

The second victim: Supporting healthcare providers involved in medication errors

By Lindsay Yoo and Mengdi Fei

In clinically complex healthcare settings, adverse events and medication errors can occur despite the best intentions of healthcare professionals. There are usually two victims that are affected after these events: The “first victim”, who refers to the patients and their family, and the “second victim”, who is the involved healthcare provider who experience emotional distress following an adverse event that results in patient harm.

It is estimated that almost 50 per cent of all healthcare providers are a second victim at least once in their pro-

fessional career. Following the medical/medication error, the second victims often experience a range of distressing emotions, such as guilt, isolation, and anxiety. This emotional burden can linger for a long time, with a few going on to suffer long-term consequences that are similar to post-traumatic stress disorder.

STAGES OF RECOVERY OF THE SECOND VICTIM

The second victims go through a recovery trajectory discussed below (Figure 1).

SUPPORTING SECOND VICTIMS

The supporting system for second victim should be consistent with the “5 Rights of Second Victims”, particularly when reviewing events and addressing staff:

- Treatment that is just
- Respect
- Understanding and compassion
- Supportive care
- Transparency and opportunity to contribute

One way for second victims to overcome the guilt after an adverse event is through confession; however, this is

often not available or discouraged by risk managers and lawyers. Even when adverse events are discussed within formal sessions, there is little focus on the emotional impact of the individual involved. To address this gap, the emotional health of the second victims needs to be taken into consideration in incident analysis and review process. Furthermore, organizations are encouraged to create blame-free environments or “safe spaces” for second victims to:

- Share their experiences and transfer knowledge regarding medication incidents;
- Discuss coping strategies; and
- Make recommendations to prevent similar errors.

The goals of most second victims are reconciliation and closure, which are best achieved through disclosure. By sharing and storytelling, the second victims can release their emotions and gain insight from the incident. In addition, colleagues or “buddies” can offer social and emotional support to assist the second victims during this healing process. For individuals who consider themselves as second victims and wish to seek help, the Government of Canada Employee Assistance Program (EAP) provides confidential and professional counselling.

TO ERR IS HUMAN

Healthcare providers are humans. Humans are not perfect. Second victims should be not neglected; they should be acknowledged and provided with support to help recover from the aftermath of the error and to ultimately reach the “thriving” stage (Figure 1). **□**

Figure 1 – Stages of Recovery of the Second Victim



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