



## PFSP Perspectives: Alberta Doctors' Digest

### Transcend adversity

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By Nancy E. Love, MD, CCFP  
PFSP Assessment Physician

It's another Monday morning. Everything is calm in the office. Then the unexpected happens.

A fax arrives from the hospital saying Mr. Jones was admitted to hospital on the weekend and has been diagnosed with stage IV cancer. Oh, oh. I just saw him last week with abdominal pain. Poor Mr. Jones. I hope he'll be okay. I will call him. Did I miss something?

I feel myself flushing with shame and potential guilt. I quickly scan my last visits with him, tests ordered, his last check-up, screening tests. Did I do everything right? Was I responsible for this late diagnosis? Maybe I could have done better. Now I feel sick.

I move humbly and quietly through the day's patients. I'm ordering a lot of tests today. I can sense my forced and methodical over-cautiousness. My thoughts return to Mr. Jones. He has been referred to the cancer clinic. I feel a little numb, inadequate.

Almost all of us have, or will face, the unfortunate and unpleasant experience of something overlooked, something missed or something gone wrong.

Sometimes these situations are near-misses. Sometimes they are adverse events that don't cause the patient harm and sometimes the patient experiences harm or worse – death. And sometimes it leads to complaints and litigation.

Adverse events in medicine are inevitable. We all are aware of this but when the error is ours, it comes as a surprise. It stings and makes us shrink back. Guilt, shame and questioning our competence are common and can translate into insomnia, anxiety and depression.

Physicians have taken their own lives due to the intolerable negative experience. It is hard to admit and discuss our imperfections. At times the feelings are suppressed by avoidance and denial but they often eventually bubble out in another form, like anger or addiction.

Because of adverse events, some physicians have changed their scope of practice or, feeling traumatized, quit practising all together.

Amy Waterman, PhD, led a study called *The Emotional Impact of Medical Errors on Practicing Physicians in the United States and Canada*. She found that following any kind of adverse event (near miss, minor or serious error), 61% of physicians had increased anxiety about future errors, 44% experienced some loss of confidence, 42% reported sleep difficulties, 42% reported reduced job satisfaction and 13% felt their reputations were harmed.

Strategies for checking and rechecking, practice guidelines, continuing education and methodical approaches can significantly reduce the chances of error occurring. However, no plan is perfect; we as humans are far from perfect.

The ability to tolerate one's own humanness and, therefore, tolerate one's errors is a skill. It is something we can learn. It is a prerequisite of practising medicine to one's full potential.

This comes with challenging some of our beliefs about who we are. Physicians have a high incidence of perfectionist traits – overly responsible, able to do it all, striving to achieve the high bar. We are skilled healers. When we believe we must live up to these expectations of ourselves, the consequences of making an error is personally painful.

Take a moment and think of a situation in your medical life that didn't go well. It is interesting how the memory and feelings of these events are so readily available and sharp. We do tend to hang onto negative experiences. This can distort reality.

How many hundreds of patients did you see in the last month? Can you think of one error or near miss?

The reality is that although addressing error is important, it is equally important to acknowledge one's multitude of achievements and successes.

That error – how did it pan out? Have you been able to work through it? Sometimes these negative events churn in our heads with worry and pain – especially in the middle of the night.

### **Practical steps for coping with adverse events**

It feels unpleasant to look at errors in the face. However, this is exactly what I recommend doing. First, get a clear honest picture of the facts and chain of events. Writing them down can make it clearer. Who or what were the players at this event (i.e., the patient, the physician, the nursing staff, the lab, the hospital, etc.)?

The responsibility pie is a good concept to use, especially if you are prone to taking on all the burden of responsibility for an error.

This is the idea of drawing a circle and dividing it up into pie-shaped shares of responsibility. This is of value to minimize your role in an unfortunate situation and allow you to understand and be able to take ownership of your piece.

Acknowledging your role in an error situation can cause you to feel negative feelings like guilt. However, it can also be empowering to know that having responsibility means you have the opportunity to control, work on and change your piece for the future.

Communicating to the patient and/or family in the form of an apology is courteous and professional. New laws have been written that state an apology cannot be used against you in any potential legal proceedings. It is not an admission of guilt to apologize.

*Communicating with Your Patient about Harm*, published through the Canadian Medical Protective Association (CMPA), greatly assists with this process. This type of communication is a vital part of healing for all parties involved.

It is important to document all encounters with patients, particularly where potential for error is involved. Do not change your notes after an event. It is important to date any additions to a file.

If you have concerns of any potential liability, it is appropriate to call the CMPA. The staff are skilled at answering questions and welcome the opportunity to assist.

### **Meet the challenge when you question yourself**

Often the greatest challenge is managing the feelings of shame, inadequacy, self-doubt and humiliation. When we are striving to do our best and perform, an adverse event makes us question our self-worth and our abilities.

Ruminating on these thoughts is common, unpleasant and rather unproductive. We often blur our professional and personal identities.

An adverse event is only a part of our professional persona, not our whole professional persona and certainly not our personal identity.

We often worry that our colleagues will think less of us. However, more often than not, they are just relieved that it wasn't them.

Self-deprecating thoughts can form a life of their own, especially at 3 a.m. To take charge of these thoughts, it is of value to deliberately take time to attend to them. Challenge them by balancing your thoughts. Consider your conscientiousness, competency, compassion and, indeed, your fallibility as a human being.

Make a list of your successes and accomplishments in life and refer to them often to counterbalance negative thoughts. Nothing can take away all your achievements.

Seeking support is often uncomfortable for physicians. It feels shameful and exposed. Will it reflect negatively on our professional image and strength of character?

In reality, when coping with adverse events, seeking and accepting support is probably the best strategy of all. In sharing with colleagues, you will find that you are not alone in the experience of adverse events.

Others will start to share their own experiences. Often there is a sense of relief in doing so. If there is concern about litigation, it is appropriate to share feelings about an experience without sharing specific details of the event.

Seeking professional counselling is a gift of personal growth. It is never too late to address issues from adverse events, even if they occurred years ago.

In Dr. Waterman's study, 43% of physicians felt that taking time away from work for counselling would be difficult, 35% were concerned about confidentiality if they were sued, 34% were worried the counselling history would be placed on their permanent record and 18% were concerned they'd be judged negatively by their colleagues for receiving counselling.

### **PFSP can help**

The confidential Physician and Family Support Program (PFSP) will arrange counselling for all

personal and professional issues. Information shared in a therapeutic relationship is not admissible in discoveries in the event of litigation.

The College of Physicians and Surgeons of Alberta is not notified when a physician seeks counseling through PFSP.

Physicians who chose to work through challenging issues are rewarded with increased self-awareness and enhanced resilience.

The hidden gift of confronting adversity is that “you will become a stronger person, a better doctor and a model for colleagues who will follow in your footsteps.”

As the PFSP motto (by Socrates) says, “We cannot live better than in seeking to become better.”

Contact PFSP 24 hours a day, seven days a week at 1.877.767.4637.

### **References**

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