Arno Timmermans, General practitioner

'To this day, I still feel that I failed to save their daughter's life'

'I DON'T LIKE THE WORD 'INCIDENT'. IT TENDS TO TRIVIALISE THINGS, AS IF SOMETHING HAS BEEN GIVEN A PASSING THOUGHT, ONLY TO BE DISMISSED SO THAT THINGS CAN RETURN TO NORMAL. WHEN SOMETHING GOES WRONG OR TURNS OUT OTHER THAN EXPECTED, IT CAN BE A DRAMA, A CATASTROPHE, CERTAINLY FOR THE PATIENT AND THEIR FAMILY, BUT ALSO FOR THE DOCTOR INVOLVED. IT IS SOMETHING THAT STAYS WITH YOU FOR THE REST OF YOUR LIFE; AT LEAST THAT'S HOW IT AFFECTED ME.'

Arno Timmermans has been working for 23 years as a general practitioner in Almere in the Netherlands. He is currently president of the Dutch College of General Practitioners (NHG), but continues to practice as a GP one day a week.

'I was on a house call to see a healthy young patient in her twenties that I had not seen before. She had a fever, muscle pain and weakness. I examined her and found nothing more than a bad case of flu. A few days later, she still hadn't improved so I went back to see her, and, once again, I diagnosed her symptoms as influenza. The patient's mother, however, had serious concerns and asked if I would come back again the next day, which I did, despite my busy schedule. It is a well-known fact that you should always listen to a mother's instinct. The next day, however, her daughter was feeling a little better. I examined her again and although she still had a fever, I could not find any other abnormalities. What she did say was that she was having trouble with her arm; she could not move it properly and was experiencing some numbness. She told me this almost as an afterthought, and so I assumed that she had been lying in a position that had temporarily blocked some of the nerve signals to her arm. It was a hasty conclusion that would have profound implications.'

No Alarm Bells

'The next day I received a telephone call from my colleague at the practice. He had paid a visit to my patient and had admitted her to hospital because her symptoms had worsened. She was monitored for some time in accident and emergency. As she was being taken to the x-ray department, a neurologist noticed her condition and immediately requested a CT scan. It turned out she had meningitis. I drove to the hospital that evening. Obviously the thought sprang to mind that I had misjudged the situation, and, as I talked to the neurologist, I realised that I had indeed been negligent. The paralysis in her arm was from the shoulder down and I should have known that a problem that started in the shoulder could not have been the result of lying in the wrong position. The symptoms of the paralysis

should have raised alarm bells. I should, at the very least, have realised that her symptoms warranted further examination by a neurologist. I had succumbed to that well-known pitfall whereby doctors tend to look for explanations and symptoms that confirm their own hypotheses. The patient had said she was alright, that she was already feeling a bit better. She was young and strong, so I didn't immediately assume she might have a serious condition. I began to concentrate more on things that would confirm my suspicion that nothing was wrong. When you do this, it is easy to lose sight of other issues that could contradict that suspicion.'

A Crucial Role

'The patient was transferred to an intensive care unit at another hospital. There I spoke to her parents that evening. I did not know them; they were not patients of mine. They were terribly worried, had many questions and were, of course, afraid. While I was with them, the parents were informed that the doctors could do nothing more for their daughter; it was a question of waiting and hoping that she would recover on her own. However, she didn't and died that same night. Something like that takes a heavy toll, even now, thirteen years later. The girl's parents were despondent and angry; not so much with me, but with the entire situation, which is completely understandable. I did not know what to do with myself, I felt incredibly uncomfortable, so I called the parents' general practitioner to tell him what had happened. In my opinion, the GP played a crucial role. He went to see the parents that same evening and offered both practical and emotional support. He was there for them the next day too. He also kept in touch with me so that I would know how they were coping. It was good to know that he was supporting them; I would like to have been the one to help, but it was not my place at the time, nor was it perhaps appropriate, given the circumstances.'

Embarrassment

'I told the GP that I was willing to talk to the parents if they felt the need. I knew I had to face them, and it was important that I found a way to put things into perspective. It was important for the parents too; they had a right to know what had happened to their daughter, it was their nightmare. The parents' GP arranged for us to meet and I greatly appreciated his mediation. I was able to tell them openly and honestly what I thought, how I felt and what I had done. I was shaken and told them that things might well have turned out differently had I assessed the situation correctly, although one can never be sure. The remarkable thing was that the parents consoled me, telling me not to take it personally; after all, I had done my best hadn't I? This made me feel extremely awkward. They had lost their daughter and I had failed to save her; that is how it feels to this day. The day after I had spoken to the parents, the GP paid them visit to see how they were and to ask how they felt the meeting had gone. They felt positive about it, which granted me some peace of mind, although obviously you can never forget something like that.'

Support from Colleagues

'I am still grateful to the parents' GP for the role he played. He supported all of us, not only the parents, but me too. I also discussed the catastrophe at the locum group meeting that we held every week. Being able to rely on the support of my colleagues was wonderful. I don't regard that as a matter of luck; it has more to do with the way you collaborate with direct and indirect colleagues, the way you treat each other and communicate. If you are open with each other, it is easier to ask for and to receive support from others in the event of a catastrophe. It has a lot to do with your own attitude; it is important to create an environment in which it is normal to discuss your mistakes and the effect they have on you. If you are not prepared to make mistakes, you should not become a doctor, and certainly not a general practitioner. GPs base their diagnoses on probability, which means that mistakes are sometimes made, there is no getting away from the fact. Fortunately, in most cases, there is opportunity enough to rectify the mistakes, and those opportunities can be put to better use if you have the support of a group of colleagues.

This catastrophe has made me more aware of the danger involved in allowing yourself to be guided, particularly when you are under pressure, by the patient's own perception. I have since always tried to take more time for consultations, and, as far as possible, to ignore or exclude the external factors that so often influence your work, such as telephone calls and tiredness. Obviously you can't always control external factors, but I have become better at recognising them and more aware of the dangers they can pose. It has made me more alert.'