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Should doctors always admit mistakes?

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Between 1940 and 2000, four doctors were prosecuted for medical negligence; between 2000 and 2003 there were three. Are doctors making more mistakes, is medical practice becoming more transparent, or is society simply becoming more litigious? *Kaji Sritharan* finds out

"I admire doctors, they've kept barristers in business for years!" quipped Diana Brahams, a barrister, addressing a conference at the Royal Society of Medicine. Her remark, although flippant, may not have been entirely in jest—begging the question, why do patients make complaints?

Losing respect

"In the past when literacy was poor, society had more respect for knowledge, and doctors were held in deference," Brahams explains. "It's ironic that, despite the ability to postpone death now having increased, doctors' stature in society should have decreased."

Distrust and unrealistic expectations

Furthermore, "greater access to information via newspapers, the TV, and the internet has not only increased public expectation of medicine but has also made the public more suspicious of doctors." Despite this, however, patients are still refusing to accept personal responsibility for their health. "Even when they are non-compliant with treatment, fail to report taking medication, or are taking recreational drugs they still expect good results," laments David Nunn, consultant orthopaedic surgeon.

Complain here, please

To compound matters, "patients can no longer just grumble about things being bad," says Brahams, "but are actively encouraged to make a formal complaint." There are adverts everywhere advocating legal challenges. "There's even a website called wrongdiagnosis.com, with `20 tips to stop your doctor making a mistake,'" Dunn muses.

Poor communication

Money undoubtedly does motivate some claims but by far the most common cause of a complaint is poor communication. Even when fault has been admitted it seems that the NHS still manages to get things very wrong. "Speaking from personal experience," says Brahams, "the final straw for me came when the letter of apology arrived signed `pp';—straight out of the `Donald Rumsfeld School of Diplomacy!'"

But we're only human...

“We don't intentionally set out to harm a patient,” says Nunn, but what is clear “is that we can't just shrug our shoulders any more and say mistakes happen. Society has granted doctors the licence to maim and administer poisons. It's right that their practice should be scrutinised,” argues Brahams. “In the eyes of the law, `only reasonable care, not superb skill,' is expected, but when a patient gives consent, it's given on the grounds that treatment will be competent.”

Errors in clinical practice *Just the tip of the iceberg*

15 000 NHS patients die or are seriously injured each year as a result of clinical error—more deaths than are attributed to lung cancer. “How many near misses that we don't hear about are there?” asks Tim Ringrose of Doctors.net.uk. “If you were honest with yourself,” he probes, “when was the last time you thought, `that really shouldn't have happened?'”

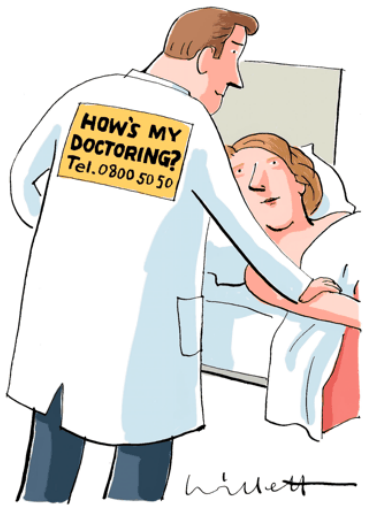
The culture of under-reporting exposed

In an anonymous survey of more than 4000 doctors conducted by Doctors.net.uk, 82% of participants reported that they had seen a colleague make a mistake or give suboptimal care; 15% claimed that this mistake had led either to death or disability. When asked what action was taken, 10% reported that they had done nothing, approximately a third said that they had spoken to their colleague, and less than 10% had reported the error via established channels.

Furthermore, 80% of all doctors surveyed admitted that they themselves had also made errors; again, less than 10% had reported them! So despite a staggering 80% of doctors admitting anonymously to making or seeing a mistake being made, only a fraction went on to formally report them.

With the benefit of hindsight

“Medicine is an imprecise science, but an easy discipline in retrospect,” says Dunn. “When you look through a set of notes the mistake is usually obvious and there's a recurring theme. There's either an error in prescribing, in diagnosis, or in the wrong side being operated on. All of these are avoidable errors,” he claims. Moreover, “many of these errors occur because either simple basics such as a full history and examination are not performed, or the limitations of investigations and treatments are not fully appreciated or communicated adequately to the patient. The best form of defensive medicine is good medicine!” he concludes.



Why are errors not being reported?

“It may be the case that an error is never realised, or not realised until later. It seems, though, that the culture is not to speak out. Indeed, to do so may

well harm your career prospects," says Brahams. "In my experience, there is usually more than one lost opportunity to admit to an error, and doctors even when the evidence is stacked against them will still refuse to admit liability"—fear perhaps of failure, of being scapegoated, or simply professional arrogance?

Additionally, "there's a `blame culture' in medicine," says Dunn. "Doctors don't want to take on personal responsibility because they know `where there's blame, there's a claim!'"

When can a mistake save a life?

"A doctor who fails to learn from his mistake is doomed to repeat it," he continues. "We need to change a negative event into a positive event, link error with a process of education, not initiate witch-hunts," urges Ringrose. "Educational resources need to target areas where errors are being made. We also need to look at the systems in place and examine the points at which they fail—employ what's known in industry as root-cause analysis."

Tackling the culture of under-reporting in the NHS

Contrary to public perception, doctors themselves are crying out for a change in the system. 97% of doctors surveyed by Doctors.net.uk believed that an electronic system similar to that employed by the airline industry, where data could be inputted, rapidly analysed and constructively fed back would improve patient care. More than 80%, however, did not trust the Department of Health or their NHS trust to run such a system, with concerns raised regarding anonymity, confidentiality, and the responsible use of the data obtained.

Education

In addition, "responsibility needs to be shifted away from the doctor, to the patient," suggested a member of the audience. "We also need to educate and be honest with patients," says Dunn. "I had a patient who I had fully consented for a total knee replacement who subsequently self-discharged and had his operation performed somewhere which apparently had `no complications' associated with the same procedure!"

Conclusion

Sadly, it seems a culture of blame and fear of adversarial complaints continues to pervade medical practice even today. It appears that doctors are willing, at least under the cover of anonymity, to confront clinical error, but although anonymity is a requisite for engaging and educating doctors, it is a concept that doesn't sit well with accountability and transparency, and is likely to lay the profession open to further accusations of fostering paternalism. Change is desperately required, not least for the safety of our patients, but unless the climate is also right, it is likely to prove difficult to implement. ■