

Second victim syndrome: bridging compassion and healing in healthcare

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In the intricate healthcare landscape, where compassion merges with complex medical decisions and procedures, second victim syndrome may lurk unnoticed and unaddressed.¹ The psychological distress and emotional turmoil experienced by healthcare professionals after being involved in adverse patient events and near-misses remain largely silent, haunting healthcare professionals and leaving them vulnerable to subsequent health issues.² This editorial delves into this second victim syndrome, shedding light on its profound impact, particularly in the context of medical malpractice and litigation, and exploring the potential of mindfulness in nurturing healing and resilience.

Adverse patient events, being iatrogenic in nature, result from medical care rather than an underlying disease.³ Consequently, they demand unforeseen patient monitoring, treatment, or hospitalisation.⁴ They may also result in patient death. These events, which include diagnostic errors, surgical complications, falls, healthcare-associated infections, pressure ulcers, or medication errors leading to adverse drug reactions, toxicity or treatment failure, can occur at any juncture of healthcare provision, spanning hospitals, clinics, nursing homes, outpatient facilities, and general practice.⁵ They may arise from communication errors, misdiagnoses, equipment failure, or systemic deficiencies within the healthcare delivery system.⁶

The fundamental priority of medicine lies in ensuring our patients' rights to receive safe, dependable, and patient-centred care. Unforeseen complications and inadvertent errors are inherent to the medical system, however, stemming from the universal reality of human fallibility and technological limitations. While not all errors pose life-threatening risks, they have the potential to significantly undermine a patient's quality of life.⁷ Adverse patient events are profound tragedies of healthcare delivery, often occurring despite adherence to best practices.⁸ Unfortunately, they are not uncommon; approximately a tenth of patients experience harm in hospitals, with half of these deemed preventable.⁹ These statistics offer little solace to healthcare professionals embarking on tortuous journeys of self-recrimination for their failings. The culture of perfectionism within healthcare further exacerbates the risk of second victim syndrome. Doctors often strive for perfection, driven by the desire to provide the best possible care for their patients. However, this relentless pursuit of perfection can lead to unrealistic expectations and a reluctance to acknowledge

mistakes. Patients and the public, who understandably expect their doctors to be infallible, may inadvertently reinforce this notion, denying the potential or existence of human error.¹

In the aftermath of a medical error or adverse event, attention, support and condolences reasonably gravitate toward the patient (the first victim) and their loved ones. Yet, the ripple effects extend beyond the patient and their family, deeply impacting healthcare practitioners (the second victims).⁷ Up to 50% of doctors are affected by an adverse patient event in their career.¹⁰ Following such incidents, doctors often find themselves in a maelstrom of shock, grief, guilt, shame, self-doubt, remorse and fear.¹ These emotional responses can significantly affect their well-being, job satisfaction, and ability to provide quality care to future patients.^{7,11,12} For many, witnessing harm to a patient shatters their sense of professional identity, prompting doubts about their competence and worthiness as caregivers. In the wake of such events, the psychological toll on doctors and other healthcare providers can be profound, leading to burnout, anxiety, depression, insomnia, post-traumatic stress disorder and thoughts or acts of suicide.^{1,12-15} The culture of silence and stigma surrounding medical errors exacerbates the isolation experienced by second victims, inhibiting their ability to seek support and cope with their trauma.¹ Fearful of judgment and reprisal, healthcare practitioners may internalise their emotions, suffering in silence as they struggle to come to terms with their role in the adverse event. Left unchecked, this emotional burden can have serious consequences, not only for the well-being of individual healthcare workers but also for the broader healthcare system.

Fear of litigation adds another layer of stress to those already grappling with the emotional fallout of medical errors.¹⁰ The pending threat of legal action can exacerbate feelings of guilt and self-doubt, further contributing to the development of second victim syndrome. The legal process, while essential for accountability and justice, becomes a relentless source of stress for healthcare professionals, compounding their trauma and inhibiting their ability to heal. The adversarial nature of litigation pits healthcare providers against patients and plaintiffs, fostering an atmosphere of blame and distrust. In this hostile environment, the human element may be overlooked, as the focus shifts from understanding the complexities of medical practice to assigning culpability. The fear of professional repercussions

looms large, further exacerbating the anguish experienced by second victims. Despite their best intentions and dedication to patient care, healthcare providers find themselves thrust into a legal quagmire, grappling with the profound ramifications of a tragic event. This adversarial process not only adds to the stress and anxiety experienced by healthcare professionals but also challenges their professional integrity and credibility.¹⁶

While accountability is paramount in cases of medical negligence, it is imperative to recognise that not all adverse events are the result of substandard care. Medical practice is inherently complex, fraught with uncertainties and variables, often beyond the control of even the most skilled practitioners. As such, attributing blame solely to individuals may fail to acknowledge the systemic factors that contribute to adverse outcomes. Rather than fostering a culture of learning and improvement, the focus on assigning fault stymies efforts to address the root causes of medical errors and prevent future occurrences. To break free from this cycle, it is imperative to adopt a more compassionate and collaborative approach to addressing adverse patient events, one that prioritises the well-being of both patients and providers.

Six stages of recovery from an adverse patient event have been identified in healthcare practitioners.¹² These are chaos and accident response, intrusive reflections, restoring personal integrity, enduring the inquisition, obtaining emotional first aid and moving on. In addressing the needs of healthcare practitioners affected by medical errors, interventions focused on psychological support and coping strategies are crucial. Healing involves a multifaceted approach that addresses the emotional, psychological, and professional needs of healthcare practitioners affected by adverse patient events. Several strategies have been proposed including peer support programmes, counselling and mental health services, educational interventions, organisational support, legal and professional support, and mindfulness-based interventions.^{10,12,17-19} Mindfulness practices have been shown to reduce stress and burnout, enhance emotional resilience and self-compassion, and improve overall well-being among healthcare professionals.^{20,21} With its emphasis on present-moment awareness and non-judgmental acceptance, mindfulness may offer a promising avenue for fostering resilience among second victims. By incorporating mindfulness-based interventions into support programmes for second victims, healthcare organisations may help mitigate the psychological impact of medical errors and promote healing among their healthcare practitioners.

In addition to mindfulness-based interventions, addressing the systemic factors contributing to second victim syndrome is crucial. Healthcare organisations must strive to create environments that prioritise patient safety, learning, and improvement over blame and punishment. This includes implementing robust systems for reporting and analysing medical errors, as well as providing comprehensive support services for healthcare practitioners affected by adverse events. By shifting the focus from individual blame to system-level improvement, healthcare organisations

can create a more supportive culture for the well-being of both patients and providers.²²

Furthermore, legal reforms may mitigate the fear of litigation that contributes to second victim syndrome. Alternative dispute resolution mechanisms, such as mediation and apology programmes, can offer a more compassionate and efficient approach to resolving medical malpractice disputes. By providing opportunities for open dialogue, reconciliation, and healing, these approaches can help reduce the adversarial nature of medical litigation and promote a culture of transparency and accountability.^{23,24}

Second victim syndrome represents a significant yet often overlooked challenge within the healthcare system. By acknowledging the emotional toll of adverse medical events on healthcare providers and implementing mindful solutions, we can create a more supportive and robust environment for both patients and providers. Working together to foster a culture of compassion, learning, and improvement may create a healthcare system that prioritises the well-being of all.

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