

Teach honesty, act with integrity and fight the culture

I confess. A few weeks ago, a serious patient safety incident resulted from my unintended prescription of a drug to the wrong patient. A previously well 80-year-old man who enjoyed waddling around with a zimmer frame was now a shivering pale wreck in his bed. Thankfully, he recovered within a few days, after which we realized that a medication error had led to his decline.

I had done everything that I believed was reasonable following the incident. I filled out the trust's DATIX form to report the incident. I discussed with seniors ways to prevent this from happening again in the future. I designed a simple quality improvement project, asked nursing staff to check all new prescriptions and created a proforma template to safely handover medication changes to the rest of the team. I felt relieved that the situation spun into what I thought would be a future, forward and higher-level thinking improvement initiative.

However, stigma lingered on the ward for the rest of my time there. A small underlying stench of blame: 'It was the doctor who prescribed it, not us.' I was suddenly seen as the newbie doctor who was incompetent and struggling. It is well known that reluctance to communicate errors and adverse events can stem from fears of blame and retribution (Waring, 2005), but how can we share our knowledge and lessons learnt without fearing blame, resentment and medicolegal implications? How can we possibly be honest about our errors in practice without being seen as the 'failure'?

The answer lies in the heart. The Oxford Dictionary Online defines honest as 'free of deceit; truthful and sincere; morally correct or virtuous' (Oxford Dictionaries, 2010). I didn't learn about honesty at medical school. It was my best friend who taught me how to honour my heart, act

with integrity and live by my absolute highest values. And not because I am a doctor and it is my duty to act professionally, but because it is one of the most meaningful and redemptive merits a human could possibly have.

The American science fiction writer Tad Williams (1994) once wrote:

'We tell lies when we are afraid... afraid of what we don't know, afraid of what others will think, afraid of what will be found out about us. But every time we tell a lie, the thing that we fear grows stronger'.

Being honest to yourself enables you to detach from unhealthy processes and situations, and be free from any feelings of guilt. It allows you to focus on productive and positive thinking, and bring an element of resolution to a previously conditioned habit. As we become more honest with others and ourselves, we develop more competence and confidence in making decisions that differentiate between right and wrong. As we become stronger, the fear of blame becomes less important to us.

But has the culture started to change yet for juniors? In 2009, the General Medical Council commissioned research to look into why prescribing errors were being made by foundation doctors (Dornan et al, 2009). Predisposing factors included low levels of support, high workloads, lack of management and a poor medical professional culture. The follow-up General Medical Council study in 2012, although it looked at prescription errors in primary care, concluded that doctors are still under-reporting significant patient events for many of the same reasons (Avery et al, 2012).

Progression will still remain an uphill battle. The newspapers are full of media-portrayed examples of failures in health-care delivery. For example, the Mid-Staffordshire scandal showed how health-care professionals on an individual and organizational level failed to provide basic humanity of care and tackle a growing destructive culture involving a lack of patient safety, compassion and dignity

(Francis, 2010). Trust is an earned commodity, not a virtue that is automatically engraved into our medical souls as we step into our first lecture as a student, or shake hands with our medical school dean on graduation day. As we evolve into a 'new' breed of health-care professionals, one of our roles will be to earn back the trust of patients misled by stories of public scandals and high-profile neglect.

We live in a society where every day cause and blame is attributed to doctors, nurses, students, allied team members and patients. As a foundation doctor, I am calling for radical medical reform to diminish the blame culture, change organizational values and build a moral community where health-care professionals are free to own up to mistakes without discrimination or fear. Instead of blaming an individual, we should use that energy to plan improvement and minimize future adverse events. As my best friend said: 'be honest, stand up for what is right and fight those resistive of change'. After all, who are we as the most trusted professionals in the world if we cannot do this? **BJHM**

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