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Inihua Rata O Aotearoa

FACTSHEET

The power of a genuine apology

We apologise all the time in everyday life. But in healthcare, saying "I'm sorry" can sometimes feel much harder, especially when something has gone wrong, we are worried about the apology being treated as an admission of liability, there are cultural barriers, or we feel we did our best and this is not appreciated. The reality is that a genuine apology is not just part of professional practice. It is central to building and maintaining trust with patients.

What is an apology?

The Health and Disability Commissioner describes an apology as

> *"a statement that acknowledges an error and its consequences, takes responsibility and communicates regret for having caused harm. An apology may also include information about steps being taken to prevent similar events in the future. An appropriate apology can decrease blame, decrease anger, increase trust and improve relationships."*

Why apologies matter

At its simplest, an apology is about empathy. When something goes wrong, patients are not just looking for an explanation - they want to feel heard, understood, and respected. A sincere apology acknowledges their experience and validates how they are feeling.

Importantly, a genuine apology helps to build and rebuild trust, and trust is at the heart of every effective patient, clinician relationship. Even when the full facts are not yet known, acknowledging what has happened demonstrates integrity and care and avoids patients feeling abandoned.

Consider the following scenarios:

A broken suture needle
A 40-year-old woman attended her GP for excision of a lipoma on her back. The GP, who was skilled and experienced in minor surgery, excised the lipoma without difficulty. The cavity was sufficiently large to require a couple of deep, interrupted sutures to close it. Unfortunately, the curved needle snapped when placing the second suture and took five minutes to locate as it was embedded in the deeper tissues which needed further dissection. The patient was anxious about the additional "digging about" to locate the broken needle.

A known allergy
Whilst an in-patient on a medical ward, a 56-year-old man had some blood taken for tests. The phlebotomist put a small adhesive dressing over the puncture wound. The following day the patient had an intense, red, itchy rash where the adhesive dressing had been in contact with the skin. Having reviewed the rash, the patient's consultant concluded that it was almost certainly an allergic reaction to the dressing adhesive. However, on reviewing the clinical records there was a clear reference to the patient having an allergy to a specific brand of adhesive dressing.

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These scenarios are both useful because they demonstrate a fairly typical information asymmetry that can exist in clinical interactions. The patient who suffered a broken needle might have little knowledge of the possibility that a needle could break in the course of minor surgery. The patient with the adhesive dressing allergy might simply have thought that anyone applying a dressing was already aware of his allergy and was using a type that would not cause a reaction.

Patients can often be in a vulnerable state, in pain, anxious or trying to process complex information in an unfamiliar environment. In these moments, how we communicate matters just as much as what we say. A lack of openness or an absence of apology can feel like something is being hidden. A simple, sincere apology can immediately reassure patients that they are being taken seriously.

How to apologise

Every set of circumstances will have its own challenges and it is common to have doubt about what to say to a patient, or how to say it. As a matter of good practice, always notify your indemnifier as soon as possible if you feel a complaint may arise.

The following general points may be helpful to bear in mind.

- **Speak naturally, in the first person, and avoid medical jargon.** "I am very sorry that the needle broke" will sound more sincere and less defensive than "the practice wishes to express regret that the needle broke during surgery." It also does not admit or assign liability.
- **Set the scene.** It will often help to explain, as fully as you can, what exactly occurred – bearing in mind that further investigation may be necessary. Once there is context, an apology can naturally flow.
- **Find shared interest.** This can range from both doctor and patient wanting to find out the truth, to wanting to make sure it doesn't happen again. A shared goal gives patients and doctors an impetus to work past the problem together.
- **Think about privacy and body language.** A consultant saying the right words but standing at the end of the bed, in the midst of ward rounds, looking at an iPad, may not seem like an apology at all. Choose a quiet moment, with open body language and perhaps just one other colleague present.
- **A meaningful apology is a dialogue.** Saying sorry is part of a process and it is important to ensure that patients or their representatives can ask questions. Sometimes patients would prefer not to hear from the person involved because they have lost trust. Conversely, some may prefer to meet the staff member to show transparency. Be receptive to such wishes and prepared to respond to questions.

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FACTSHEET

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- **Take one step at a time.** Some doctors worry that what they say in an apology may be harmful if there is a subsequent complaint or claim. NZMII's experience is that the opposite tends to be true. A culture of openness, with a sincere, timely apology, may go some way to preventing complaints or lead to an earlier resolution.
- **Be real.** "I am sorry for any harm you feel you might have experienced" is an insincere apology and risks the recipient feeling insulted. If further investigation is required to ascertain what happened say so rather than mislead a patient due to insufficient information
- **Right level of seniority.** Ensure the apology is issued by a person who can answer questions and has authority to speak frankly. It should be the lead healthcare provider. This particularly applies if the apology is over system failures or delays. Answering "I don't know" or "I have to ask the consultant" can be aggravating to an already irritated patient.
- **Responsibility can and should be taken.** But only if this is fair to you.

Legal implications

- The legal context is different from the medical one. There is no one-size-fits-all advice for complaints, which can range from a doctor being "a bit insensitive" to conduct involving potential criminal prosecution, such as manslaughter.
- Bear in mind that what is said in apologies is on record should a case go further, be it to the HDC, MCNZ or Health Practitioners Disciplinary Tribunal (HPDT). Care should always be taken with what is represented.
- You have a duty to disclose harm honestly and transparently, as per the **MCNZ Guidelines on Disclosure of Harm Following an Adverse Event**. Failure to do so can be a professional disciplinary matter.
- You are not responsible if resource constraints prevent you from delivering care. Acknowledging those constraints amidst an apology can be made without expressing liability.
- ACC may remove the threat of damages but a serious allegation of medical error can still put a doctor through HDC/MCNZ legal processes. These can drag on for years and may involve layers of inquiry, potential for further training or supervision, auditing of a practice/practitioner and/or referral to the HPDT.

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Apologising can feel difficult but it is one of the most powerful tools we have. Taking a moment to say "I'm sorry" with empathy and sincerity can make all the difference. A genuine apology does more than address an incident, it strengthens trust, supports patients at vulnerable moments and reinforces the relationship at the centre of good care.

The reasons patients make a complaint are complex but a culture of openness, with a sincere, timely apology may go some way to preventing them, or lead to an earlier resolution. Take one step at a time and always notify your indemnifier as soon as possible when something has gone wrong.

Our handy **5-Step Guide** on what to do if you do receive a Patient Complaint can help guide you through the process with confidence and certainty.

Contact Us

NZMII are here to help!

Contact us if you have any questions about your medical indemnity cover.

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