

VOWELS: A communication framework for disclosing medical errors in medical oncology and palliative care

Dear Editor,

Recognising the impact of medical errors on patients and the doctor-patient relationship has underscored the need for better communication.^{1,2} For the most part, these efforts are informed by Chafe et al.'s 6 steps that entail: (1) the identification of the error in a timely fashion; (2) determination of the extent of the error; (3) constitution of a workgroup to establish the scope of the review; (4) identification of affected patients; (5) scrutiny of clinical records; and (6) the act of informing patients and other stakeholders.³⁻⁶ The apology and open disclosure are then said to be built upon this platform.

Building on our experiences training healthcare teams on the disclosure of false positive HER2 tests for patients with breast and gastric cancers at the National Cancer Centre Singapore (NCCS), these processes need to be timely, empathetic and patient-focused. Our experience suggests that for patients, disclosure extends beyond support of autonomous choice and empowering informed decision making to include a chance to rebuild trust and to be heard and understood.

For the local healthcare team, fear of litigation needs to be overcome, and training with a purpose-built tool is required. Poor experience with a misapplied approach built around the Setting, Perception, Invitation, Knowledge, Emotions and Summary (SPIKES) protocol and failure to effectively attend to cultural sensitivity merely underline calls for a more effective approach.

Here, we forward the VOWELS approach. The acronym VOWELS conveys a commitment or "VOW to be culturally sensitive, to Empathise, Listen and Support".⁷ This process draws on strategies represented by the mnemonics "AEIOU", paying special attention to the demeanour and attitude of doctors involved in the disclosure of medical errors (Table 1).⁷

While our own experiences and feedback using the tool in training residents at NCCS have been positive, further evaluations are proposed.

Disclosure

The authors declare no conflict of interest.

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Table 1. AEIOU communication strategy.

Strategies	Sample sentences	Notes
A pologise for the situation	"I'm sorry you are affected by this situation."	Importance of a sincere apology. An apology that they are in such a situation is not an admission of legal liability.
E mpathetic response upfront	"This must be shocking/distressing/upsetting for you and your family."	Acknowledge, validate and normalise their emotions.
I nformation giving with pacing	"May I go through with you what we know about the situation?" "Before I start, is there anything in particular you want to find out?"	Everyone has different informational needs. Pace the information in intervals. Check in regularly if they are following.
O penness and transparency	"I will share what I know about the situation." "This is an important question. As I do not have information on this, may I direct you to someone who can answer this query?"	It is important that the patient/family perceives openness and transparency. If we do not know the answer, direct them or offer a follow-up call/appointment.
U nderstanding concerns	"Is there anything in particular you are worried/concerned about?"	Active listening and allowing them to share their concerns is in itself therapeutic.

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