Should dermatopathologists participate in diagnostic error disclosure to patients? An ethical analysis

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CASE SCENARIO

Dr Sly Dreader is a dermatopathologist with a large dermatology practice. He evaluates a skin biopsy specimen, the requisition form for which reads, "Enlarging ulcer on the back of the foot for 6 months. Rule out pyoderma gangrenosum versus venous stasis ulcer." On histopathological examination, there is epidermal ulceration with a dense and diffuse mixed inflammatory infiltrate. Acid-fast, periodic acid–Schiff, and Grocott-Gomori methenamine silver stains are all interpreted as negative. The specimen is diagnosed by Dr Dreader as a nonspecific ulcer and the submitting dermatologist subsequently renders a clinical diagnosis of pyoderma gangrenosum. The patient is placed on systemic immunosuppressive therapy for several months. The ulcer fails to improve and new lesions develop. The original ulcer is biopsied again. The low-magnification histopathologic findings are similar to the original biopsy. However, on examination of a periodic acid–Schiff stain at high magnification, micro-organisms are identified, consistent with a diagnosis of sporotrichosis. The initial biopsy specimen is re-reviewed, only to find similar organisms, confirming that the diagnosis was missed on the original biopsy.

What should Dr Sly Dreader do next?

A. Do not disclose the error.
B. Inform the submitting dermatologist of the error and allow the dermatologist to explain the error to the patient.
C. Disclose the error directly to the patient.
D. Disclose the error to the practice's risk-management advisor.

DISCUSSION

Since the publication of "To Err is Human" by the US Institute of Medicine in 2000 and subsequent Joint Commission on Accreditation of Healthcare Organization's national requirement for disclosure of adverse events in 2001, disclosing diagnostic errors to patients has become a professional standard across medical specialties.[1,2] The rationale behind this vigorous adoption of medical error disclosure was to form a basis for a culture of safety and transparency in health care. The ethical framework upholding this movement involves the principles of patient autonomy, truth-telling, and justice. The Tavistock Group, a multidisciplinary group of health professionals who sought to develop ethical tenets for everyone in healthcare, combines these principles into a single prevailing ideal relevant to error disclosure, openness, which states that being open, honest, and trustworthy is vital in health care.[3]

Although medical error disclosure is now broadly accepted, consensus about the role of primarily diagnostic physicians, such as pathologists, in the process has not been firmly established. Further, research into patient preference regarding communication of errors from these providers is lacking.

Several options for whether and how dermatopathologists disclose error warrant discussion.

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ANALYSIS OF CASE SCENARIO

Option A: Do not disclose the error

Some may argue that compliance with error disclosure guidelines is strictly voluntary, and that there is no onus on the pathologist to communicate an error to the clinician or patient after issuing the correct diagnosis. In many cases, the diagnostic error may not lead to substantial harm to the patient, which calls into question the utility of disclosure. Further, the pathologist may not desire to draw attention to the error for fear of losing professional standing with his colleague and the patient. In some cases, the pathologist may not define the initial misdiagnosis as error, as a histologic examination may not be 100% specific for a given diagnosis. In our scenario, the pathologist's error was only established after reviewing the original slide, the correct diagnosis was not suspected by the clinician, and mismanagement was based, in part, on an errant clinical diagnosis, which alleviates some culpability of the pathologist.

In a study surveying 164 anatomic pathologists, the overwhelming majority had been involved in an error (95%) and believed that errors should be discussed with colleagues (95%), disclosed to patients (97%), and communicated to hospitals (95%).[4] These sentiments are consistent with the prevailing standard to disclose medical errors. All physicians, regardless of specialty, should be committed to recognizing and communicating error. Therefore, this option is not an ethically acceptable choice.

Option B: Inform the submitting dermatologist of the error and allow the dermatologist to explain the error to the patient

Guidelines published in 2006 by the Association of Directors of Anatomic and Surgical Pathology state that "when an error is identified, this information must be directly and promptly communicated to the patient's caregiver."[5] This guideline reflects a traditional view of error disclosure by diagnostic providers, occurring through the treating physician. It is likely the most comfortable option for pathologists, as communicating with clinicians is routine in pathology and the clinician alone has an established relationship with the patient.

Conveying error through the clinician has potential vulnerability, however, as further error can occur during handoffs in communication and as a result of asymmetry of expertise. Accurate communication is dependent on the clinician's understanding of the error and an ability to communicate this to the patient. Without any direct interaction between the pathologist and the patient, the patient's perception of the error is subject to the clinician's interpretation and explanation. Through this method, it is not possible for the pathologist to know how the pathologist's role in the error was conveyed to the patient, or if the disclosure occurred at all. This concern is particularly relevant when the clinician has also played a part in the error, as in this case. That is, error disclosure by the clinician alone in cases like this is likely to be more biased than it would otherwise as the clinician is also partly culpable.

Option C: Disclose the error directly to the patient

Direct communication from the pathologist to the patient ensures that the error is disclosed more accurately than by the clinician alone and better establishes a climate of honesty and transparency. A fuller explanation of the error by the range of relevant providers helps to maintain the patient's confidence in the health care team and system in general. Additionally, the pathologist has an opportunity to express remorse directly to the patient.

In 2005, policy published by the College of American Pathologists stated that "there exists an ethical obligation to inform the individual patient of the diagnostic error that has occurred," emphasizing the pathologists responsibility to the patient and the ethical tenets of patient autonomy and justice.[6] At the time of publication, no suggestion was made as to how this communication was to occur, as the pathologist generally has no direct relationship with the patient.

Indeed, pathologists may struggle with the implementation of error disclosure directly to patients. In a survey of 174 anatomic pathologists and laboratory directors, the 2 greatest barriers to direct patient communication were concern that patients may not be able to understand the error (50%) and that the physician would be unable to adequately explain the error to the patient