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## SOFT EDGES

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### A Series of Misunderstandings — Chris Ellis

For a catastrophe to happen in medicine it is normally necessary for a series of misunderstandings to take place. We normally have several failsafe mechanisms that provide the patient and ourselves with protection. If mistakes are made in any section then they are usually picked up by one of the team of doctors, nurses, pharmacists, receptionists or the patients themselves. This has come about in attempts to reduce human error to a minimum. In medicine, said Professor JRA Mitchell of Nottingham University, the tragedies arise because doctors don't think, don't communicate clearly, can't be bothered or are ill and few problems arise because they don't know.

Thankfully even on those days when one can't be bothered or think, it often needs a further catalogue of missed timings, misunderstandings or missed opportunities for a tragedy to occur.

Last week a mother brought in her three week old baby which was still moderately jaundiced. I decided to send the baby in for a blood test. I ticked the box on the form opposite Bilirubin and put in the box under comments: TSB please.

The laboratory technician in the city medical centre took a heel prick sample and then saw the comment: TSB please. He wasn't sure what this meant so he phoned my rooms to find out. Unfortunately I was away that afternoon and thus was unable to tell him that it stood for Total Serum Bilirubin and was exactly the same as bilirubin. He then phoned a paediatrician who wasn't sure what it stood for either and thought it might be a request for thyroid function tests. The technician thus went back to the baby to take a larger specimen of blood from the arm. When the

needle was inserted the child screamed with pain, vomited and inhaled the vomit into her lungs. She had a respiratory arrest and possibly a cardiac arrest. Help was quickly summoned and the child was resuscitated and discharged from ICU three days later. I had nearly killed her with my pen.

There is an exercise that is always played after an accident or death called "What If". What if I hadn't asked for the investigation at all? What if I hadn't put in TSB? What if I had not been away? What if there had not been expert help at hand? It is an unplayable and unending game with too many variables. It can also be personalised into the game "If only I had . . ." with all its inherent guilt and self blame.

I went over in my mind each step of this episode from the beginning to its fortunate end. Everyone involved was working in the best interests of the baby, yet under retrospective analysis one could find fault with each step. I have come to the conclusion that much of what I do, although "correct" and in the best interest of the patient, can completely change complexion *if* something goes wrong. One of the great dimensions that has arisen in modern practice to me is this gap between what I do daily in a busy practice and its validity and vulnerability in the cold light of a court room.

I wouldn't have a leg to stand on for most of the day's work. Lack of time, distances, tiredness and forgetfulness are not taken into account. It's legless general practice yet it takes place at a run.

This episode with the baby is what I would call a near miss. Mortality and perinatal rates as well as morbidity

rates are hard tangible figures that are well recorded and analysed. Near misses get a sigh of relief. Perhaps we would be more objective and less defensive if we analysed our near miss rate as well. Near misses are probably commoner and contain just as many if not more avoidable mistakes than full disasters.

The most common misunderstandings occur when verbal errors take place. A young attractive woman presented herself one day at our surgery. She was Afrikaans speaking and unfortunately the doctor she consulted was not completely fluent in Afrikaans. He had grown up in Natal (where Queen Victoria's statue still stands in Loop Street) in a time when it was not well learnt. Politely he asked her to sit down which she did. He then enquired what the matter might be. She replied in Afrikaans that her "verhemelte" was troubling her. He wasn't quite sure what a verhemelte was but he thought it was something to do with the underworld. He therefore told her to get up on the bed and take her clothes off. He then left the room to fetch the gynaecological tray and she, dutiful to the respect that her nation hold their doctors, took off all her clothes and lay under the sheet.

After a few minutes of preparing his tray, the doctor was returning down the passage when he met a partner coming out of the next consulting room.

"I say, Peter, old boy" he asked "what's a verhemelte?"

"Oh," replied Peter "it's a palate".

History unfortunately does not relate how the rest of the consultation was conducted.