Taking care to avoid the ‘seven deadly sins of surgery’

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These days, as surgeons, we live in a world where the hue and cry resulting from one unfortunate incident can drown out the plaudits that should be the result of literally thousands of cases that have gone smoothly. As a result, it is the duty of each and every one of us to try by every means possible to avoid medical accidents, clinical errors and ‘serious untoward incidents’. Moreover, if and when they do occur, as they inevitably will, their aftermath needs to be dealt with coolly, calmly and professionally. Looking back over many years of experience in urological surgery, we thought it might be useful to consider the seven key lessons, mainly learned the hard way, in an attempt to help others avoid falling into the traps that lie in wait for the unwary (Box 1).

POOR COMMUNICATION

As surgeons, our job often involves breaking difficult news to patients. The ways and means by which this is done are critical. It has aptly been said that if you break bad news well, the patient will never forget you; if you break it badly, they will never forgive you. Carefully delivered and recorded informed consent, with associated written information, before any surgical procedure is vital.¹

Remember it is negligent of a doctor not to give his or her patient enough information about the risks of a given procedure. Currently, no definition exists of exactly how much information needs to be given. However, the greater the incidence of a complication, and the more severe it is, the greater is the argument that it should have been brought up and discussed ahead of the operation. Detailed information sheets documenting all the downsides can be extremely helpful in this context.²

In particular, when things have gone wrong, a clear, honest and sympathetic explanation and apology to the patient and his or her relatives, with follow-up meetings, can avoid months, if not years, of anxiety-inducing litigation.

MISDIAGNOSIS

With the aid of modern technology and imaging, making the correct diagnosis is less difficult than previously. One problem, though, arises from the fact that once a diagnosis has been decided upon, the die is to some extent cast, and it is quite difficult for a clinician to change tack, even if the evidence does not seem to quite fit the case.

In the field of crew resource management in the airline industry, it is accepted that when faced with an emergency, pilots create a ‘mental model’ to help them deal with the situation.³,⁴ There is often a disconnection between all the pilot knows, and all there is to know, from the instruments and from the co-pilot’s knowledge, as happened recently when a European Airbus stalled and plunged into the South Atlantic when the speed indicators froze.

A similar failure to appreciate what is really happening may arise in the operating theatre, when advice from the team, including the assistant, the anaesthetist, the scrub nurse and even the medical student need be factored in, and can sometimes help to avoid a fatal error being made. An operation with ‘unusual anatomy’ suggests that a surgeon may be in the wrong plane or place.

MEDICATION ERRORS

These can easily be made, sometimes with disastrous consequences. The incorrect dose of insulin, morphine or chemotherapy, unchecked local anaesthetic injections and giving antibiotics to allergic patients can all be lethal; and doctors’ handwriting is not always clear. The wrong patient may be prescribed the wrong medication. A mistake of omission rather than commission is to fail

Box 1. The seven deadly sins of surgery

1. Poor communication
2. Misdiagnosis
3. Medication errors
4. Wrong site/side surgery
5. Serious untoward incidents
6. Conflicts with colleagues
7. Succumbing to stress

BLOG

Avoiding the seven deadly sins of surgery: do you have any views or personal experiences to share? www.trendsinmenshealth.com/blog
to stop the antiplatelet drug clopidogrel (Plavix) 10 days or more before surgery. A cross-checking mentality is paramount in the modern practice of medicine.

WRONG SITE/SIDE SURGERY
Removal of the wrong kidney, as happened in Wales, resulted in the demise of the patient and provoked a media storm. Careful checking of the records, making absolutely certain that this is the correct record of the correct patient, personally marking the side and site to be operated upon, and written, informed consent taken by the operating surgeon him- or herself should prevent a recurrence of this scenario. With the arrival of the Picture Archiving and Communications System (PACS) in most operating theatres, there is now no excuse for not having the images in front of you at all times.

SERIOUS UNTOWARD INCIDENTS
The manner in which a serious untoward incident is dealt with can have long-term emotional, professional and financial consequences, for both patient and doctor. Most patients are aware that accidents can and do happen and that no doctor comes to work intending to harm a patient. A sympathetically delivered apology, with a frank and honest explanation of the circumstances and their consequences in terms of morbidity is vital. A genuine declaration that the episode will be investigated and analysed and the ‘lessons will be learned’, not just by the individual involved, but by the entire team, and the institution, never goes amiss. If the media do begin to take an unwelcome interest in the case, it is vital to have one well-informed spokesperson to give concise, honest information and not to allow individual members of the team to speak to journalists ad hoc and give ‘their side of the story’.

CONFLICTS WITH COLLEAGUES
Surgery is a highly competitive specialty, and many surgeons have alpha-1 type personalities. Not surprisingly, therefore, interpersonal rivalries develop and personality clashes occur. If these are not recognised and dealt with promptly they can impair the functioning of the entire team and define the atmosphere in the department. The negativity created can endanger patient care and make everyone’s working life unpleasant. Insight to recognise that there is a problem, followed by a meeting to bring these issues out into the open can frequently resolve the situation, often with surprising ease.

SUCCEMING TO STRESS
It goes without saying that surgery can be a stressful occupation, especially when things go wrong. Different people find different ways of dealing with this, but quite often it is internalised and the archetypal British ‘stiff upper lip’ maintained. The resulting inner turmoil can lead to strained relationships at home and interpersonal difficulties at work, with some resorting to alcohol, in more than healthy quantities, as a ‘stress-buster’. At work, a key maxim is always stay ‘in control’ and professional. Losing your temper with patients, managers or colleagues is potentially disastrous, and always regretted in the cool clear light of day.

A career in surgery can be very rewarding, but at times challenging and demoralising. The medical profession has a habit of focusing on the positive and brushing aside the negative. Society, however, is moving in the opposite direction, as ‘good news does not sell newspapers’. Being aware of the traps and hazards that lurk just beneath a misleadingly serene surface can help one steer clear of them. Remember, if a serious error does occur, considerable resilience and fortitude may be required to deal with the consequences. If the ‘seven deadly sins of surgery’ are to be avoided, one must never let one’s guard drop.

REFERENCES