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ORIGINAL ARTICLE

Attitudes of dental professional staff and auxiliaries in Riyadh, Saudi Arabia, toward disclosure of medical errors

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KEYWORDS

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Abstract *Aim:* To collect empirical data on the attitudes of dental professionals and dental auxiliaries in Riyadh, Saudi Arabia, regarding the disclosure of medical errors.

Methods: A cross-sectional study was conducted, involving the administration of a questionnaire to a sample of 586 participants recruited from over 10 government and private dental institutions in Riyadh between August 2015 and January 2016. The questionnaire collected information regarding participant opinions on (a) personal beliefs, norms, and practices regarding medical errors, (b) the nature of errors that should be disclosed, and (c) who should disclose errors.

Results: Most (94.4%) participants preferred that medical errors should be disclosed. However, personal preferences, perceptions of the norm and current practices with respect to which type (seriousness) of error should be disclosed were inconsistent. Only 17.9% of participants perceived that it was the current practice to disclose errors resulting in "Major harm". Over 68% of respondents reported a personal belief, a perception of the norm and a perception of current practice that errors should be disclosed by the erring dentist. Participants at government institutions were more likely to disclose errors than those at private institutions. There were also significant differences in the

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responses with respect to gender, age, and nationality. The implications for the development of guidelines to help Saudi dentists adopt ethical courses of action for the disclosure of errors are considered.

Conclusions: (1) The majority of participants personally believed that errors should be disclosed, (2) there was little agreement between participant personal beliefs and perceptions of the norm and practice with respect to which type of errors should be disclosed, (3) there was strong agreement that the erring dentist is responsible for reporting errors, and (4) the attitudes of the participants varied with respect to type of institution, age, gender, and nationality.

1. Introduction

The most cited definition of a medical error is "An act of omission or commission in planning or execution that contributes or could contribute to an unintended result." This definition includes "the key domains of error causation (omission and commission, planning and execution), and captures faulty processes that can and do lead to errors, whether adverse outcomes occur or not" (Grober and Bohnen, 2005). Historically, medical errors were rarely disclosed. However, more recently, with the implementation of professional codes of ethics, disclosure of medical errors in the healthcare setting has been reinforced to prevent or reduce harm to patients and their families (Chafe et al., 2009; Ozar and Sokol, 2002; Ghazal et al., 2014; Williams, 2012). Non-disclosure of a medical error is now considered a violation of ethical principles and can lead to litigation (Rosner et al., 2000).

The disclosure of medical errors improves the quality of the healthcare system and helps to prevent future errors (Ghazal et al., 2014). Patient response to and consequences of medical errors greatly influence the attitudes of healthcare providers. It is generally accepted that full disclosure of a medical error is necessary only if there has been an adverse event which has caused harm to a patient (Ghazal et al., 2014). In situations where no harm or adverse event has occurred, disclosure may not be obligatory (Elder et al., 2006) as it may unnecessarily increase patient stress and anxiety. Gallagher et al. (2009) reported that some physicians believe that if patients do not enquire then error disclosure is unnecessary.

Many factors may influence the decision of healthcare providers to disclose medical errors. According to the conceptual model conceived by Fein et al. (2005), the most important influences on the decision to disclose a medical error fall into four categories: (a) provider factors, including perceived professional responsibility, (b) patient factors, including a desire for information, (c) error factors, including the level of harm to the patient, and (d) institutional culture, including the perceived tolerance for error by healthcare professionals.

Birks (2014) and Ghazal et al. (2014) proposed a set of guidelines for the disclosure of medical errors, citing conceptual reasons, such as the duty of candor, respect for autonomy, the imperative principle of truth-telling, the principles of beneficence and non-maleficence, and the deontology or Kantian obligation based theory. Healthcare providers, however, are not professional ethicists, and the disclosure of medical errors is not always a component of their ethical behavior.

In dentistry, medical errors include (a) incorrect medication prescription, (b) neglect of current scientific evidence regarding treatment, (c) improper maintenance of equipment, and failure to (d) properly maintain patient records, (e) acquire informed consent, (f) establish and maintain appropriate infection control measures, (g) accurately diagnose a dental condition, (h) prevent accidents or complications, (i) pursue appropriate follow-up care, and/or (j) follow statutory rules or regulations reflecting quality standards for dental care (Negalberg, 2015). Thusu et al. (2012) showed that the most frequently reported incidents in the practice of dentistry were clerical errors (36%) followed by patient injuries (10%), medical emergencies (6%), accidental ingestion or inhalation of clinical materials (4%), adverse reactions (4%), and erroneous tooth extractions (2%).

Although dentists have an ethical responsibility to fully disclose errors, in practice there is considerable inconsistency regarding opinions on the information that should be disclosed, and who should disclose this information (Blood, 2015). Thusu et al. (2012) reported a relatively low frequency of dental error disclosure, which they attributed to the voluntary nature of reporting and the reluctance of dentists to disclose incidents for fear of loss of earnings.

The disclosure of medical errors varies between clinical specialties (Blood, 2015; Chiodo et al., 1999; Ozar and Sokol, 2002; O'Connor et al., 2010; Yamalik and Perea, 2012). Accordingly, dentists may carry different attitudes than medical doctors toward ethical duty for disclosure. Possible reasons for this discrepancy are hypothesized as follows. First, dental errors may be perceived as less serious. Second, medical care is most frequently provided at large institutions (e.g., hospitals), while dental care is generally more isolated at private practices. Third, medical care is generally provided by a team of doctors, while dentistry is often individually handled. Despite these differences, all medical practitioners, including dentists, have the same ethical obligation to tell the truth, respect patient autonomy, and disclose errors. The disclosure of dental errors is desired by patients and is also recommended by ethicists and professional organizations to ensure that the dental profession can be trusted (Chiodo et al., 1999; Blood, 2015). A critical examination of personal preferences and perceptions of the norm in current practice regarding the disclosure of dental errors is therefore necessary to the benefit of patients, dentists, and the practice of dentistry.

The aim of the current study was to obtain empirical information on the patterns of dental error disclosure among dental professionals in Saudi Arabia. In addition, personal preference, the perception of the norm, and perception of current practices relating to error disclosure were investigated at two levels: the nature (seriousness) of the error that requires disclosure, and the individual responsible for disclosure.

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