



COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

2 October 2023

Dr Curtis Walker
Chair, Medical Council of New Zealand
Via email: consultation@mcnz.org.nz

Dear Dr Walker,

Re: Draft statement on *Disclosure of harm following an adverse event*

The College of Intensive Care Medicine, Australia and New Zealand (CICM or the College) thanks the Te Kaunihera Rata o Aotearoa (Medical Council of New Zealand) for the opportunity to review and provide feedback on the Council's [draft statement *Disclosure of harm following an adverse event*](#).

About the CICM

The [CICM](#) is the body responsible for intensive care medicine specialist training and education in Australia and Aotearoa New Zealand. We have over 1300 Fellows and several hundred trainees throughout the world, and we graduate between 50 and 60 new Fellows each year.

We provide continuing medical education, professional development, maintain standards and advocates for Fellows' needs to governments and the community. We provide a high-quality training program, with supervision of clinical training, administration of assessments, and a range of workshops and courses.

The CICM also advocates for health and social policies to improve the healthcare of all Australians and Aotearoa New Zealanders. The College ensures patients are treated by well-trained, qualified intensive care specialists, in both general and paediatric intensive care medicine, who continue to improve their skills, qualifications and clinical practice through continuing education.

General comments

It is important to note that many serious episodes of patient harm result in admission to an intensive care unit. Given this, patients and whānau often express dissatisfaction with the healthcare received prior to admission to intensive care, the care they received during their stay in intensive care and with the care received in transition services after being discharged from intensive care.

The College of Intensive Care Medicine acknowledges and pays respects to the traditional Custodians of the lands across Australia on which our members live and work, and to their Elders, past, present and future. We pay respect to the Wurundjeri Peoples as the Traditional Custodians of the land on which CICM's office stands. CICM acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

Team based care

Recognition of the different working environments that clinicians work in is important when issuing advice regarding disclosure of harm following an adverse event. Factors that contribute to patient harm in the intensive care setting can be ambiguous and complex.

Disclosure of harm and open disclosure is a relatively straightforward process when there is a clear adverse event with the clinician (or team) responsible self-identifying. In the intensive care setting, there is often a team of referring clinicians, clinicians working in the intensive care unit and other members of the broader multi-disciplinary care team. Given the shared care arrangements in this setting, it may not always be clear how an adverse event occurred and who is responsible for disclosing the harm.

To address this, the CICM suggests that the statement includes additional wording acknowledging the complexity of managing adverse events in a team-based environment.

Scope of the Statement

The College understands that the scope of the Statement is to provide advice for clinicians when harm occurs as a direct result of the medical care provided. However, it doesn't include any detail on how to manage an episode of harm (i.e. when a clinician observes patient harm or poor patient outcomes but is not responsible for causing the harm or outcome).

For example, should an intensive care specialist have to disclose there was a delay to appropriate care, or a failure to recognise the deterioration of a patient in a general hospital ward or emergency department?

If so, should the disclosure be delayed allowing the most responsible clinician to self-disclose or if a serious harm, should the observing clinician disclose the harm at the earliest time possible?

Given the complexity of the intensive care patient cohort and working in a team-based environment, the College recommends that the Statement include additional wording on how to manage an episode of harm, where the adverse event happened prior to current treating clinician taking responsibility of the patient.

Availability of senior doctors in the intensive care setting

This statement requires a senior doctor responsible for the patient's care to be present when the harm is being disclosed to the patient or whānau. While the intent of this requirement is clear, given persistent workforce shortages across Aotearoa, it could be problematic in practice.

Quite simply, it might not be feasible for the senior intensivist to be present when informing the patient or whānau of the harm. While it would be common practice for senior intensivists to be regularly involved in ongoing and complex meetings with family and whānau, the College is comfortable with Intensive Care Trainees leading disclosure of harm and open disclosure conversations. Noting this, the College recommends that there be flexibility in the Statement to account for this.

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We hope that the information contained in our submission is helpful. Should you have any queries or comments regarding our feedback, please feel free to contact Ms Michelle Gonsalvez, Policy and Advocacy Advisor on +61 (03) 9514-2837 or via michelle@cicm.org.au.

Yours sincerely,

A handwritten signature in black ink, consisting of a stylized, cursive 'R' followed by a horizontal line.

Dr Rob Bevan
President

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