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THE BOTTOM LINE

Partha Kar: Learning to live with failure

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Accepting failure is tricky, and more so when it's not due to your own failings but a result of circumstances beyond your control—or, indeed, a pandemic.

We will, in time, move beyond continually reporting on covid-19 cases and deaths, to a future where we start talking about vaccines, recovering services, and trying to regain a degree of normality. And healthcare staff will need to appreciate that, in some areas, we may indeed have "failed" as a result of factors outside our control.

The world was caught on the back foot by this pandemic, despite the warnings that one was due. It's been a once in a lifetime event with global ramifications, the likes of which we've never seen and hopefully won't again. Healthcare systems have been flummoxed by the challenges of prioritisation—and the sinking realisation of the scale of wider harm when care has had to be stopped or scaled down.

The problem for those of us who work in the NHS, of course, is that we have to accept that the service is capable of failing. My own view is that it does fail at times, as any system does, and when someone points this out it doesn't necessarily constitute a personal slight or an attack on the NHS's founding principles.

The NHS is amazing, but it can't be everything for everyone all of the time. Part of acknowledging and accepting failure is to appreciate that we did the best we could. Great care has been provided to covid patients and others during this pandemic, but NHS care, with finite resources and staff, has almost certainly suffered in other areas. That harm isn't anyone's fault, but we do need to accept that it may have occurred.

The next step is to start looking at data to understand the impact of any harm caused. Using the example of diabetes, we need to ask what impact the change in services has had in the short and long term. The chronic nature of the pathology of diabetes means that some of the impact will take time to emerge, while some should already be identifiable. Have amputation rates changed? Have more eye problems emerged? Are admissions up? Has lockdown made things look different?

Different specialties will need to examine different issues around the impact on their patients, but all areas will need to look at questions like those. The answers we get back may be interesting, even unpalatable, but we mustn't shy away from asking.

As we start to look ahead to a world recovering from covid, the time is ripe to begin examining datasets and asking those questions. Clinicians will be the ones who have to pick up the pieces, as well as working out how to focus our efforts accordingly. Owning the problem is key, as is having data to highlight the problems and make the case for focus on relevant areas. The question is whether we, as clinicians, can start by accepting the failures—after which will come the gargantuan task of leading on interventions to tackle them.

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