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Uemoto PCS, Oliveira JSR, Paula AG, Martins MS. Patient and Family Engagement in Adverse Event Analysis: a Feasible Practice? [editorial]. Rev. Tec. Cient. CEJAM. 2026;5:e202650046. DOI: <https://doi.org/10.59229/2764-9806.RTCC.e202650046>.

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## Submitted

01-24-2026

## Accepted

02-02-2026

## Editorial

## Patient and Family Engagement in Adverse Event Analysis: a Feasible Practice?

Engajamento de Pacientes e Familiares nas Análises de Eventos Adversos: uma Prática Possível?

Participación del Paciente y la Familia en el Análisis de Eventos Adversos: ¿una Práctica Factible?

**Descriptors:** Patient Safety; Patient Engagement; Risk Management; Medical Errors; Health Services.**Descritores:** Segurança do Paciente; Engajamento do Paciente; Gestão de Riscos; Erros Médicos; Serviços de Saúde.**Descriptores:** Sécurité des patients; Empoderamiento del Paciente; Gestión de Riesgos; Erreurs médicales; Servicios de Salud.

## EDITORIAL COMMUNICATION

A brief look at the complexity of health services it is known that these are characterized by the existence of individuals who interact with each other in an autonomous and adaptive manner, being inserted in an environment with a multitude of equipment and supplies, governed by an abundance of rules and regulations, amid interdependent processes, sometimes fragmented, which hinder decision-making and lead to uncertain results and health problems.

This is a scenario conducive to the occurrence of adverse events, which are understood as unintentional incidents or errors resulting from the provision of health care, causing harm to patients and leading to approximately 3 million deaths per year<sup>(1)</sup>.

In view of these considerations, there is a need to understand the gaps and weaknesses that lead to the occurrence of these events, for which organizations employ methods that assist in identifying and understanding the related causes in order to prevent possible recurrences.

This practice is regulated in Brazil by Resolution RDC No. 36, of July 25, 2013, which establishes the creation of Safety Centers for the analysis of risks and adverse events, including proposing actions that encourage the engagement of patients and their families<sup>(2)</sup>.

The term "Patient Engagement" originated as a movement formed by patients themselves who, in the 1970s, mobilized in defense of their rights against the culture that prevailed at the time, which was predominantly centered on medical decisions. Its definition focuses on the actions of patients, families, and their representatives working together with healthcare professionals to improve care processes<sup>(3)</sup>.

In recent years, it has been associated with issues of quality and safety, since its application favors best care practices, such as increased adherence to hand hygiene, reduction of falls, improved management of prescribed medications, and even a better experience during hospitalization, as well as better outcomes.

Regarding the analysis of adverse events, the engagement of patients and family members contributes to a deeper understanding of the causes that led to the occurrence of the events, based on their experiences, by sharing details and situations that may not have been observed by healthcare professionals.

Some challenges are observed in relation to health literacy, regarding the understanding of processes related to care, such as protocols, equipment, and knowledge that may be associated with the analysis process, limiting full understanding by patients and family members. Similarly, issues related to health status, in addition to the emotional issues involved as a result of the error, can interfere with and even "break" relationships of trust with the organization, hindering the analysis process.

Analyzing an adverse event is a practice that requires maturity on the part of health services, as well as preparation of their processes and professionals, so that it does not become an "accumulator of damage," leading to epistemic injustices, which consist of considering patients and family members as individuals who are unfairly disqualified or devalued and who, thus, could not contribute to understanding the causes because they are unaware of the realities surrounding health care<sup>(4)</sup>.

A movement to engage patients and family members in the analyses has been observed through the reporting of their perspectives in interviews conducted with the aim of understanding the weaknesses of the process, which can be considered a moment of venting and acceptance in the face of what has happened.

However, the practice requires some caution, since there are expectations regarding the outcome of the analysis and what will actually be done to prevent similar events from happening again. Depending on how it is conducted, it may contribute to false engagement, or tokenism, in which there is no counterpart in the service to actually implement and consider the points raised by patients and family members during the interviews<sup>(5)</sup>.

There are several challenges when considering the engagement of patients and family members in the analysis of adverse events; however, it is a possible practice that is directly related to a fundamental right and an ethical, cultural, and organizational choice.

It is up to health services to look at their analysis processes, aiming at possible adjustments to the methods of analysis and the languages used, as well as the flexibilization of strategies to allow patients and family members to be engaged.

These are changes that require time and effort for respectful and honest dialogue, promoting responsibility and empowerment of the parties, with concern for issues of equality and shaping the culture beyond learning, directing it also towards the healing of all involved.

## TRANSLATION

The translation of this article was assisted by DeepL Translator artificial intelligence from the original version written in Portuguese (Brazil). The translated version was submitted to the editorial team for curation, consisting of a limited scope editorial review. Translations assisted by artificial intelligence may vary from the native language.

## AUTHORS' CONTRIBUTION

Transparency in authors' contributions according to the [CRediT Taxonomy](#).

<b>Conceptualization</b>	Pâmela Caroline Santos Uemoto; Juliana Salomão Rocha de Oliveira; Andresa Gomes de Paula; Maristela Santini Martins
<b>Data Curation</b>	Not applicable
<b>Formal Analysis</b>	Not applicable
<b>Funding Acquisition</b>	Not applicable
<b>Investigation</b>	Not applicable
<b>Methodology</b>	Not applicable
<b>Project Administration</b>	Pâmela Caroline Santos Uemoto; Maristela Santini Martins
<b>Resources</b>	Not applicable
<b>Software</b>	Not applicable
<b>Supervision</b>	Maristela Santini Martins
<b>Validation</b>	Not applicable
<b>Visualization</b>	Pâmela Caroline Santos Uemoto; Maristela Santini Martins
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<b>Writing - Review &amp; Editing</b>	Pâmela Caroline Santos Uemoto; Maristela Santini Martins

## STATEMENTS

<b>Conflicts of interest</b>	Not applicable
<b>Funding</b>	This study was conducted with support from the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) - Funding Code 001
<b>Ethical approval</b>	Not applicable
<b>Acknowledgments</b>	Not applicable
<b>Preprint</b>	Not applicable
<b>Artificial Intelligence</b>	Artificial intelligence tools were used exclusively for spelling and grammar correction of the manuscript. All intellectual content, critical analysis, and responsibility for the text are entirely that of the authors

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