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Article:

Morrell, M., Sabroe, I. and Millard, C. (2024) Hilfiker in perspective. Mayo Clinic Proceedings, 99 (2). pp. 203-205. ISSN: 0025-6196

<https://doi.org/10.1016/j.mayocp.2023.09.023>

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Hilfiker in Perspective

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Financial support and conflicts of interest:

MM received a student bursary from the University of Sheffield. The authors have no conflicts of interest to declare.

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Medical error remains a troubling and complex issue. Just under 40 years ago, David Hilfiker provided ground-breaking descriptions of clinician error in a landmark article in a leading medical journal, ‘Facing our Mistakes’¹ and subsequent book *Healing the Wounds*.² Hilfiker reflected upon his medical mistakes and his inability to cope with their emotional consequences. Against the historical backdrop of a culture of silence and denial around error, Hilfiker’s pioneering ‘error confession’ has since been regarded as a keystone of error discourse. Here, we look again at this seminal work, reflect on how it shaped the development of debate and policy on clinician error, transparency, personal and systems responsibility, and pay tribute to it for opening up a discourse that will always remain vital.

Hilfiker’s work focused almost exclusively on the individual experience of error, and the importance of open error confession. His framing was hugely influential in granting permission for individuals to discuss and heal from their mistakes. However, this tight focus on physician wellbeing did not encompass the patient experience in detail, or concede much relevance for systems or working environments in error.

Hilfiker had a Christian upbringing and faith that profoundly influenced him. His ideals drove many of his decisions, including his choice to work in medicine and be of service to others, despite being more interested in “responding to people in totality” than medicine.³ Hilfiker’s relationship with faith was intertwined with his professional life, and his internal conflicts with Christianity may have paralleled the challenges he faced in medicine. Like many of us, Hilfiker experienced burnout and depression, and was deeply impacted by the stresses and expectations of healthcare.¹⁻³ Ultimately, Hilfiker would leave the profession, reflecting that “the pain became too much”.²

Within Hilfiker’s error writings, he observed that mistakes were treated like “sins”, and considered error analysis “inadequate” if it did not acknowledge “the emotional and spiritual

experience of events”.¹⁻² Additionally, Hilfiker highlighted the lack of space for physicians to “deal with their errors in a psychologically healthy fashion”.¹ Hilfiker’s reflections on coping with error also suggested that “perhaps the only adequate avenue ... is spiritual”,¹ with the sole solution for guilt being “confession, restitution, and absolution.”¹⁻²

Hilfiker’s individualised frame-of-reference came at the expense of systemic considerations. While Hilfiker did acknowledge the system’s role in compounding the issues he faced, describing pressures that are “structured into the very fabric of medicine”,² they were ultimately inconsequential in his focus on physician responses to error. Hilfiker wrote “we either deny the misfortune altogether or blame the patient [...] the system [...] anything to avoid our own guilt.”² In calling for permission for physicians to “bring mistakes out of the closet”,¹ Hilfiker focused on the individual, rather than the requirement for safe systems and safe working environments to minimise error occurrence. This specific and pioneering personal frame-of-reference was an essential building block in the creation of more transparent error reporting, but naturally had consequences on the error landscape.

Hilfiker’s work was immediately impactful in the late 20th-century through the attention it brought to the impact of error on the physician. For clinicians at that time, this personal unburdening was sometimes uncomfortable, yet generated thoughtful reflections around how and whether these stories should be described and published, and the deep value of his work.⁴ Overall, Hilfiker’s work received a broadly positive reception and was praised for striking “a chord so deep and so entwined in the psyche of the physician that the mere presentation of the problem gave hope of its future exploration.”⁵ It exposed the urgent need to discuss physician experiences of error, and situated Hilfiker as the pioneer.

