



## Mishaps, errors and mistakes

Many years ago I arranged to meet a patient out of hours at the surgery in a small country town in which I was working as a locum. It happened that the surgery was about a 20 minute drive for both the patient and myself and I had arrived without my keys. I apologised profusely and began to make alternative arrangements to see him at the nearby hospital. The patient's response was blunt: 'What sort of a doctor are you? Doctors are not meant to make mistakes.'

The thought ran through my mind that I ought to explain that even Bernard Shaw, who was no great friend of the medical profession, suggested that all doctors should have inscribed on their brass plate not only their qualifications but also the words 'remember that I too am mortal'. I refrained, treated his complaint which must have been minor as I have absolutely no recollection of that part of our encounter, and from that day on have always kept my surgery and car keys on the same ring.

That was not my last medical mistake; there have been many since. It is, however, still difficult to talk about them. Over the years the predators

on the high ground and even those lurking within the swamp have become hungrier, and my perception is that they have become more eager to pounce at the first sniff of an error or a mishap or even when there is simply a difference of opinion.

We all make mistakes. Donald Berwick has reminded us that 'we are humans and humans err. Despite outrage, despite grief, despite experience, despite our best efforts, despite our deepest wishes, we are born fallible and will remain so'.<sup>1</sup>

Within the swamp, where there is confusion, uncertainty and blurred boundaries; we have been relatively protected. Unlike errors in the treatment of hospital patients, which may have catastrophic outcomes, mistakes in general practice are usually less obvious. They may only be recognised as mistakes in retrospect and sometimes only in the light of changes in evidence. We know that about 10% of patients admitted to hospital experience adverse events (a euphemism for the undesirable consequences of error). We don't know what percentage of general practice patients are subjects of

This is a column written from the swamp. The term is taken from the book by Donald Schon<sup>1</sup> where he talks about the crisis of confidence in professional knowledge thus:

*In the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solutions.*

1. Schon DA. Educating the reflective practitioner. Jossey-Bass Publishers 1990.

## Contributions

We invite amusing contributions to this column which should be relevant to the swamp and not more than 600 words.

medical mistakes, but my personal experience and chats with close colleagues in closed rooms suggests this is not infrequent. I am not referring to incidents involving criminal abuse, negligence nor deceit, but rather to those situations which, if we could repeat them, or more importantly when we do repeat them, we would do differently.

I well remember a fat 14-year-old boy with knee pain and a limp whose SUFE was diagnosed by a colleague following my referral. The specialist was generous in his response; I was suitably embarrassed. I don't believe that I have missed one since. Then there was the young woman who seduced me into excising an ugly scar from her inner thigh. My initial splen-

did repair gradually stretched to result in a scar equally as disfiguring as that which I had excised. Perhaps computerisation has saved me from a few prescribing errors (a common cause of fatality in the US) but I recently had a call from a friendly pharmacist whose wry smile I could see through the telephone, asking me whether I really meant to prescribe two digoxin 0.25 mg three times daily.

There are others, some of which are too embarrassing to put down in print, even for a Swamp Rat. That, of course, is the problem. Our mistakes are our most powerful learning mo-

tivators. Not talking about them through fear of being pounced upon is counter-productive. The swamp is murky, not transparent. Recognising

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error, correcting mistakes and learning from mishaps is an important part of medical practice. I will continue to make mistakes, but fear of the predators will no doubt lead

to unconscious and perhaps even deliberate denial to the detriment of my patients.

*P.S. Swamp Rat acknowledges that this contribution is not particularly amusing but you can't really joke about medical mistakes, can you?*

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## References

1. Berwick DM. Not again! Preventing errors lies in redesign – not exhortation. *BMJ* 2001; 322:247-8.
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