



# The Duty of Disclosure and What it Means for All of Us

Yasumoto International Academic Park  
The Chinese University of Hong Kong



## Deception amongst healthcare workers

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# Conflict of Interest



European Journal of

**Emergency Medicine**

Colin Graham is the Editor-in-Chief of the European Journal of Emergency Medicine and receives a modest annual honorarium for his editorial work



# Topics



- Lying and deception - definitions
- Deception amongst healthcare workers
- Deception in the emergency setting
- Underlying reasons for deception
- Promoting honesty in healthcare workers



# Lying



- Lying
  - The telling of lies, or false statements; untruthfulness
  - Telling or containing lies; deliberately untruthful; deceitful; false

<http://dictionary.reference.com/browse/lying>



# Deception



- Deception
  - The act of deceiving; the state of being deceived
  - Something that deceives or is intended to deceive; fraud; artifice

<http://dictionary.reference.com/browse/deception>



# Deception



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  - The act of deceiving; the state of being deceived
  - Something that deceives or is intended to deceive; fraud; **artifice**

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# Deception



- Artifice
  - a clever trick or stratagem; a cunning, crafty device or expedient; wile
  - trickery; guile; craftiness
  - cunning; ingenuity; inventiveness
  - a skilful or artful contrivance or expedient

<http://dictionary.reference.com/browse/artifice>



# Deception amongst HCWs



- Very common indeed – but poorly reported
- Multiple justifications
  - To help the patient
  - To protect myself
  - To help my team
- Spoken and written forms exist



# Deception amongst HCWs



- Multiple justifications
  - To help the patient – radiologist request for CT scan
    - ‘Patient is GCS 13/15, has mild weakness on left side’
  - To protect myself – after a patient deteriorates
    - ‘When I examined the patient, there was no abnormality’
  - To help my team – when resources are not enough
    - ‘We are not safe for the nightshift tonight as Dr Chan is on sick leave and we are understaffed’



