

All communications to:

The Editor, BMJ, BMA House, Tavistock Square, London WC1H 9JR

Tel: +44 (0)171 387 4499 Fax: +44 (0)171 383 6418/6299 Email: editor@bmj.com

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Hungary Literatura Medica Ltd 1027 Budapest Frankel Leo u 11 II/8 1539 Bp, PO Box 603 Tel: +36 1 316 4556 Fax: +36 1 316 9600 litmed@elender.hu

Statistical advisers Latin America Doug Altman Mike Campbell Celta Amaquemecan Ceita Amaquemecan Galeana 111 Barrio del Nino Jesus CP 14080 Tlalpan Tel: +525 573 7900 Fax: +525 573 7025 Tim Cole Jon Deeks Stephen Evans David Machin Julie Morris bmjmex@rtn.net.mx

Classified sales *Middle East* CCM Middle East Jackie Connor Andy Josephides PO Box 14228 Bernadette Kearney 15-17 Tsoha Str Ampelokipi 11521 Athens Display production Catherine Tel: +301 646 1330 Fax: +301 6423644 Harding-Wiltshire

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email: matrizbrasil@

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Portugal Matriz Lda Rua do Salitre 155-2° 1250 Lisbon Tel: +351 1 357 1506 Fax: +351 1 315 0226 matriz@mail.telepac.pt

Valentin Tarus V Tarus Ro Agencies Bd Unirii 23 Bl 13 Sc 1 ap 4 70401 Bucuresti 5 Tel: +40 1 337 1141/ 337 1197 Fax: +40 1 337 2611 vtarus@mediafax.ro

South Africa Tel: + 011 787 5725 Fax: +011 787 5776 South East Asia Manipal Centre for

Medical Research Medical Research New Udayavani Building Manipal 576119 Karnataka Tel: +91 8252 70500 Fax: +91 8252 70062 ggc@kmc.ernet.in

*Turke*y CCM Turkiye Barbaros Bulvari No: 131 PO Box 9 Gaarettepe 80700 Balmumcu Istanbul Tel: +90 212 274 1732 Fax: +90 212 266 0019 ccm@turk.net

West Africa Gazeen International Limited Limited 84 Bishopcote Road Luton, Beds LU3 1PB Tel: +1525 851888/ +1582 583507 Fax: +1525 853319/ +1582 583507 gazeen@globalnet.co.uk Editor's choice

Failure: the great teacher

Once in a gloomy moment, to console myself, I wrote: "One learns nothing from success, only from failure." Somebody must have thought the same before, and it is probably more true than untrue. Failure obliges change. Success breeds complacency and fear of change. Hence success contains the seeds of failure. In a fast changing world stagnation means eventual failure. The first will be last. (We can perhaps see this now in the world of medical journals.)

Failure is, however, a greater taboo than sex or money, argues Carl Gray (Career Focus, classified supplement; www.bmj.com/classified). Doctors, all of whom have known the success of getting into and graduating from medical school, have great difficulties with failure. But, writes Gray: "Few doctors pass all their examinations first time, take their first choice of jobs at each stage, marry the perfect partner for them, and have 12 perfect children. None will continuously deliver high quality care to universally grateful patients before dying of joy after receiving the Monarch's congratulations on his or her 100th birthday." Failure is all around us in medicine: the patients who cannot be saved; the errors that occur with a frequency far higher than in most other industries. There is a sense, suggests Gray, in which the whole medical profession is currently failing the public.

Medicine and doctors must embrace failure, not deny it. Otherwise, we destroy ourselves. Ironically, we aspire to a world without failure and yet must fail to reach such an unachievable state. Gray offers excellent advice, but some of the best comes from those two stalwarts of the (now failed) British Empire: Winston Churchill and Rudyard Kipling. Churchill regarded success as "the ability to go from failure to failure without losing your enthusiasm." Kipling, in the poem voted the nation's favourite in Britain, wrote: "If you can meet with Triumph and Disaster and treat those two imposters just the same."

Most doctors cannot follow this advice, shows a qualitative study of how general practitioners reacted to patients' complaints (p 1596). Most found the experience wholly negative. They responded by becoming more defensive in their practice and offering a less appropriate service. Only a very few managed to learn from the experience. This is a chilling study because it seems likely that in the future most doctors will have complaints made against them. If so, then as Richard Baker says in his editorial, it will be necessary to do more than simply intimidate those general practitioners who make mistakes (p 1567). Doctors are being toppled from their pedestals. The old world of omniscience, perfection, and success is dead. Long live the world of ignorance, weakness, and failure. It might be better.

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