

Are we teaching future doctors how to manage clinical error? Reflections based on the phenomenon of the second victim.

¿Estamos enseñando a los futuros médicos a gestionar el error clínico? Reflexiones a partir del fenómeno de la segunda víctima.

Anna Rodríguez-Morera

Faculty of Medicine, University of Girona. <https://orcid.org/0000-0002-4681-8962>

* Correspondence: anna.rodriquezm@udg.edu

When we talk about medical error, the focus is rightly on those who have suffered the consequences: the patient and their family. However, there is another person who often remains silent and who can also be deeply affected: the professional who made the error or was involved in it. This is known as the “second victim.”

The term, introduced by Wu in 2000, was intended to describe the emotional consequences that a healthcare professional may experience after being involved in a medical error (1). Subsequently, the concept was broadened to include professionals affected by adverse events, even when there is no direct individual responsibility. Since then, various international studies have shown that this phenomenon can be associated with feelings of guilt, fear, shame, anxiety, loss of confidence, insecurity, sleep disturbances, or isolation. Recent reviews also indicate that professionals particularly demand peer support, practical guidance, and psychological support, although evidence on which interventions are most effective in the long term is still limited (2).

Healthcare professionals work with enormous responsibility, and despite their training, they are still human and make mistakes. An incorrect dose, a misinterpretation, poor communication, or a decision made under pressure can change a patient's life and, at the same time, be forever etched in the professional's memory. And yet, often, that professional is expected to simply continue working as if nothing had happened. Doctors are presumed to be resilient by nature.

But are doctors truly inherently resilient? The answer is no. Behind every white coat is a person, and behind every adverse event or error, there may be more than one story of suffering. Recognizing the vulnerability of doctors means broadening our perspective and understanding that patient safety and the well-being of healthcare professionals are inextricably linked.

For this reason, we need well-trained professionals who can recognize errors, take appropriate responsibility, communicate adverse events effectively, ask for help, learn from what happened, and continue caring for their patients. Medical training can contribute to this through clinical simulation, case analysis, error communication training, interprofessional collaboration, and learning a culture of safety. These strategies allow professionals to acquire knowledge, practice responding to errors in safe environments, and learn how to request and offer support (2, 3).

In this regard, medical schools must assume a leading role, explicitly and systematically incorporating clinical error management, adverse event reporting, safety culture, and professional well-being into their training programs. However, their integration remains insufficient. A study

conducted in 206 European universities found significant variability in patient safety education and noted that the second victim phenomenon was present in only one of the analyzed curricula (4). Furthermore, a recent review has shown that students themselves can experience this phenomenon, while training interventions aimed at them remain scarce and inconsistent (3).

Universities, therefore, have an inescapable responsibility: to teach that acknowledging mistakes is not a sign of incompetence, but rather an expression of professionalism, responsibility, and commitment to safer medicine. Building a truly safe, humane, and mature healthcare system requires recognizing a fundamental premise: those who provide care can also make mistakes, and the system must be prepared both to prevent errors and to care for those who experience them. Only when professionals have the training, support, and safe spaces to understand and manage errors does it cease to be merely a failure and become an opportunity for learning, improvement, and transformation of the system. The final question is unavoidable: is this training truly being provided to our future doctors?

References

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