

Breaking the Silence: Exploring Medical Error Disclosure Practices in Pediatric Hematology-Oncology Teams

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ABSTRACT

To examine real-world medical error disclosure practices, perceived barriers, institutional support, and training needs among pediatric hematology-oncology professionals in Saudi Arabia. Cross-sectional survey. Multiple pediatric hematology-oncology centers in Saudi Arabia. A national anonymous survey was distributed via institutional emails, professional networks, and messaging platforms. The questionnaire assessed disclosure frequency, confidence, perceived consequences, institutional policies, and openness to structured training. Descriptive statistics summarized the responses, and subgroup analyses explored associations between demographic variables and disclosure practices. Sixty-three professionals participated, most of whom were physicians with over 10 years of experience. Disclosure practices varied: 43% disclosed on a case-by-case basis, 36.5% followed a harm-based approach, and 11% consistently disclosed all errors. Only 27% reported high confidence in disclosure, while 41% expressed neutrality or low confidence. Common barriers included concerns about family reactions (76%), fear of blame (68%), and uncertainty about what to disclose (65%). Just 25% had received formal training, though 94% supported the need for additional education. Professional role, but not years of experience, was significantly associated with confidence, disclosure frequency, and disclosure depth ($p < 0.05$). Substantial variability exists in medical error disclosure practices in pediatric hematology-oncology across Saudi Arabia. Key barriers and limited training opportunities hinder transparency. Culturally sensitive training programs and institutional protocols are needed to support clinicians and promote consistent disclosure practices.

Keywords: Medical Error Disclosure, Pediatric Hematology-Oncology, Patient Safety, Healthcare Communication, Clinical Ethics

Bahrain Med Bull 2025; 45 (4): 2641 - 2644

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