The early developments that followed Hilfiker’s work were perhaps best summarised by Goldberg et al,⁶ who claimed his writing challenged the medical field to “find healthy ways

to deal with our errors and their consequences...”. Hilfiker has been credited with initiating a tradition of voluntary error confession⁷ whereby physicians have attempted to heal and learn from their mistakes with honest and personal accounts of the guilt and shame that can inevitably follow when we cause harm despite our best intentions. Furthermore, Hilfiker’s work was followed by numerous academic publications that expanded upon his specific error conceptualisation of clinician experience.⁸⁻¹⁰ Hilfiker existed at the core of these discussions, both through direct citations of his ideas and indirect acknowledgements of the themes he presented. These ongoing works emphasised the emotional impact of error, though often overlooked underlying systems issues. To cope with the psychological pain of error, physicians were encouraged to accept responsibility, share their experiences with colleagues, and support peers who have erred. Initially absent from this discourse was the recognition of how health systems may permit error, and their responsibility in promoting safer conditions for patients and physicians alike. Despite the omission of these holistic concepts that today are considered essential, we see in these early developments a core thread extending from Hilfiker’s work that promoted true epistemic humility in the face of our mistakes. At a time when paternalistic practices and punitive approaches to error left considerations of physician distress largely untouched, Hilfiker demonstrated that when we make mistakes we must confront our shortcomings, explore our emotional responses, and prioritise our wellbeing in order to heal and grow.

Before the 21st century, Hilfiker’s work and its influence existed within a space that lacked sophisticated consideration of systems behaviours. However, the turn of the century witnessed a growing understanding of the system’s role in error, as introduced by Lucian Leape and subsequently popularised by the seminal report ‘*To Err is Human*’.¹¹⁻¹² This discourse encouraged the field to detach from punitive, physician-focused responses to error, and instead target the system.¹¹⁻¹² Crucially, Leape’s initial conceptualisation of this approach

highlighted Hilfiker as the flagbearer of the emotionally-driven discourse, utilising his work and subsequent research of others to claim that the traditional punitive error approach was ineffective, as individuals “have a great deal of difficulty in dealing with human error ...”.¹¹ Leape’s work helped catalyse a systems-driven, patient safety-oriented approach.

More recently, Hilfiker’s individual-centred approach was also developed in other directions, for example in Albert Wu’s ‘*Second Victim*’ conceptualisation of medical error which, during the predominant patient safety movement of the 21st-century, championed Hilfiker’s framework with the notion that the physician is also left wounded by their error alongside the patient.¹³

Thus, Hilfiker’s specific focus on the spiritual, psychological, and emotional aspects of mistake-making was transformative and revolutionary. Hilfiker was a key part of a movement that permitted us to discuss error and admit when we are wrong, and was especially important in allowing clinicians to consider their distress and shame. In a modern context where we greatly value the need to prevent errors by better systems, and where we should show honest candour with those who may experience harm, alongside recognition of their experiences, we must add these key concepts to our approach. Today, we see Hilfiker’s conceptualisation of error within broader discussions involving physician burnout, reminding us of the importance of showing compassion, understanding, and support in the face of difficult and stressful experiences. Nonetheless, we need to continue to recognise the shame that may be accompanied by error, and the persistent stigma still associated with error, which continues in the 21st Century to be accompanied by calls for honest telling of such personal stories.¹⁴

The effective integration of such approaches remains challenging; we struggle to uphold notions of physician well-being, and candour in response to human error, alongside an emphasis on systems and structured error analysis in the name of patient safety. Ultimately,

Hilfiker's work exists as part of an unfinished journey, towards epistemic humility in more aspects of practice. This is illustrated by the ongoing discourse in the UK around the proposed introduction of 'Martha's Rule,' a framework that would entitle patients and their families to a second senior opinion if they felt their concerns were being overlooked.¹⁵

Conclusion

Hilfiker's words remain timely and impactful. His words and concepts remind us of the costs to clinicians of error, and the profound need to support and care for those who have made mistakes – whilst never losing sight of the patient, and the need to continue to reform our systems. His searing honesty has lessons for us today, even as we see his words rooted in his beliefs and experiences.

Acknowledgements

The authors thank Dr. Lauren Barron of Baylor University for helpful discussions

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