
Field Notes | FALL 2016

Semantics in the Elevator

By Philip Berry

When they told us we would have to say sorry, I didn't mind. I've been doing it all my life, and it comes naturally. I don't mind saying sorry if I've done something wrong.

After a healthcare scandal in England which revealed instances of lethally poor care, a lack of transparency and accountability, and numerous acts of simple unkindness, our government made a new law - patients must be informed promptly of any medical error that has caused them significant harm. The notification should include an apology, backed up by a commitment to repeat this in writing. This is the 'Duty of Candour'. So simple in the reading; so complex in the doing.

"I'm sorry." I rehearsed it in the mirrored elevator a little while ago. Because this morning I had a complication.

Exactly what sort of 'sorry' are you preparing to say, I asked myself.

Sorry I accidentally perforated your large intestine. Yes, I am sorry. I wish I hadn't. It has caused you pain and trouble (though I recognised it swiftly, and the surgeon I called had you mended barely four hours later). I am sorry that, on this occasion, I appear to have misjudged

the tolerance of your bowel lining while I pushed the camera around a corner. And when I say 'on this occasion', I mean it. This has not happened to me before. I am good at what I do. I am gentle and rarely make mistakes. Today, I did what I always do... nothing different. But for you of course, it was the only time.

So when I say I am sorry I mean I am sorry for your situation – which is bad - but I am not really apologising for having done something 'wrong'. Yes, clearly something went wrong - but I do wonder, perhaps, if your bowel was uncommonly tight or tethered on the corner. Not your fault, obviously, we are all made the way we are made. But maybe not all mine either. Perhaps it would have happened whoever did the procedure. There is a statistical risk to these procedures. We discussed it, when you signed the consent form.

It's not a blame game you see. I want to mention that, somehow, because by saying sorry I don't want to make it sound as though you have a case against me, should you be so minded. It's not an admission of fault. Yes, in terms of cause and effect the fault has to be mine, as the sole operator, but I can easily refer to my statistics, my record, my training log... to prove that I am no cowboy, no dodgy outlier.

The elevator is slowing. Face it, I am overly concerned with myself. This is about your welfare, not mine. You are the one with four new laparoscopy port wounds on your abdomen. So I will come out and say it...

But will I *mean* it? Will I feel remorse? Does apology require remorse? Does 'sorry' require

'sorrow'? Sorrow... that sounds like an emotion too far; nobody died. So remorse – okay, possibly. But clearly, I am not remorseful. So when I say sorry I might sound a bit robotic. No, I am too good a communicator (actor?) to allow that. I will use all my skills. She will believe I am sincere.

Sincerity - that slippery beast. Strangely, I have noticed that genuine emotional responses build within me during difficult conversations, when I am faced with a patient and can see the effect of misfortune on their life - the family photo, the illiterate but charming get well card from grand-daughter or son - rather than away from the bed, where I think about it only in the abstract. So there is a chance I might go dewy-eyed by the bed-side, get sucked into a little vortex of regret, and ask for forgiveness. I will be sincere, when I face her.

Got away with it. Was a bit clever actually. I explained what happened, made it very clear that the tear must have occurred while I was negotiating a tight bend ('you remember, perhaps, I mentioned that this sometimes happens... one in several thousand cases') and then described how her pain made me suspicious after the procedure, how I requested a priority CT scan, chased the result and called the surgeon who responded brilliantly. The way I told it, the whole sequence was an example of exemplary emergency management.

Then, wrapping it up, I said, "And I am very sorry this happened to you, I really am..." She did not hear my deflection, into the passive, the neutral, the whatever an expert in grammar would use to explain how I de-personalised it, de-linked the incident, the harm, from myself. "...sorry this happened..." Call it word-play, call it sloped shoulders, something stopped me saying "I am sorry I did this to you."

I don't like myself for it. I feel like I just ticked a box to adhere to a law. The funny thing is, she was so understanding, and so sympathetic to my situation, so caring in fact - she, the injured one - that my eyes did water, in gratitude, to her.

Philip Berry is a consultant gastroenterologist based in London, UK. He writes regularly on medical ethics, patient-physician relationships, end of life care and the challenge of providing compassionate care.

© 2016 *Intima: A Journal of Narrative Medicine*