

LETTER TO THE EDITOR

Learning from error in orthopaedic surgery and traumatology



Aprender del error en Cirugía Ortopédica y Traumatología

Dear Editor,

We read the interesting article published in *Revista Española de Cirugía Ortopédica y Traumatología* (RECOT) entitled "Influencia de las reclamaciones en la gestión asistencial de un servicio de cirugía ortopédica y traumatología" (Influence of complaints on care management in an orthopaedic surgery and traumatology department) by Combalia et al.,¹ which reviews the complaints filed in an orthopaedic surgery and traumatology (OST) service with the aim of identifying opportunities for improvement secondary to the evaluation of these complaints.

We fully agree with the authors that, nowadays, following the acceptance of the inevitability of error in medical practice and, by extension, in healthcare activity, the only possible strategy, from all approaches, is to learn from these errors. This has been the case in the field of medical professional liability claims over the last decade as a result of a change in the management model, from a model based on the mere assurance of the activity to an analytical and research model focused on the proposal of clinical safety recommendations² which has proved to be very profitable. In the specific case of TOC, in our context, the potential benefit of such initiatives is maximised given that it is one of the most sought-after specialties.

At the same time, in the strictly clinical setting, there is no doubt about the benefit of incorporating continuing medical education strategies such as formative feedback for healthcare professionals based on learning from errors, which is seen as a useful tool for improving clinical safety.

Furthermore, the study by de Combalia et al.¹ rightly concludes that the implementation of stable information procedures to modulate patient expectations and more empathetic communication that facilitates a good patient-professional relationship are actions that reduce the presentation of complaints. Again, we fully agree with the authors.

Lack of communication or poor communication damages the patient–physician relationship and can be a potential cause of complaint.³ The same is true for the systematic communication of medical errors to patients in accordance with ethical, deontological and clinical safety principles. The current practice of medicine requires that practitioners and healthcare institutions approach aspects of communication and information provided to patients proactively, truthfully, transparently and in detail. In the communication of medical errors to patients, for example, such communication facilitates the creation of opportunities for patients and their families to become part of the solution, to truly learn from errors, and to improve trust in the doctor–patient relationship, again resulting in higher quality medical care.

Level of evidence

Level of evidence V.

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Conflicts of interest

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