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The hidden pain of doctors who couldn't save a life

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In a profession where success means lives saved, and with a culture of heroic excellence, a death can be devastating – yet this is rarely spoken about.

Khoo See Meng

I recently chaired a virtual hospital grand round – a regular session where healthcare professionals take turns to share their knowledge, experiences and expert opinions with colleagues. What transpired left me strangely apprehensive about ever wanting to do such a task again.

It was not that the talk was anything contentious. Quite the opposite. Someone spoke up, in a genuine and powerfully personal way about something doctors don't often talk about: having a patient die, and how it affects us emotionally.

My colleague, with astonishing vulnerability, recounted how one night, she found herself – much like doctors do in a typical plot of a medical drama – in a crisis, having to make clinical decisions where the stakes could not be higher. But unlike a neat Netflix episode, the night did not conclude with a hero saving the day. The patient did not survive. The doctor did not live happily ever after.

She detailed her meeting with the family: "They wailed. All I could say was, 'I'm sorry, I'm so, so sorry'."

But it was when she went deeply into the effect this profound, yet often unspoken event, had on her psychologically, that we listeners to her ordeal were stymied. I was a seasoned chairperson for healthcare-related tasks, but I was lost for a way to wrap up something as raw as this, of her baring her soul.

She said: "That night, something fundamental about my world was shaken. Medicine is never the same again. I'm never the same again. I became a recluse."

"My emotion was unpredictable and incomprehensible even to myself. I'd go to great lengths to avoid certain situations and having to make certain decisions. And the rumination, yes, the torture of endless rumination."

"I shouldn't have gotten out of bed that morning. Colleagues noticed the change, but probably didn't know how to talk to me. Closer friends told me I needed professional help. I was reluctant. I'm not weak. I'm not one of those who can't take the heat of this job."

"I relented and saw a private psychiatrist. Did it help? I think so. Am I cured? I don't know."

A FLURRY OF ONSCREEN HEARTS

I pretended to take a sip from my empty coffee mug and waited for someone to say something.

As the silence grew louder, someone in the online audience floated a heart emoji onto the screen. This opened the safety valve – a gust of cathartic energy was released.

A flurry of red hearts flooded the screen, followed by an eruption of comments thanking the woman for her generosity in being vulnerable for the benefit of her colleagues.

We wished her well, went back to our work, and carried on with our lives.

I could not stop thinking about what was said that afternoon. Hospitals are complex microsystems where everyday work presents unexpected challenges, and sometimes, psychological harm.

While they are generally workplaces with a high sense of purpose, which draw the best from their people, they are also where, when mistakes and untoward occurrences take place, the consequences are unforgiving.

Qualities that make a good doctor are seemingly contradictory: a healthy dose of detachment, and a deep sense of care. How you optimally balance the two becomes a tightrope that many doctors struggle to walk.

HOW DO WE WALK OUT OF DEATH'S LONG SHADOW?

In a work context which celebrates excellence and commitment to good outcomes, where success means lives saved, it is difficult to find helpful the standard advice given after mistakes happen.

That advice is: accept responsibility, be appropriately self-critical, reflect on achieving better results in the future, but avoid paralysing rumination and crippling guilt.

The fact is, after a personally and professionally cataclysmic event such as a patient's death, we all walk out of its long shadow in our own way. Or we don't walk out at all.

What is universal is you are never the same again. How you see the profession, the world and yourself can never be the same again.

Given that the standard advice feels trite and condescending in the immediate aftermath, the only hope of solace for the raw emotion usually comes from the knowledge that you are not the only one this has happened to.

There are people in your midst, maybe even colleagues you look up to, who also found themselves in the same place, having to navigate the same treacherous terrain after an error, and they have managed to survive.

The signposts they leave behind on the same unwelcome journey are probably the only things you have for a sense of direction, when you are alone at your lowest. But unsurprisingly, in clinical medicine, with its culture of heroic excellence, such touchy-feely reflections of personal failure are rare, and attempts to invite such stories attract little participation.

Some units in hospitals have sessions intended to help young doctors process the emotional challenges after patient deaths and errors. These are generally thought of as being more appropriate for junior doctors and less relevant for seasoned practitioners, who are assumed – probably incorrectly – to be less susceptible to such morbidities. It is possible that the relative absence of such a support system to facilitate productive discussion on this difficult topic puts many in the system at risk of isolation.

For this reason, what my colleague did that afternoon was especially significant in changing the culture of how we view errors, bad outcomes and its victims.

WE WILL SURVIVE

Years ago, when I took over the training in internal medicine for the young doctors in the National University Health System (NUHS), I found a group of charismatic colleagues with a willingness to be self-disclosing, and started an online forum where we share reflections of our personal experiences in clinical medicine, including errors and bad outcomes.

What started out as a few senior doctors sharing their personal stories eventually evolved into a vibrant exchange between doctors of different generations, which we affectionately named "Our Sea of Stories". Years later, after I left the training programme, I spoke with some of my ex-students about what the sharing of these stories meant to us.

One said: "They touched on topics that people were not willing to talk about... mistakes and adverse outcomes. As the stories reached and influenced many of us in the programme, they contributed to an open and honest culture in our workplace."

The ex-student added: "I need to say this – I think of them as like last week's dinner: I don't remember exactly what I ate, but I'm convinced that I would not have survived till today without it."

What I should have said, but did not, at the end of my colleague's talk about losing a patient, was to reference that quote and say: "Thanks for sharing your dinner. Because of it, we will survive."

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