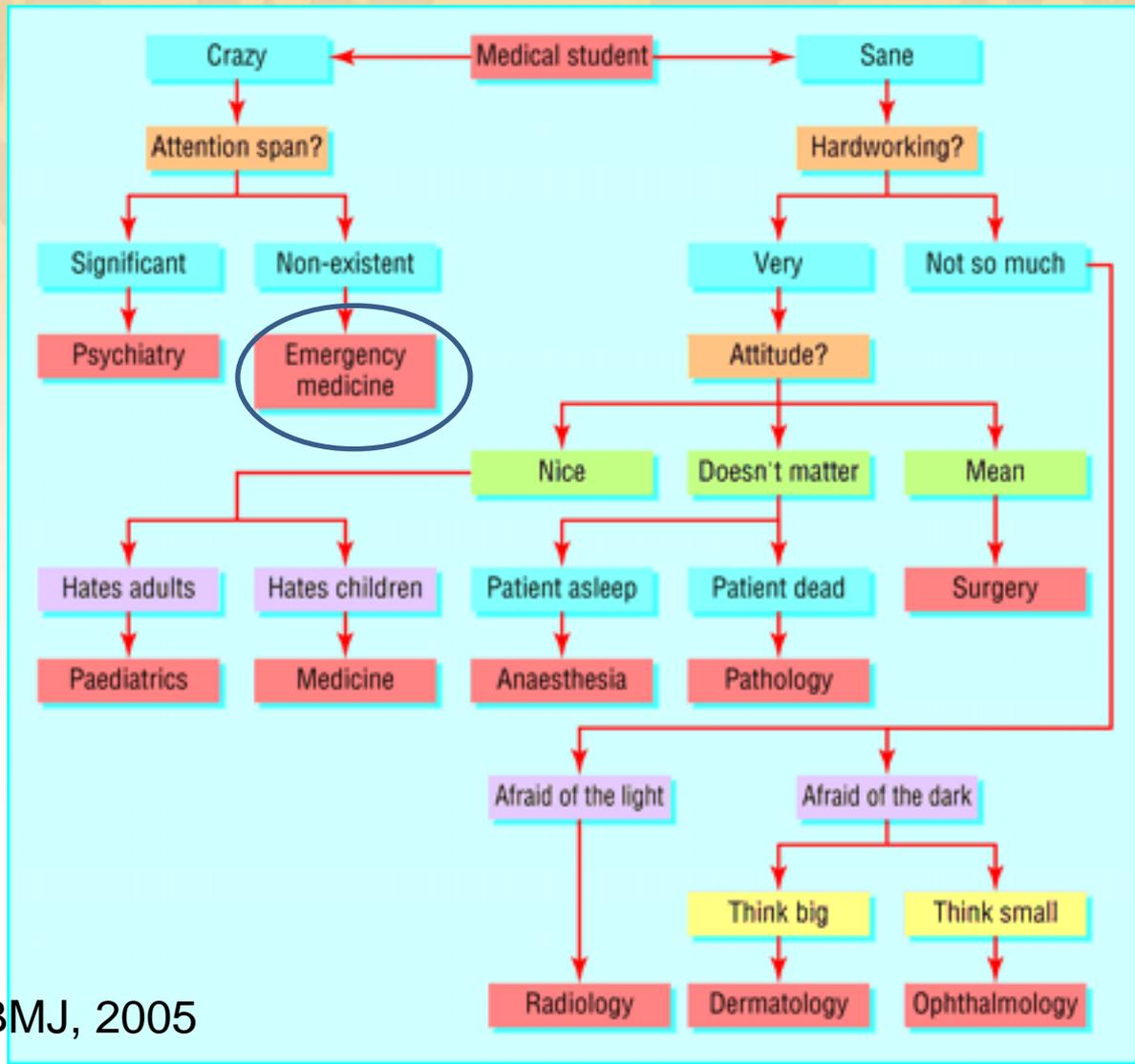
# Deception amongst HCWs



- Spoken and written forms exist
  - Often seen in medical records
    - Notes crossed out and replaced without explanation
    - Radiology reports ‘updated’ with no reference to the previously erroneous report
    - Notes changed without signature and time/date to justify changes made
  - Fraudulent notes still seen in medical research documentation despite ICH-GCP regulations



# Medical career choices



Veysman, BMJ, 2005



家屬候區



如欲查詢  
請洽  
或  
或

26J

26I

26

26B

26X

26

Check Drug Allergy & Patient's Particulars on Prescription!!

6256 Start ANTIBIOTICS immediate when drug available



# Emergency Medicine



Acutely ill and injured  
undifferentiated patients

This is what defines us



# Deception in emergencies



- Very common indeed
- Many underlying reasons – mostly situational
- Unrealistic demands and expectations
- Deception is core part of demand management



# Expectations are unreasonable



- My ED sees  $\approx 400$  patients per 24 hours
- Major trauma centre, stroke centre, tertiary oncology centre, major teaching hospital
- Doctors expected to see 30-40 patients per 8-9h shift, with an hour for a break
  - Equates to 12 minutes per patient, including paperwork and all diagnostics
  - Complexity of patient care is increasing daily



# Is there an alternative?



- Patient expectations are extremely high
  - In Hong Kong, highest rate of tax is 15% but everyone thinks they should be seen immediately
- Publicly funded service with minimal co-pay
- By comparison, staffing levels are appalling
  - Hong Kong is a rich territory with huge \$\$ reserves
- Lack of effective primary care
- This all leads to varying degrees of deception



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6 June 2014 Last updated at 09:06



## Aberdeen Royal Infirmary consultants 'fear for safe A&E care'



Concerns have been raised at Aberdeen Royal Infirmary

**Accident and emergency consultants at Aberdeen Royal Infirmary are worried doctors will not be able to provide the "safe care" of patients because of staff shortages, a report has revealed.**

A recruitment drive is ongoing as the number of "senior" A&E doctors could have dropped from 10 to two by August.

The report from consultants said they feared doctors being unable to resuscitate the most serious patients.

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# Promoting honesty in HCWs



- No blame culture for honest errors in care
  - We need to recognise that staffing plays a key role
- Frank open debate about what public healthcare can realistically provide in reasonable time
- Avoidance of ‘gaming the system’ by having appropriate resources for patient care



# Promoting honesty in HCWs



- Rewarding honesty and openness in written records and by auditing practice truthfully
- Senior staff leading by example – often lacking in medical environments
  - Give the answer ‘I don’t know’ more often!
- The truth is always better than deception



# Summary



- Deception in healthcare takes many forms
- Situational pressures reinforce that deception is acceptable under some circumstances
- Adequate resources help to reduce HCW deception
- Seniors must lead by example
- 'No blame culture' and openness may reduce deception



# Questions ?

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