These things matter: Medical complications are not inevitable, a physician writes

On the phone, Ilana Yurkiewicz, MD, listened as a doctor she didn’t know relayed her father’s status: the code lasted 20 minutes, nine electric shocks were administered, six ribs were broken, and, most importantly, he was alive.

The conversation thrust Yurkiewicz, who is currently a Stanford fellow in hematology and oncology, into a new role: that of a patient’s daughter, observing the medical system through a new lens. And through the hospitalization of her father — who suffered a cardiac arrest followed by a string of complications — she came away with a meaningful lesson, which she shares in a recent essay in Health Affairs:

My father’s illness showed me a pervasive, often subconscious, attitude toward complications in critically ill patients: that ‘these things happen.’ I began to wonder if we could reframe that approach.

Yurkiewicz realized that seemingly minor errors, or choices, are the source of significant medical complications. She writes:

There, at my dad’s bedside nearly twenty-four hours a day, I saw a narrative I often missed as a physician. I was able to see how small decisions spiraled out of control and how others were reined in. I was able to see a list of complications as not random, not inevitable, but rather as a series of downstream effects that unfolded from individual
For her father, accidental oversedation and a resident’s omission of an order for water with a feeding tube were more than just medical missteps, Yurkiewicz realized. They represented the pervasive reactionary rather than preventative attitude toward patient complications. She writes:

We often accept complications in medicine as par for the course. As a doctor, I’ve seen – and been complicit in – the treatment of a patient’s presenting problem while letting what seem like details slip. When complications happen, they happen, and we deal with them.

In order to reduce medical errors, she calls for holistic improvements to the health care system, including those that support doctors. “For many of the suboptimal decisions in my father’s care, one could imagine system improvements that could have lessened the likelihood of a complication ensuing. Couldn’t the electronic order for tube feeds include free water by default, for instance, instead of relying on a resident to manually enter the order each time? Couldn’t there be a lockout when a patient received a cumulative dose of sedation deemed too high for their characteristics?”

When she returned to work, Yurkiewicz found herself back in the routine. As complications arose, she reacted. But then, after months of thinking, “these things happen,” she came to a realization that would affect every future decision she made as a doctor.

One day I changed one word: these things matter. No task is trivial, I told myself. No detail is too small. I found that this change in approach did not overwhelm or dispirit me. Instead, it empowered me.

Fortunately, her father is now doing well, Yurkiewicz reports.
in the piece, which is well worth a read in its entirety.

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