Complication

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A patient of mine recently suffered a complication of cesarean delivery.

That statement is misleading.

I recently caused a surgical complication during a patient's cesarean delivery.

This woman, whom I will call Ms A, is one of my favorites. She is a quiet, capable person whose job, acquired after years of training, entails great responsibility for the safety of others. We discussed the similarities between her profession and my own just moments before her procedure. She gave up a lot for this pregnancy. She put her career on hold. She endured, more than most, the physical discomforts of the third trimester. She submitted to an uncomfortable and unsuccessful attempt to convert her fetus from the breech to cephalic position. And then she bravely faced the prospect of a scheduled cesarean delivery.

What happened is this: during her surgery I unintentionally created a hole in her bladder. Cystotomy is a known risk of cesarean delivery, occurring in about 3 per 1000 abdominal deliveries.[1] I identified the problem and together with an urologist fixed the damage. The patient kept a catheter in her bladder for a week to allow her repair to heal and, as expected, she has recovered without impairment.

But I, too, have suffered an injury. I believe that of all the favorable traits a physician might have, judgment stands above the rest in importance. Judgment is more important than knowledge, more important than skill, more important than intelligence, at the end of the day even more important than compassion and humility. Ms A's anatomy was unusual, a factor that contributed to the mishap, but her cystotomy was avoidable. It was the outcome of an error in surgical judgment: simply put, I made an incision in the wrong place. Because of the importance I attribute to judgment, my failure is particularly damaging to my self-esteem. I did harm, thus violating the first principle of my profession. And in case self-reproach is insufficient. There is also embarrassment: I made a rookie mistake in front of the intern with whom I scrubbed, and my colleagues, physicians, and nurses, no doubt heard about it.

The prevalence of medical errors has been well publicized in reports such as the Institute of Medicine's[2] *To Err is Human*, which in 2000 estimated that 1.5 million people annually are affected by such errors and that nearly 100,000 die as a result. In her excellent book *What Doctors Feel: How Emotions Affect the Practice of Medicine*, Dr Danielle Ofri[3] addresses the shame medical errors cause conscientious physicians. In quoting Aaron Lazare, the author of *On Apology*, she characterizes shame as "an emotional reaction to the experience of failing to live up to one's image of oneself."[4] I think that most physicians expect perfection of themselves and on some level equate "imperfect" with "bad." Yet it is the rare doctor who does not have one or more serious errors in their past. In today's era of transparency, we are encouraged to disclose and apologize for our mistakes. As Dr Ofri[3] notes, clinical leaders and educators would do well to get out in front in this regard. Doing so would help promote a nonpunitive culture of safety.

When I disclosed to Ms A what had happened during surgery, that I was responsible for it, and that I was remorseful for it, she responded as I thought she might: with matter-of-fact acceptance and forgiveness. Of course, she was happy to learn that she was expected to experience no long-term consequences. How she—or I—might have reacted to a more significant injury is unclear.

To clarify things for the reader, let me state with all appropriate modesty what must be true in order for me to continue my work: I consider myself a good obstetrician. This self-assessment is based, among other factors, on comparative quality and outcomes data. I believe that I have earned the respect of my colleagues, for whom I serve in a leadership capacity. And thus the shame I feel is mitigated by the knowledge that my causing this injury does not mean I am not a good doctor.

I often tell our medical students and residents that I learn new things in medicine every day. I have no choice but to learn the lessons from this case, to be grateful that things were not worse, and to move on. I will redouble my efforts to justify the faith my patients place in me.

And like Ms A, I expect to heal with time.

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