



## LETTERS

## LESSONS FROM THE FRONT LINE

# We need to change the culture around complaints procedures

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Sokol says that lawsuits encourage “better, safer practice.”<sup>1</sup> But litigation and complaint investigations have a pernicious effect by creating a culture of fear, and, as Berwick states, “Fear is toxic to both safety and improvement.”<sup>2</sup>

Physicians understandably respond by practising defensively. We found that >80% of doctors responding to a survey admitted to “hedging” (for example, overinvestigating or overprescribing) and >40% admitted to avoidance (such as avoiding high risk patients or abandoning procedures early) after experiencing complaints procedures or witnessing a colleague do so. These behaviours are not in the interest of patients and drive up costs.<sup>3</sup>

More concerning is how complaints affect doctors’ wellbeing. We found concerning levels of moderate or severe anxiety (22%), depression (26%), and suicidal ideation (15%) among doctors undergoing investigation by the General Medical Council.<sup>3</sup> Our study is one of many showing the baleful effects these processes have on physicians.

A principal problem is the lack of “natural justice.” Physicians often experience multiple jeopardy, such that should a case reach a courtroom, the doctor may have already undergone formal investigation at his or her institution, a serious untoward incident investigation, and/or been referred to the GMC. All

while suspended and isolated from colleagues. Such proceedings may take years to conclude. Instead of this punitive approach, we must develop a culture where mistakes are learnt from quickly and systems constructed to reduce the risk of human error. This should be achieved locally without intervention by regulators or courts. Compensation for patients would be better served by a no-fault system.

One must question the ethics of a system that contributes to a culture where learning from mistakes is less likely, leads to defensive practice that harms patients, and affects disproportionately the wellbeing of doctors.

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Full response at: <http://www.bmj.com/content/359/bmj.j4624/rr-3>.

- 1 Sokol D. Lessons from the front line. *BMJ* 2017;359:j4624. doi:10.1136/bmj.j4624. pmid:28986356.
- 2 Department of Health. Berwick review into patient safety. 2013. <https://www.gov.uk/government/publications/berwick-review-into-patient-safety>
- 3 Bourne T, Wynants L, Peters M, et al. The impact of complaints procedures on the welfare, health and clinical practise of 7926 doctors in the UK: a cross-sectional survey. *BMJ Open* 2015;359:e006687. doi:10.1136/bmjopen-2014-006687 pmid:25592686.

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