Too much information

How does self-disclosure by physicians affect patients?

**DOC TALK**
**BY STUART FOXMAN**

You’ve experienced the same illness as a patient. Do you tell him about that?

The mother of a young patient asks if you have any children. How do you respond?

Self-disclosure can be tricky. As the College notes, self-disclosure can be part of a possible boundary crossing or violation, certainly if it’s excessive or not for the purpose of helping the patient. The challenge is how to define that.

“We want to provide good care and also show that we care – sometimes that line gets blurry,” says Dr. Sandra Northcott, Associate Professor, Schulich School of Medicine and Dentistry, Western University.

Dr. Northcott, who taught a joint CPSO-Western program on maintaining boundaries, says that physicians who are tempted to reveal personal information need to ask themselves one question – whose benefit is this for?

In that first scenario, for instance, would the physician’s disclosure of their own illness reassure the patient? Or could sharing that information detract from the visit and cause the patient anxiety? In

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**Pressure to conserve drugs may lead to unsafe practices**

Across Canada, health-care organizations and practitioners are struggling to cope with a wave of drug shortages. In a recent bulletin, ISMP Canada warned that pressure to conserve drugs that are in short supply may lead to unsafe strategies and practices. For example, well-intentioned staff members may circumvent established policies and procedures in an effort to reduce waste, or organizations may implement interim adjustments to policies and procedures as conservation measures, without a full appreciation of the impact on safety.

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ISMP Canada is recommending that health-care facilities establish clear directives to ensure that efforts to reduce waste do not compromise safety and stress that hoarding products or having staff prepare doses in advance in patient care areas is to be avoided. If a product is to be divided into multiple doses to avoid waste, this repackaging should ideally be performed in the pharmacy. If circumstances require that a product be divided in a patient care area, at a minimum ensure that independent double checks are used, that individual doses are appropriately labelled and used only within the care area where they are prepared, and that handling of doses remains consistent with safe practices.


Multiple psychotropic medications can have misleading effects on patient

A patient was receiving multiple psychotropic medications, including methotrimeprazine.

The patient experienced a number of symptoms, including tremors and difficulty walking, which were interpreted as a worsening of the underlying illness. The daily dose of methotrimeprazine was increased. A few weeks later, the patient died. It was subsequently determined that toxic levels of methotrimeprazine were present in the blood at the time of death.

The above example was used by ISMP Canada to highlight concerns with patients on multiple psychotropic medications. ISMP Canada’s bulletin states that adverse effects of a number of psychotropic medications may mimic the signs and symptoms of the condition for which the patient is being treated.


Informed patients, safe patients

Patients should be encouraged to question unexpected changes in their medications (e.g., when the name of the medication or the medication itself looks different) by alerting the pharmacy that filled the prescription.

ISMP Canada has reported that it has received several incidents which revealed that either the patient or pharmacy staff assumed that a change in the appearance of a medication was related to use of a different brand, when in fact the wrong drug or the wrong dose had been dispensed.

Informed patients can and do help to prevent errors or identify errors before they lead to harm, says ISMP Canada.

For more information, please read Volume 12, Issue 2 at http://ismp-canada.org/ISMPCSafetyBulletins.htm.