

Gert Siemons, General practitioner (non-practicing)

'The uncertainty as to whether I did the right thing still exists, even after all these years'

'COULD HIS DEATH HAVE BEEN PREVENTED? DID I REALLY CHECK THE PATIENT PROPERLY? DID I ASSESS THE SITUATION CORRECTLY? WOULD THINGS HAVE TURNED OUT DIFFERENTLY IF I HAD LISTENED TO MY INTUITION? I HAVE ASKED MYSELF THESE QUESTIONS THOUSANDS OF TIMES. EVEN NOW, THIRTY YEARS LATER, THOSE DOUBTS STILL NAG ME.'

Gert Siemons worked in Heerlen as a general practitioner between 1976 and 1986. He subsequently worked as a regional inspector for the Dutch Healthcare Inspectorate where much of his work involved incidents in healthcare. He then spent twelve years fulfilling various management positions for the pharmaceutical company Organon. Since November 2008, he has been chair of the CBO (Dutch Institute for Healthcare Improvement).

'I was working on call when one evening a patient called me, a woman I did not know. Her husband, who was in his fifties, was experiencing chest pain. She sounded worried on the phone and I went to pay them a house call. The woman was waiting for me outside. She was very anxious, but her husband told me a little later that the pain had subsided; his wife had been worrying unnecessarily and, as far as he was concerned, there was no cause for concern. Given the fact that the man was not in pain at that moment, and his blood pressure and heart rhythm were normal, I assumed a diagnosis of angina pectoris. However, just to be on the safe side, I left him with a tablet for under the tongue and explained that if the pain did not subside completely, or if it returned, they were to call me immediately. Although everything seemed to be in order, I had an uneasy feeling. An hour later, the woman called back to say that her husband had once again become unwell. He was already dead when I arrived.'

UNEASY

'It was very distressing, for the man's wife, of course, but also for me. I had not seen it coming and I felt utterly wretched. With my legs shaking, I did what had to be done. I called the undertaker and asked the priest to come, and stayed with the woman. And all the time I was haunted by questions: What went wrong? What did I do wrong? I had taken the man's symptoms seriously, carefully assessing the drop in blood pressure and changes in heart rhythm. They were fine at the time. We didn't yet have mobile equipment to make ECGs at home, but what I did was in line with normal practice. I did allow myself to be guided by the patient though, by his own dissimulation. He had made light of his symptoms, unlike his wife, who told me she had never seen her husband like that before. She didn't appear to be the overanxious, hysterical type you sometimes come across. On the contrary, she was simply very worried. I did not take adequate heed of her concerns, while under circumstances like these you should also consider all those

in the patient's primary support situation. This was something I immediately felt guilty about. Might things have turned out differently if I had listened better? And if I had taken my own uneasy feeling seriously? If I had admitted the man to hospital, he would at least have had a better chance of survival. Had I, medically and strictly speaking, acted incorrectly? Would she place any blame on me? The hardest thing at times like these is that you are on your own. You have your own doubts and emotions, but obviously you cannot share these with someone who has just lost a loved one.

Fortunately, at the time, I and several other practices had formed a Balint Group in which we discussed difficult aspects of our work once a month. I discussed this incident with the group, and we considered all the questions it had raised. We went through every step I had made with a fine tooth comb, asking ourselves how much power you really have as a doctor. The group provided me with a sounding board, which helped me enormously in dealing with what had happened. I was not alone, despite having felt that way at first. I think that the impact of the incident would have been greater if I had not had that group of colleagues. Nevertheless, I remember it as if it were yesterday and the uncertainty as to whether I did the right thing at the time still exists, even after all these years.'

SIMPLE IGNORANCE

'It is different if your actions involve an obvious mistake. Unfortunately, that also happened to me. A year before I started my GP training, I was working as a locum at a general practice. One of my patients was a boy with condylomata acuminata. I had never even seen genital warts before, let alone treated them. What I had done during my training, however, was to make a list of 'what to use for...'. I found a note indicating that genital warts should be treated by applying one percent podophyllin in collodium elasticum. I wrote out a prescription and sent the patient home with it. Two days later I received a phone call from a plastic surgeon. The boy had been admitted to hospital with a serious infection of the skin on and around the penis. I went to the hospital immediately where the plastic surgeon explained to me in detail all that I had done wrong. I should have first protected the area around the genital warts with Vaseline and then very carefully dabbed the tips of the warts using a cotton bud stick that had been dipped in the collodium elasticum.

It was simple ignorance, and a situation that obviously should not have been allowed to occur. On the other hand, you learn from your mistakes; you never make the same mistake twice. And although it is with some embarrassment that I tell people about this incident, I have been able to put it into perspective. What also helped is that the boy and his parents were forgiving. It could just as easily have ended up with a claim or disciplinary action being taken, that much is certain. Fortunately, that didn't happen.

Being able to communicate about your own mistakes and the way in which you deal with them makes a big difference to patients. That is something I experienced

as a general practitioner and later as an inspector for the Health Inspectorate. People are far more likely to be forgiving if you are open and honest about what went wrong and what your role was, however difficult that might be. Fortunately, doctors these days are more open than they used to be, and I come across far less silence and arrogance than I used to. A reticent, arrogant attitude is the worst thing you can have when something has gone wrong. There should be far more openness these days among doctors about their mistakes, be they minor, major or potentially catastrophic in nature. That helps doctors to cope after an incident. Moreover, colleagues can learn from your mistakes and that makes healthcare safer.'

ANGER

'These incidents have made me more aware of my own intuition, and taught me not to be distracted by other people's emotions. A good example of this is a man who called me one night when I was on call. He insisted that I went round immediately because his wife was very ill. They had just come back from Switzerland and the doctor there had said she should call her doctor straight away. I asked for more information, but as soon as I asked the first question, he hung up on me angrily, shouting 'If you're going to be like that, forget it.' I felt uneasy about the situation and got straight in the car. The woman turned out to have severe stomatitis and was having difficulty breathing. The Swiss doctor had given them a letter in which he said that he suspected acute leukaemia. He had advised the man and his wife to return to the Netherlands because a hospital admission in Switzerland would involve certain consequences. I admitted her immediately. She died three days later.

I had been tempted not to make the visit due to the anger with which the man spoke to me on the telephone. Just someone with a short fuse, I thought. In retrospect, I am glad I wasn't put off by the man's anger; he had simply been afraid. There was never a conflict between us, but that might not have been the case if I hadn't made the house call. That certainly got me thinking.'

NOT ALONE

'But the most important lesson I learnt in ten years of general practice and ten years working for the Health Inspectorate is that as a doctor, cooperation with your colleagues is essential, and that goes for GPs too. Ask for help, don't be afraid to show your vulnerability, and be prepared to take a critical look at your actions, at all times. Doctors have a tendency to want to solve their own problems. That is no longer necessary; in fact it is no longer possible. Colleagues not only provide you with a sounding board, they keep you alert. I was lucky that we had the Balint Group at the time; it helped me become a better GP.'