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PRIMARY COLOUR

Helen Salisbury: Being a good enough doctor

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When students enter medical school or junior doctors start specialist training, they don't aim to be a "good enough" doctor—they want to be the best. They hope to combine outstanding diagnostic acumen with being a caring and empathetic doctor, a brilliant teacher, and ideally a world changing researcher. Somewhere in that mix we also need time for relationships, for hobbies and sport, and to develop into happy people with rounded lives.

But there aren't enough hours in the day, or days in a lifetime, to do it all. Looking over your shoulder, you may see a colleague who seems to be climbing the career ladder with ease while learning Swahili and jazz saxophone, competing in triathlons, and setting up an international charity. Meanwhile, you struggle on, sometimes floored by fatigue from just doing the job. And you can be thrown off balance by a mistake or a patient complaint. It's likely that someone picked up the error and no harm resulted, and the complaint may not be deserved—but still it punctures your pride and reminds you that you're not perfect. It may even make you question whether you're good enough.

When trainees are struggling with unrealistic expectations of themselves, I often recommend a 2010 TED talk by Brian Goldman, a Canadian physician.[1] In it he talks about his own mistakes and the inevitability of human error. He's clear about the need for a change in the culture of medicine, so that we can aim for systems that are safe without expecting the people within them to be perfect. Such systems come about only when you can look at errors in the clear light of day, without blame or finger pointing, and see what factors contributed to them—was it fatigue? Poor labelling? Unmanageable workload? Significant event analyses usually end with a section asking how similar episodes will be prevented. I've seen too many with the conclusion that "we must be more careful," which misses the point.

Perhaps the best thing we can do to help others, especially those still in training, is to bring our own mistakes and near misses to the table. What was it that led me to postpone that home visit, with disaster narrowly averted when my colleague picked it up? On another occasion, did my failure to listen to the distress behind a patient's anger make me less kind than I should have been?

None of us is perfect, and self-criticism can wear us down or burn us out. However, in the long term we're of more use to the world if we can live with our errors, share them, and learn from them. Our patients would prefer that we never made any, but they accept that we're human and fallible. Learning to admit those errors to patients, and to say sorry, is one of the hardest but most important steps to becoming a good enough doctor.

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1 Goldman B. Doctors make mistakes. Can we talk about that? TED. 2010. https://www.ted.com/talks/brian_goldman_doctors_make_mistakes_can_we_talk_about_that?language=en.

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