Out of Hours

First do no harm:

preparing for failure by practising failing safely

'First Do No Harm' is a series of 12 brief monthly articles with internet footnotes about harming and healing in general practice. Each instalment is based on one of the 12 RCGP competency domains, this month's being:

12. Fitness to practise: the doctor's awareness of when his/her own performance, conduct, or health, or that of others, may put patients at risk and the action taken to protect patients.[1]

'... one of my most important tasks is to protect my patients from undue medical interference and its ensuing inherent dangers.'[2]

INTRODUCTION

Doctors are constrained by societal expectations,[3] contractual obligations,[4,5] the GMC code of conduct,[6] the needs and wishes of patients,[4,5] responsibility for the public good,[4] and concern for the wellbeing of colleagues.[1] The emotivist patient and the utilitarian bureaucratic healthcare system cast the doctor as mediator in the consultation and as the accused in the subsequent enquiry; and the legal spotlight reveals for scrutiny not the truth, but its shadow.[7] Patients assume us to be medically competent and judge us primarily upon personal, rather than medical, grounds:[8] their estimate, for instance, of the degree to which decision making is shared is based not on our skill in shared decision making but on our generic interpersonal skills[9] — and often, therefore, on our personality. It can be hard to please the punter. Consulting is demanding work and to avoid burnout it's sometimes a professional veneer that protects and preserves our humanity.[10]

HARMING

Letting down colleagues, being late, over-indulging, overlooking these failings in others. Letting down family, working late, under-indulging, encouraging these faults in others. Exhibiting without moderation any of the big five personality traits: Openness, Conscientiousness, Extroversion, Agreeableness, Neuroticism. Dehumanising and being dehumanised, patients becoming sub-humans, and doctors automata.[11]

HEALING

Balancing personal needs and professional duties in ourselves and others.[1] Being clear about roles and responsibilities. Reconciling evidence, policy, and practice.[12] Basing feedback not on subjective interpretation but on objective description of specific behaviour.

ATTITUDE

Regarding professionalism not as a state of perfection but as a continuing process of renewal requiring us to recognise and rectify lapses and to forgive and accept forgiveness.

KNOWLEDGE

Variety, continuity of care, and work–leisure balance are the reasons most commonly cited by general practice specialist trainee applicants for interest in general practice.[13] Cognitive function is enhanced less by cognitive training and more by physical exercise combining movement, thought, and pleasure.[14,15] Happiness is enhanced by a sense of meaning, hope, and purpose and, most of all, by good personal relationships.

SKILLS

Preparing for failure by practising failing safely.[16] After adverse events, creating emotional distance and seeking explanations. Developing insight and self-acceptance (rather than self-esteem).[17] Digging not a lonely pit of shame but a communal well of shared learning from experience.[18] Finding and fostering something good in everyone. Keeping in touch with our personal feelings whatever our professional veneer.[19] Making time for family and friends. Looking after not only patients but also ourselves. Registering with a GP. Sleeping well.[20]

Wilfrid Treasure,
GP, Whalsay Health Centre, Symbister, Whalsay, Shetland.

DOI: 10.3399/bjgp13X667259

Supplementary information
The internet footnotes accompanying this article can be found at:
http://www.darmipc.net/first-do-no-harm-footnotes.html

ADDRESS FOR CORRESPONDENCE

Wilfrid Treasure
Whalsay Health Centre, Symbister, Whalsay, Shetland, ZE2 9AE, UK.
E-mail: doctorwilfridtreasure@gmail.com

REFERENCES

1. Royal College of General Practitioners. *WPBA competence framework: nMRCGP 12 Competency areas in detail*. http://www.rcgp.org.uk/gp-training-and- exams/mrcgp-workplace-based-assessment- wpba/wpba-competence-framework.aspx (accessed 12 Apr 2013).
2. Huygen FJA. *Family medicine: the medical life history of families*. London: Royal College of General Practitioners, 1990.
3. Cruess R, Cruess S. Expectations and obligations: professionalism and medicine's social contract with society. *Perspect Biol Med* 2008; **51(4):** 579–99.
4. Lawson N. *Machines, markets and morals: the new politics of a democratic NHS*. (NHS pamphlet). London: Compass, 2008.
5. Sieghart P. Professional ethics — for whose benefit? *J Med Ethics* 1982; **8(1):** 25–32.
6. General Medical Council. *Good medical practice*. GMC: London, 2013. http://www.gmc-uk.org/GMP_2013.pdf_51447599.pdf (accessed 12 Apr 2013).
7. Bagnold E. *The chalk garden*. New York, NY: Samuel French Inc, 1953.
8. Cromarty I. What do patients think about during their consultations? A qualitative study. *Br J Gen Pract* 1996; **46(410):** 525–528.
9. Ford S, Schofield T, Hope T. Observing decision-making in the general practice consultation: who makes which decisions? *Health Expect* 2006; **9(2):** 130–137.
10. Treasure W. *Diagnosis and risk management in primary care: words that count, numbers that speak*. Oxford: Radcliffe Publishing, 2011.
11. Haslam N. Dehumanization: an integrative review. *Pers Soc Psychol Rev* 2006; **10(3):** 252–264.
12. Nutley S, Davies H, Walter I. *Evidence based policy and practice: cross sector lessons from the UK*. University of St Andrews: Research Unit for Research Utilisation, University of St Andrews, 2002.
13. Irish B, Lake J. When and why do doctors decide to become general practitioners? Implications for recruitment into UK general practice specialty training. *Educ Prim Care* 2011; **22(1):** 20–24.
14. Hackley D. Coach your cortex. *The Psychologist* 2011; **24(8):** 586–589.
15. Jeste DV. Promoting successful ageing through integrated care. *BMJ* 2011; **343:** d6808.
16. MacLeod D. *9 Out of 10 climbers make the same mistakes: navigation through the maze of advice for the self-coached climber*. Ardlarach, Scotland: Rare Breed Productions, 2009.
17. Dryden W. *10 steps to positive living*. New Delhi: Orient Paperbacks, 2005.
18. Davidoff F. Shame: the elephant in the room. *Qual Saf Health Care* 2002; **11(1):** 2–3.
19. Wilke G, Freeman S. *How to be a good enough GP: surviving and thriving in the new primary care organisations*. Oxford: Radcliffe Publishing, 2001.
20. McKenna P. *I can make you sleep*. London: Bantam Press, 2009.