

The Great Chief Resident in the Sky

By ERIC J. CASSELL M.D.

"Forgive and Remember," by Charles Bosk, is a book about errors in the practice of surgery. The author, a sociologist, spent 18 months with the surgical service of a major American teaching hospital. He lived and worked with the interns, residents and attending surgeons, and studied the ways that surgeons recognize and punish medical mistakes. Dr. Bosk's account of how these physicians think about the problem of error is extremely accurate, and applies in general to nonsurgical as

The Bookshelf

"Forgive and Remember"

By Charles L. Bosk. University of Chicago Press. 248 pages. \$15.

well as surgical specialties. His book is of special interest now, at a time when private citizens and public authorities are growing increasingly concerned about how to control medical costs and medical mistakes.

Dr. Bosk divides medical errors into three categories: technical, judgmental and normative. Technical error is a failure of skills—a tube put into place incorrectly or a wrong dose of medication ordered. Judgmental errors are mistakes in decisionmaking about treatment strategies, mistakes that are revealed by unsatisfactory clinical results. Normative errors occur when doctors fail to act conscientiously or fail to do what is required of them. Normative errors are moral failures—failures to do what a good physician ought to do.

Dr. Bosk's major finding—a finding which seems to surprise sociologists, though it is entirely accurate as far as physicians are concerned—is that technical or judgmental errors can be excused in interns or residents, but moral errors are inexcusable.

If you want to understand medicine and physicians, it is very important to understand this point. A technical mistake is forgivable; but a technical error that is concealed, no matter how minor, becomes a moral error and is considered a major one, because a physician *must* learn to admit his mistakes. An error in judgment is forgivable; but an error in judgment that occurs in the same manner more than once is a moral error, because a physician *must* learn not to make the same mistake twice. Mistakes that some might consider minor

—errors in patient care that come from a doctor's fighting with other staff members, or from his fatigue—are considered important moral errors, because a patient must not be forced to pay for a doctor's temper or lack of sleep. These are not simply abstract principles, but conclusions based on Dr. Bosk's description of a surgical training program operating in the real world.

Why are technical errors and even some judgmental errors excused while the moral errors are more severely punished? First because the major problem facing physicians is that their knowledge (both theirs personally and medicine's in general) is always inadequate and uncertainty about the best action to take is always present. We understand that any person can—and will—make a mistake. Moreover, unless you were there, you cannot always be sure a doctor actually made an error. Sometimes what in retrospect looks like it was the wrong dose of the wrong drug really was the best choice at the time it was prescribed; it just happened not to work. Sometimes letting a patient delay a crucial decision until he is sure it is best for him is good medicine—if you do not wait too long.

There is no way to regulate medicine or surgery on the basis of catching every error or making rules for every step; it simply will not work. The only way to cope with the problems raised by inadequate knowledge and uncertainty is to build, in each physician, a specifically medical conscience. Such moral training is one of the functions of internships and residencies.

Second, even apart from problems of knowledge, medicine is a moral profession—a moral-technical profession, if you wish, but primarily moral—in the very basic sense that it has to do with the welfare of individuals. Many of the lessons a young doctor must learn are moral lessons: how to decide which patient comes first when all need his time, how to decide when it is all right to go home from the work that can never really be finished. Moral lessons are learned best under pressure; this is one of the reasons why interns and residents work so hard. When the training has been well done, even a fifty-year-old doctor will get back out of bed at night to do what he has let lapse, because he can still hear the voice of the great chief resident in the sky.

The rise in malpractice suits, institutional review boards and the like is a sign that people want more outside regulatory control exercised over medicine. But too much regulation may have a negative effect. It begins to undermine the moral

rules, the conscience by which physicians regulate themselves. A physician's conscience is not formed for all time while he or she is a house officer in training; it is rebuilt, through reinforcement, every day. But constant litigation and overregulation can supersede the conscience, making it seem unnecessary.

Also, regulation has unintended consequences. Malpractice suits and freedom of information laws and regulations about what symptoms a patient must display to be permitted to use a hospital bed have all made doctors extremely wary about what they put down in writing on patients' medical records. The records, which used to be a powerful tool in research on diseases, become useless because they can no longer be trusted.

It is clear that physicians cannot be a law unto themselves. But it is equally clear, as Dr. Bosk's book illustrates, that moral problems cannot be solved by the technical fix of yet another written regulation. The moral constraints on the profession will continue to be at least as powerful as legal ones in governing doctors' behavior, and moral constraints are more trustworthy. Policymakers should take care that in strengthening the one they don't weaken the other.

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