – for the second victim, their colleagues and the organisation.

Medical leadership sets the culture for how medical errors are viewed, processed and managed.

The work environment must be a safe place to discuss mistakes. Water-cooler gossip is harmful and should be actively discouraged. JMOs require support when providing open disclosure to the patient, and it helps to understand that admission and apology do not imply legal liability. They should be encouraged to have early discussions with their medical defence organisation to address medico-legal consequences.

Assessing any acute needs: Second victims are often distressed immediately after the incident comes to light, needing a safe space for a sounding board and psychological first aid, while steering away from clinical scrutiny. The JMO may need a break or to go home.

All junior doctors should also be encouraged to engage their private support networks and take care of their personal wellbeing.

Facilitating reflection to enable clinical growth: Engaging in discussions with peers, mentors and other junior doctors who have navigated medical errors can be beneficial in normalising the experience, and finding shared pathways through challenges. Regular check-ins with junior doctors can help and assess progress in their healing process.

Seeking assistance: It is of upmost importance to recognise when further support is needed, and to know where to find help. Resources such as hospital-based wellbeing officers and programs, employee assistance programs, college resources and post-graduate medical education units can provide this extra professional lead support. Those in need of personal health assistance can start by seeking guidance from their GP, and consider formal psychology involvement. The Doctors' Health Advisory Service WA offers a 24/7 Advice Line manned by experienced doctors, and can provide support, guidance and a listening ear within four hours. We also assist doctors in finding ongoing care from regular GPs and psychologists through their list of 'Doctors for Doctors'.

You can find more information and resources on doctors' health at: **dhaswa.com.au**.

Systemic change is needed when approaching medical error. When the second victim is blamed, the healthcare organisation and patients suffer. Consider what simple interventions in everyday practices could prevent future second victims, and integrate early and ongoing support for second victims into the workplace.

Open discussion of medical errors during college education, peer groups and supervision will help dispel the stigma of mistakes. At the end of the day, we are all only human. A human response of empathetic support helps JMOs become better clinicians, moving forward from 'victim' to formulating meaning and experience after medical error. ■

References available on request.