When Doctor's Make Mistakes

A Commentary

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Editor's Note—

Dr S.Y. Tan is uniquely qualified to speak to the 1996 graduating class of our medical school. S.Y. is a superb physician as well as having received his Law degree. He is a Professor of Medicine and Adjunct Professor of Law at the University of Hawaii and he made a mistake, and admitted it.

Dr Tan is also the Governor-elect of the Hawaii Chapter of the American College of Physicians, and served as Guest Editor for our special issue on Medicine, Law and Bioethics (April 1995).

Though he and I disagree on several aspects of End-of-Life decisions,[1] I highly respect this very special Renaissance Man.

Every physician should read and reread his commentary.

The elderly man, accompanied by his wife, awaited his turn to see the doctor in the emergency room. He was short of breath, and he insisted on being hospitalized for treatment. The on-call medical resident dutifully examined the patient, and carefully reviewed his EKG and chest X-ray. He diagnosed congestive heart failure, prescribed a diuretic, and sent the patient home, believing that he could be safely treated as an outpatient. "You're making a mistake, doc, you're making a mistake, doc," the man pleaded, as he was wheeled out of the hospital ER.

The following day, he was found dead at home.

The chief of medicine investigated the case, but was unable to find negligence. The resident had correctly interpreted the test results, and his treatment plans were appropriate. But the patient's parting words "you're making a mistake, doc" will not easily be forgotten. The year was 1973, and I remember the patient well, because I was that medical resident.

I tell this experience to introduce my talk this afternoon, which is entitled "When doctors make mistakes." In the years of training to come, and beyond, perhaps some of my weak words today will help you find faith in our profession, hope in your mistakes, and charity towards our errant colleagues.

To err is human. And despite the notion that doctors are not supposed to make mistakes, the truth is that we do. And often. Fortunately, the vast majority of medical errors cause no serious harm. Studies conducted by Harvard researchers tell us that 4% of hospitalized patients suffer iatrogenic injuries, i.e., injuries caused not by the disease itself, but brought about by the treating doctor or institution. Iatrogenic injuries account for about 500 deaths each day in our hospitals across the nation. 500 deaths—thats more than the fatalities from one jumbo jet crash—every day.

In the intensive care unit, we make an average of 1.7 mistakes per patient per day. To be sure, almost 200 patient-care activities take place daily in the intensive care unit. Still, a 99% level of proficiency, a 1% failure rate, is too high to be tolerated in a hazardous industry. Not even 99.9%. At 99.9%, for example, there would be 2 unsafe plane landings at O'Hare airport each day, and the post-office would lose 16,000 pieces of mail every 60 minutes. And there would be 32,000 bank checks deducted from the wrong bank every hour.

Doctors respond predictably to medical errors. We hide the, and we bury a few of them. Most commonly, doctors deny the mistake, asserting instead that the adverse outcome was caused by the underlying disease rather than medical error. Or they may prove defensive, blaming others for the mistake—the nurse's fault, the hospital's fault, even the patient's fault. But the doctors I wish to draw attention to are the ones who suffer in silence, fearing discovery and publicity, depressed with guilt and fallen esteem over what they perceive to be failed duty. They feel genuine sorrow, but few will share their contrition with the patient or the family. And none will ask them for forgiveness.

Why not? Because society, in conspiracy with the profession, has perpetuated the myth that good doctors do not make mistakes. Voltaire in 1764 compared us to God. "They even partake of divinity", he wrote, "since to preserve and renew is almost as noble as to create." During residency training, your program director will exhort you to strive for perfection; this you must do. But I will also tell you that even as you attempt to avoid all mistakes, you will fail, and you cannot escape making at least a few.

What should you do? I suggest 4 strategies. First, reaffirm your commitment to the goal of the highest standard of care. This you achieve by diligence and study. Second, exchange your mask of infallibility for the robe of humility. Disavow these twin sins of the profession, the sin of mediocrity, and the sin of arrogance. GK Chesterton, the famous English author of the Father Brown short mysteries, call pride "an inordinate love of our own excellence, the king of all vices." Third, you must learn to accept and bear your burden by seeking the supportive love of family, the shared understanding of a trusted friend, and the reassuring warmth of a respected teacher.

Finally, at the risk of startling you, I suggest you inform your patient whenever you have made a mistake. It was Mark Twain who said, "Always do right. This will surprise some people, and astonish the rest." Disclosure is the ethical thing to do. Sorrow and contrition are wasted in solitude; in confession, they rejuvenate. Your patients have the right to know, and they will approve and respect you for your honesty and integrity. It has been said that almost all of our faults are more pardonable than the methods we think up to hide them. Oh, I know that the hospital risk manager and the lawyers will remind you to be silent, lest your disclosure precipitates a malpractice lawsuit. But believe they are wrong. Competent doctors do make mistakes, and our patients will not abandon us when we expose our humanity by disclosing our errors.

To reduce medical errors, the profession badly needs to do its own part. It needs to acknowledge that mistakes abound. Better for the healthcare system to assume that individuals will make mistakes, than to simply rely on them not to. Did you know that during any overseas commercial flight, a human error or instrument malfunction occurs every 4 minutes—yet each event is promptly recognized and corrected. This is the science of systems errors and failures at work. It can help the healthcare industry. Better standardization, task design, checks and

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counterchecks, systems monitor and backup, and automatic alerts will go far in reducing systematic errors in the hospital and clinics. But most importantly, to learn from our mistakes, we need to identify and tabulate them. This will not happen in an atmosphere of fear; the reporting method must therefore educate, not punish; restore, not denigrate. Our fault-based malpractice system must be replaced by a no-fault model which focuses on just compensation and improvement in healthcare standards. And yes, the profession should encourage its senior members and its clinical teachers to share their adverse experiences with their junior colleagues. It is an effective way of saying: We all make mistakes—let's learn from them to benefit our patients.

I now approach the end of my presentation, and I would like to lead you out of the unsettling darkness of physician error into the warm sunshine of Medicine's healing mission. Notwithstanding our human foibles, and in the face of the current assault of bottom-line healthcare, let us pause to remember:

That our is a profession that saves lives, not, say, an industry that profits from creating weapons of war and destruction.

That doctors consistently improve health, unlike too many politicians who falsely promise to improve society, and

That we always comfort those we cannot cure, even as some members of that other learned profession confer undeserved confor through mocked justice.

Welcome to the noble world of doctoring, class of 1996. May I wish you and your patients good communication and good health.

Reference

1. "Should Doctors Help End Lives?" —Letters and Commentary. The Honolulu Star-Bulletin, Sunday, December 17, 1995, pg B-3.

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