

A PIECE OF MY MIND

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To Err Is Human, to Apologize Is Hard

"We don't blame you or anyone," my husband said over Zoom to our son's doctor.

We waited expectantly, as the stammering and uncomfortable shifting revealed a new side of this physician, someone we knew as a brilliant, thoughtful, and compassionate clinician, never lost between words.

"We do need all our son's doctors to look his suffering in the eye and acknowledge the role you played. To repair, we need everyone to apologize and learn from this horrible experience."

What followed was a long conversation—without an apology.

My 6-year-old son suffered for 5 months before we finally discovered that his agony was caused by a rare type of brain tumor. For all those dark months, the many physicians caring for him missed it completely. He was misdiagnosed at the start, the anchor thrown off our boat, tethering us to a spot off course lost in a sea of uncertainty and misdirection. For 150 nights and 150 days, we squinted through bleary eyes, swollen from tears and sleeplessness, and tried to find a way ashore. Our old lives, ordered and predictable, were shattered and drifting in the current. We paddled frantically not understanding why he wasn't improving until we finally—ragged and injured—pulled our family onto land by

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piecing together the data, eventually revealing his actual diagnosis. With truth, came direction.

The vertigo lifted as we started marching steadily, grounded by science, our boy's future as North. The errors made by physicians during those relentless days adrift cast a shadow of mistrust on our journey. In the immediate wake of his eventual diagnosis, we needed his physicians to take clear and unambiguous responsibility for their role in the painful experience so that we could begin healing and move forward together.

When we tried to open the door for repair with each of the doctors, we were most often met with a dance around an actual apology. They were shocked that "it has gone this way," as if they were passengers rather than the captain when the boat went off course. They rerouted the conversation to the bright side: "I am so glad you are finally on the right path," tucking away our pain before we were ready. Or they tried to write themselves out of the story, deflecting blame: "I thought you had said...?" suggesting that we may have distorted the

history. These nonapologies left us unmoored as patients, our own stories wrested from us and rewritten to shield the very people entrusted to protect us.

We empathize with our doctors at the same time that we are hurting as patients. We see ourselves in their weary eyes, as the laboratory results and portal messages pile up, pulsing in their consciousness while their children play in the background of a professional tsunami. The pandemic has ravaged what little is left of their boundaries as patients' needs have skyrocketed while the hours in the day remain fixed. We understand that they too are hampered by the shift from human encounters to a virtual reality where nuances are lost amidst weak signals and poor connections. We understand their—our—jobs are actually impossible, the demands too great. For these indignities of the medical profession, we share their frustration. As physician-patients, we identified with our doctors many times along the way, but when our son slipped through the cracks, we found ourselves across a chasm from the clinicians we had trusted. In the absence of an honest apology, there was no bridge across that divide, and we left these conversations feeling abandoned.

Among the many from whom we needed an apology, only one physician actually used the word "sorry" or "apologize": the primary care pediatrician who had known our son since his weight was measured in ounces. Our relationship developed its scaffolding through well and sick visits, over many years and developmental milestones. She had been a steady and secure source of reassurance leading to this difficult moment when she looked us directly in the eyes and said clearly and vulnerably,

"I am sorry. I failed you." She had studied his entire medical record, now printed in hard copy in front of her, so she could unravel the whole story for herself, taking note of each time she wished she had steered our journey differently. She brought unfettered humility to that conversation, reckoning with her own shortcomings. Her unguarded and authentic apology offered us renewal in our relationship. Her humanity—the same humanity that made her fallible in our son's care—is also what ultimately provided us with comfort as wounded patients. As physicians, we saw the rare courage it took for her to walk openly into this anguished moment, exposed to our judgment and allowing in the depths of our pain.

Medical errors leave a wake of trauma. For patients, this can be a mortal blow to their trust in the health care system. For clinicians, paralyzing fears of fraudulence may be validated. In medicine, we seek to combat endemic imposter syndrome by convincing each generation of physicians that they do belong because of their extraordinary skills and accomplishments. This narrative

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Section Editor: Preeti Malani, MD, MSJ, Associate Editor.

ensnares us in a trap: worthiness in this role is earned only by achievement and perfection. The truth is that our inevitable failures reflect not our fraudulence but our human fallibility. A deep cultural shift is needed in medicine to openly acknowledge and understand that imperfection is part of being human—no one knows everything, makes every diagnosis without delay, answers every patient message, or even delivers an apology just right. It is our humanity that makes us vulnerable to make mistakes and also empowers us to connect and heal.

“Sorry” slips out with ease each time we bump into someone in the grocery store or when we need to squeeze out of a bus. Among strangers when the stakes are low, “sorry” is easy. But in medicine, when apologies imply physicians’ deepest imperfections, the ones that may cause indelible suffering and cost lives, those apologies are hard. For physicians, in spite of focused education and training on apology, these moments can steal our breath and tie our tongues. But for patients like us who have suffered harm, it is in the apology

that we know a physician is truly with us as our story unfolds. We have someone who will leave ego aside and guide us to the other side of suffering.

Physicians can be better prepared to own their failures by training them to expect these moments as part of the job. Yes, we must try to prevent errors through careful systems improvement and years of dedicated study and meticulous practices. But mistakes will happen. And when we find ourselves in these terrifying moments, physicians must summon the compassion for ourselves and our patients to apologize honestly and sincerely for the harms caused. Much can be learned from the example of clinical leaders presenting their own morbidity and mortality cases, sharing their errors for colleagues and students to see that mistakes do not need to be shrouded in anonymity. We all falter, but if we are brave enough to admit our humanity, including our flaws, we may become secure enough to preserve trust and provide healing when it matters most.

Conflict of Interest Disclosures: None reported.

Acknowledgements: I thank my husband and our son’s pediatrician for allowing me to share our family’s story.