

Chapter 35. Helping the SECOND VICTIM – the ERRING ANESTHESIOLOGIST.

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(This book's full chapter is 9 pages long with 9 references)

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1. INTRODUCTION.

Dr. Leap, a former pediatric surgeon turned medical safety expert physician, wrote a commentary titled, “OK, You Made a Mistake. Get over it.”¹ He notes that after a critical medical mistake is discovered after a patient’s death, the physician can be sleepless, depressed, fearing an upcoming peer review, and having nightmares about being sued. He further comments that death is a certainty that all humans face and that medical practice is complex. He says it is healthier for oneself to preferably focus on one’s private thoughts on the vast numbers of people that one has saved, helped, and comforted in the past and those whom one will still help, comfort, and save in the future.

Dr. Lucian Leap also said, “*Maybe the secret to taking care of the patient is taking care of the staff member who is caring for the patient.*”

Finally, one should always do their best, one day at a time.

At a conference in 2017, Nurse Jackie Jones estimated that 1 million US nurses become second victims from errors they made in healthcare in a year. Of those well-intentioned conscientious nurses, some will develop Post-Traumatic Stress Disorder (PTSD)². All these second victims have the Denham 5 rights: (i) to be justly treated, (ii) to be respected, (iii) to be handled with understanding, (iv) to receive supportive care, and (v) for there to be transparency and an opportunity to contribute to the discussions. Jones lamented the lack of training nurses received in their basic training on surviving and tolerating second-victim experiences. The same can be said for anesthesiologists.

The frequency of making drug errors is so high that most anesthesiologists will, on a group average, make about one drug error per month amongst the whole professional group. This chapter is not written only for the mass of practicing anesthesiologists. It is also written for the manager or supervisor of the anesthesiologist who has made a drug administration error during anesthesia care that caused a patient injury. That extremely severe calamity is, luckily, a rare enough event amongst drug errors that it may be only a once-in-a-career mishap. The manager has to handle that anesthesiologist so that they do not internally drown with feelings of guilt that they may become dysfunctional and critically depressed, cease to be competent, or even become suicidal.

This book author once had a personal experience where a patient unexpectedly died under my care with an anesthesia trainee. It is not a drug error case, but it is a case