



Position Statement

A Christian Response to Adverse Outcomes

Adverse outcomes may arise from medical errors. Our response to adverse outcomes requires compassion, a prompt sympathetic response that expresses regret, our wish that it had not happened, and provision of appropriate medical care. With any adverse outcome, the patient should be assured of an expeditious and thorough evaluation and an honest explanation upon its completion. As Christian healthcare professionals we desire to respond to our mistakes in a manner that is just and that honors God. We may recognize error when a patient is injured by our care, although many injuries are not due to error and, thankfully, many errors do not lead to injury.

Upon discovering an error, we must distinguish our level of responsibility and culpability before God. This necessitates time to prayerfully reflect while relying on the Spirit and the Word of God to both make us aware and convict us, if a sinful action or attitude led to the error, whether by omission or commission.

Errors typically fall within three categories.

1. **Errors for which we are not directly responsible.**

An example would be medical or pharmacy system error. In that setting, we should work to prevent future occurrence.

2. **Errors for which we are responsible but not morally culpable.**

If we conclude there was no moral failure, we need not be self-accusatory but respond in compassion. Errors with adverse outcomes for which we are responsible but not morally culpable engender an obligation to disclose the error to the injured party. We must recognize the complexity of disclosure. In addition, we must take necessary steps to prevent recurrence of the error.

3. **Errors for which we are both responsible and morally culpable.**

If the error resulted from moral failure Scripture speaks of the following steps that should be prayerfully considered:

- a. **Repentance:** We must recognize and acknowledge our sin, and with genuine contrition determine not to repeat the sin while taking specific steps to guard against it.
- b. **Confession:** Scripture requires that we confess our sins to God. It is wise for Christian health professionals to have a small group of fellow believers to whom they are accountable.
- c. **Restitution:** There is biblical precedent for restitution. Malpractice insurance may be one source of restitution. There may be times when compensation is appropriate, but our malpractice carrier does not agree, and we may need to personally offer some form of redress.
- d. **Forgiveness:** God's forgiveness is freely given to us through Christ when we repent and confess our sins to Him. Confession and/or restitution, when appropriate, provides an

opportunity to seek forgiveness from the injured party. One goal we have as Christians is to live peacefully with all, which may not be accomplished until there has been mutual forgiveness. Some patients may have difficulty ever forgiving; for others the timing may not be right. We must respect these feelings.

- e. Thanksgiving: Dealing with sin and experiencing reconciliation based on forgiveness from God and others should lead to thanksgiving for the renewed relationship and should facilitate our worship.

CONCLUSION

We live in a world that is fundamentally flawed by sin. As Christian healthcare professionals we are called to do good. In spite of our best preparations, intentions, and efforts, medical errors and adverse outcomes occur. Whether or not we are morally culpable, we need God's help to respond rightly to our errors.

*Approved by the CPFI Board of Directors
Passed with 11 approvals, 0 opposed, 0 abstention
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These statements have been prepared based upon and are in alignment with similar statements from the Christian Medical Dental Associations and their statements can be accessed through this [link](#).