

VIEWS & REVIEWS

FROM THE FRONTLINE

The error of our ways

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Medicine is a family. Not a nuclear family, in a framed professional photograph with a fake bookcase in the background, scrubbed school uniforms, and beaming white smiles. Medicine is a chipped tooth dysfunctional family of 15 children living in a small terraced house somewhere up north. The older ones despair of how spoilt the younger ones are, while the younger ones say the older ones never listen. There is notional parental control, but the reality is self regulated anarchy. There is perpetual feuding, kicking, scratching, hair pulling, ganging up, and name calling, but rarely punching. The boys are almost as bad as the girls. Only with time do we realise that we are bound by common professional experiences and that we can never escape our medical upbringing.

The most challenging aspect of this medical life is clinical responsibility. Doctors are chosen for their academic ability, with absolutely no preparation for the real world. Medicine is the great leveller. Even the most spotty faced, briefcase carrying, bow tie wearing, pseudointellectual type will make mistakes. Our errors cause harm to patients and can even kill. We may come to deeply regret clinical decisions that were made in good faith. The anger and resentment directed at doctors is sometimes palpable.

Clinical errors crowd our thinking, short circuit our reasoning, and wake us sweating at 3 am with intrusive flashbacks. They affect our moods and have an impact on our families and friends.

There is cold comfort in thinking that other doctors might have acted in the same way, for we are the ones who made the call. Time does heal, but scars struck in the right way bleed easily. We doctors are captive to these negative clinical experiences, and they guide our practice much more than education. The associated regret and guilt slowly burn out our hearts, and some people leave medicine because of it.

Generally we don't talk about these errors because we fear the loss of professional standing, and indeed because some experiences are just too painful to discuss. Many doctors reason that this is the job; it cannot and will never change—this is what we get paid for, and so we must simply accept the burden of errors. Emotional repression and alcohol are long serving and effective crutches. But we need to talk through these experiences. Not in formal "counselling," but within our medical family, for outsiders simply do not understand what it is like. Regrettably, changes in our work patterns mean that we are losing many informal opportunities to communicate.

Importantly, we also have a duty to anyone considering joining the medical family to be honest about these negative experiences. Medicine needs applicants who are both intelligent and emotionally robust. We may be a dysfunctional family but we are family, and we need to help each other.

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