



American College of  
Emergency Physicians®

ADVANCING EMERGENCY CARE 

# POLICY STATEMENT

Approved April 2017

## *Disclosure of Medical Errors*

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2010

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September 2003

The American College of Emergency Physicians (ACEP) believes that emergency physicians should provide prompt and truthful information to patients or their representatives about their medical conditions and treatments. In the emergency department (ED), as in other health care settings, patients may experience or be at risk for adverse events as a result of human error or flaws in the health care system. If, after careful review of all available relevant information, emergency physicians determine that a medical error has occurred during their care of a patient in the ED, they or appropriate designee should inform the patient in a timely manner that an error has occurred, and provide information about the error and its consequences, following institutional and practice group policies and considering applicable state statutes on this subject. If the patient is incapacitated, and therefore unable to receive this information, emergency physicians or appropriate designee should provide the information to the patient's representative.

To show respect for the patient and commitment to patient welfare, disclosure of a medical error in the patient's care should include an apology that an error has occurred. Depending on specific circumstances and institutional or practice group policies and considering applicable state statutes, this apology may be offered by the emergency physician, another member of the patient's health care team, or an officer of the institution.

In some cases, it may be apparent that treatment provided in the ED has harmed a patient, but it may not be obvious whether the harm was the result of a medical error or was an unavoidable complication of an appropriate treatment. When such an adverse event occurs, emergency physicians or appropriate designee should inform the patient or the patient's representative that a problem has occurred in the patient's care, that the problem is being examined, and that additional information will be provided when it is available.

This policy does not address errors discovered after patients leave the ED or errors made outside of the ED.

ACEP recognizes that substantial obstacles, including unrealistic expectations of physician infallibility, lack of training about disclosure of errors, and fear of increased malpractice exposure, may obstruct the free disclosure to patients of medical errors. To overcome these obstacles, ACEP recommends the following initiatives:

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- Health care institutions should develop and implement policies and procedures for identifying and responding to medical errors, including continuous quality improvement (CQI) systems and procedures for disclosing significant errors to patients.
- Medical educators should develop and provide specific instruction to trainees at all levels on identifying and preventing medical errors and on communicating truthfully and sensitively with patients or their representatives about errors.
- States should enact legislation that makes apology statements by physicians related to disclosure of medical errors inadmissible in malpractice actions.