

Q&A: MagMutual on preserving physician-patient trust after complications

Physicians are trained to diagnose, treat, and heal. But when there is an unexpected or adverse outcome, many find themselves without the tools or support to navigate the fallout. This challenge is compounded by a sharp decline in public trust in providers since the COVID-19 pandemic. For example, a 50-state survey led by Northeastern University found that confidence in physicians and hospitals dropped from 71.5% in April 2020 to just 40.1% by January 2024.¹ In a healthcare environment shaped by consolidation, litigation concerns, and shifting patient expectations, preserving trust after a medical complication is more critical than ever.

Advisory Board recently spoke to [William Kanich](#), MD, JD, executive chairperson at MagMutual, an insurance company. Drawing on his clinical and leadership experience, Dr. Kanich shares insights into why physicians often struggle to communicate after an adverse event, and how structured programs like [MagMutual's Preserve Program](#)[®] are helping to change that. Designed to support physicians in the aftermath of unexpected outcomes, the Preserve Program offers resources for communication, emotional support, and risk mitigation — all aimed at helping clinicians maintain trust and transparency with patients.

In this Q&A, Dr. Kanich explores the cultural and systemic barriers to transparency, the role of financial and emotional support in patient communication, and the industry shifts needed to better equip physicians for complex moments.

What are some of the biggest challenges physicians face when trying to maintain trust with patients after an unexpected medical outcome?

One major challenge is the lack of training on how to respond when things don't go as planned. Medical education focuses on procedures and expected outcomes, but it offers little guidance on communicating when complications arise. For example, even in routine procedures like colonoscopies, a skilled gastroenterologist may encounter rare, but serious complications, such as a perforated colon requiring hospitalization and surgery. While the care may be appropriate, the outcome is still unexpected and distressing for the patient.

In these moments, physicians may feel responsible and unsure how to explain what happened without increasing patient anxiety or confusion. The result is a dual challenge: the patient faces an unanticipated outcome, and doesn't understand why it happened, while the physician may feel unequipped to address the issue. This communication gap can erode trust, not because physicians lack empathy, but because they often lack the tools and support to respond effectively.

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What concerns might physicians have when discussing adverse outcomes or expressing worry, even when they're committed to transparency?

First, there's a fear of the unknown. Doctors ask themselves, "Am I going to say something that comes back to haunt me? Will I imply that I made a mistake or could have made a better choice for the patient?" That uncertainty can be paralyzing.

Physicians also fear litigation. They worry that disclosing too much might open the door to legal consequences. Then there's concern about reputation. They ask, "If I talk openly with a patient about what went wrong, will they think I'm not a good doctor? Will they tell others? Could I lose patients because of it?"

And finally, there's fear related to employment. As physicians increasingly work within larger groups or systems, there's anxiety about how employers might react. Physicians are afraid employers will frown on them being honest with a patient about an unexpected outcome.

How does the Preserve Program help physicians communicate more confidently after an adverse outcome?

The Preserve Program offers physicians practical tools and reassurance. It provides a clear framework for how to approach difficult conversations, including guidance on how to begin, what to say, and how to navigate the discussion with empathy and clarity. Physicians have the opportunity to talk directly to an experienced risk consultant who can guide them through conversations and next steps. Many physicians have considered having these conversations but aren't sure how to start. The program also addresses common fears, such as concerns about legal or professional repercussions, by sharing evidence showing that these fears are often unfounded.

How does the Preserve Program support patients financially, and why is that important?

Communication is essential after an adverse outcome, but it's not always enough. A physician may take time to explain what happened, outline the recovery plan, and reassure the patient with empathy and transparency. Yet even with a thoughtful conversation, patients may still be left thinking, "I appreciate the explanation, but I'm the one in the hospital bed, facing unexpected medical bills."

In these situations, the Preserve Program's financial support becomes critical. In addition to guiding physicians through difficult conversations, the program offers reimbursement for expenses not already covered by the patient's insurance, such as copays, deductibles, and expenses related to an extended recovery due to the unexpected outcome — a tangible acknowledgment of the patient's experience. This component helps ease the financial burden and reinforces the physician's commitment to doing right by the patient.

What kind of patient and physician responses to the program have you received and observed?

When physicians first hear about the Preserve Program, they initially are glad and hopeful that they have an insurance company with a program that can help their patients. Some physicians are concerned about cost, potential reporting to medical boards, and implications for license renewal. Once they understand the program, however, many shift to strong support. Patients, too, may initially worry that the program is tied to insurance or could limit their rights. But after learning more, they're often surprised and appreciative.

The most consistent outcome from those who go through the program is a renewed sense of trust on both sides. Patients feel their physician has been honest and transparent, even when something didn't go as expected. Physicians, in turn, trust that patients will understand and engage in the conversation.

What advice would you give a physician who's unsure how to approach a conversation after an unexpected outcome?

Physicians should approach conversations after an unexpected outcome with openness, honesty, and patience. Rather than withdrawing, they should communicate clearly and take time to explain what happened in terms the patient can understand. Avoiding speculation or blame is essential. Saying "I don't know" is often more helpful than guessing, and blaming others only undermines trust. A thoughtful, transparent response helps preserve the physician-patient relationship, even when the outcome is not ideal.

Many physicians wonder whether it is appropriate to say, "I'm sorry." The answer is yes. Expressing sympathy is not an admission of fault — it shows empathy and compassion. Many states protect such expressions legally, and even where they do not, a sincere apology remains meaningful. Another helpful phrase is, "Here's how you can reach me if you have more questions." Patients often need time to process what they've heard and may have follow-up questions. Offering a way to stay in touch — through an office number, email, or patient portal — shows that the physician is available and committed to ongoing communication. These gestures help build trust and keep the lines of communication open.

How do you see the healthcare industry evolving in terms of supporting physicians through emotionally complex patient interactions?

The healthcare industry is starting to recognize that physicians need more support when it comes to emotionally complex patient interactions. Education is improving, especially in large academic hospitals, where communication training has historically been lacking. Hard conversations can't be avoided and need to be addressed early in a physician's training.

Outside of residency, consolidation in healthcare can be a positive force, even though it's not perfect. Physicians in larger systems tend to have more resources available, including support for difficult conversations and emotional challenges. Poor outcomes carry a real emotional toll, and while not everyone agrees with the term "second victim," the impact is there. As healthcare continues to evolve, the hope is that physicians will have better tools and stronger support to navigate these moments.

If you could change one thing about how physicians are trained or supported in this area, what would it be?

In emergency medicine, we use a clear, standardized approach to evaluating chest pain. Every patient is different, but the process gives physicians a reliable framework to follow, and it works. Outcomes have improved and cardiac-related deaths have declined. Having structure helps physicians feel confident and prepared.

We need the same kind of approach for conversations after an unanticipated outcome. Not every situation will follow the same path, but having a framework taught early in training can make physicians more comfortable and consistent. The more they use the suggested steps, the better they get at conveying complex messages. Every physician will face complications at some point, and having a clear way to respond should be part of their preparation, just like any clinical protocol.

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Endnotes

1. Perlis RH, Ognyanova K, Uslu A, et al. Trust in Physicians and Hospitals During the COVID-19 Pandemic in a 50-State Survey of US Adults. *JAMA Network Open*. July 31, 2024.
2. Market position based on S&P Global Market Intelligence 2024 year-end financial filings. Dividends and other policyholder benefits are declared at the discretion of the MagMutual Board of Directors and are subject to eligibility requirements.

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