

## CANADIAN DISCLOSURE GUIDELINES

### *Stages of Disclosure*

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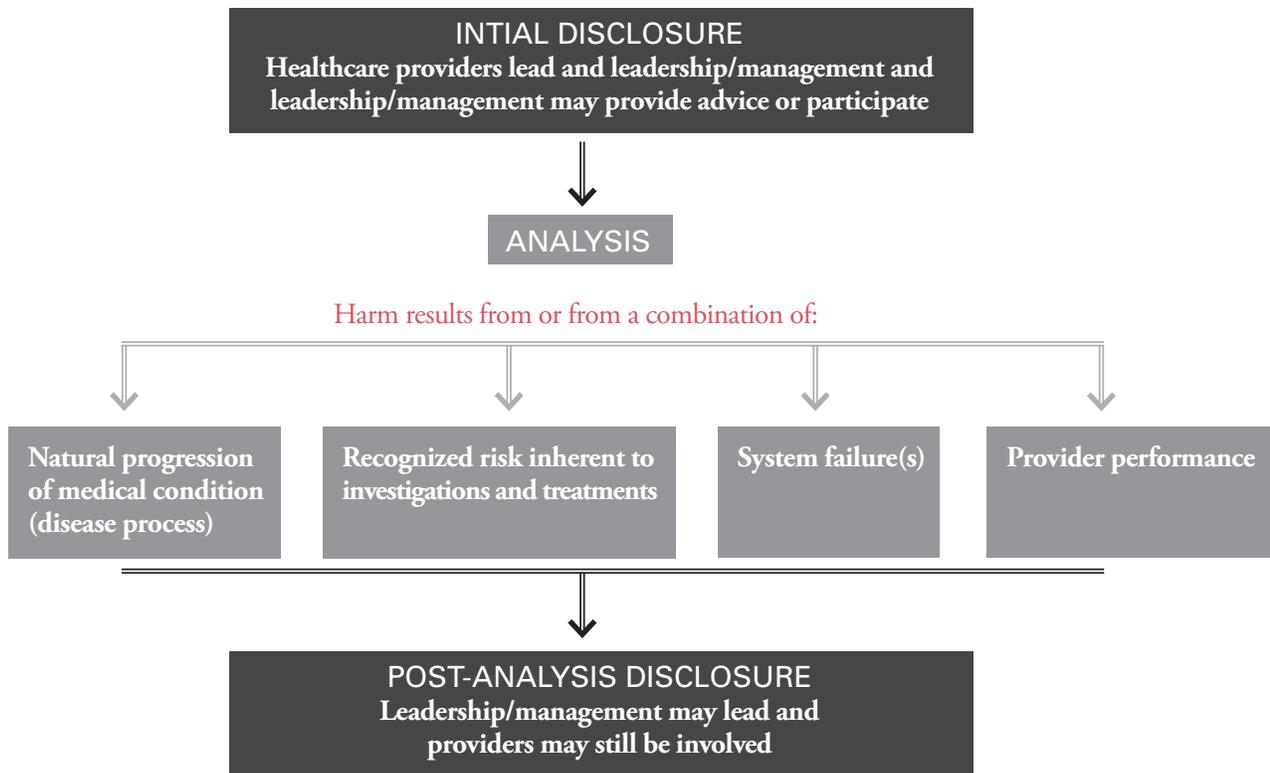
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The first stage, *initial disclosure*, is the initial discussion with the patient that should occur as soon as reasonably possible after an event. This discussion is principally the obligation of the providers, although organizational leadership/management may provide advice or assistance as required. This discussion will often focus on the medical condition as it now exists, and the inherent risks of any further investigations or treatments.

Even if a harmful or possible-harm patient safety incident is recognized, it is seldom that all the contributors to the event are clearly known or understood initially. Only the agreed upon facts that are known are communicated during the initial disclosure. If appropriate, a commitment is made to learn more about what contributed to the event. Important other elements to this discussion include:

- An apology for what happened.
- The avoidance of blame and speculation.
- The provision of emotional, clinical and practical support for the patient.

It is important to note that, depending on the circumstances, initial disclosure may represent a discussion or a series of discussions. Much of the advice for providers about communicating with patients in these guidelines is focused on this first stage of disclosure.

The second stage of disclosure is called *post-analysis disclosure*. An analysis may have identified additional agreed upon facts, and the reasons for the event are usually better understood at this stage. Preliminary discussions that have already occurred in initial disclosure should be continued. Leadership/management may likely have a greater role at this stage, and the providers involved should be updated about the results of the analysis and encouraged to continue to participate in the discussions.

Leadership/management, in consultation with providers, must determine what information will be disclosed. They must consider not only the information needs of the patient, but also any restrictions or requirements on information exchange that might arise from the application of national or provincial/territorial legislation, regulations or local institutional/hospital bylaws and policies. The advice of legal counsel may be required to navigate the complexity of legislation.