

**University of Michigan Hospitals and Health Centers  
Applying Steps 1, 2 & 3 to Determine Levels of Disclosure  
(Case Example 2: Error / No Permanent Harm)**

Case Example 2	Step 1	Step 2	Step 3
<p><b>Insulin was given to one patient that was intended for another patient. This necessitated monitoring the patient's blood sugar and vital signs until they were stable. An incident report was filed for further analysis.</b></p>	<p><b>(Severity Scale Rating) NCC MERP Category D Incident: Error / No-Harm</b></p>	<p><b>(Potential harm of disclosure to the patient)</b></p> <ul style="list-style-type: none"> <li>◆ Trust in the practitioner's abilities may be damaged.</li> </ul> <p><b>(Potential benefits of disclosure to the patient)</b></p> <ul style="list-style-type: none"> <li>◆ The patient will receive timely and appropriate treatment to correct any potential for harm.</li> <li>◆ The patient will not needlessly worry about the source of new unforeseen medical problems of which he/she has no knowledge.</li> </ul> <p><b>(Potential harms of disclosure to the practitioner)</b></p> <ul style="list-style-type: none"> <li>◆ The act of disclosing may be difficult, particularly if no forgiveness is offered by the patient/family.</li> <li>◆ The patient/family may request the services of another practitioner.</li> </ul> <p><b>(Potential benefits of disclosure to the practitioner)</b></p> <ul style="list-style-type: none"> <li>◆ Disclosure preserves personal and professional integrity.</li> <li>◆ Accepting responsibility for the error may facilitate constructive changes in clinical practice.</li> </ul>	<p><b>(Guiding principle to consider)</b></p> <ul style="list-style-type: none"> <li>◆ Based on the fiduciary nature of the practitioner-patient relationship, there is a presumption of truth-telling arising from the practitioner's position of holding the patient's trust and from the patient's right to autonomy and justice.</li> </ul> <p><b>(Making the decision to disclose)</b></p> <ul style="list-style-type: none"> <li>◆ In this case, the error actually reached the patient and caused an increased need for monitoring, with the potential for some harm.</li> <li>◆ Even though it may be argued that because there was no actual harm to the patient, disclosure need not necessarily be required. However, given the ethical obligations to the patient, disclosure is nonetheless strongly encouraged in these circumstances.</li> </ul>

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