

Annie Hargrave looks at the issue of perfectionism in medicine

Be perfect therefore...

key points

Christian medics are in a double bind – part of a medical culture that says ‘No errors allowed’ and a Christian tradition that says ‘Be perfect therefore’.

Perfectionists focus on their shortcomings and failures, and easily burn out, trying to achieve unrealistic expectations. They cannot allow themselves the freedom to come to terms with themselves as they really are.

From clinical experience and from a consideration of Bible commentaries, the author argues that if we substitute ‘Be whole and fit for purpose...’ for ‘Be perfect...’ then Matthew 5:48 opens up a more humane challenge for living.

One of the most poignant moments of my professional life was when I met a nurse who was hugely experienced both in the west and in some of the poorest and most challenging parts of the world. She had worked hard to treat sick and deprived people and to promote healing, and she had passed on both her skills and her passion by training others. But now she was angry.

An unforgivable error?

She had been in charge of a man’s care but had missed a deterioration in his condition. Subsequently he had died. Having gone over and over it in her mind, she couldn’t forgive herself. She was angry with herself, blaming herself for his death and unable to imagine her nursing future. It was as if this mistake had wiped out her entire career. She refused to consider the possibility of the grace of acceptance, which, whilst not diminishing the gravity of her error, might restore her to nursing and help her come to terms with her human fallibility.

Medical mistakes

As a doctor as well as a human being, there will be occasions when you fall short. You may make an error of judgement; you might miss something, or maybe you will fail to do something you should do. Occasionally, your mistake may not be correctable. Accepting the fallibility of human nature is likely to

be a huge protective factor against bad practice. Seeking supportive colleagues and putting supportive structures in place can enhance good practice and keep you open to ongoing learning and development.

The Medical Protection Society has already written an excellent set of practical guidelines dealing with the issue of doctors in general making mistakes.¹ But what about *Christian* medics? Isn’t the pressure to be perfect even more intense for followers of the Great Physician?

Double bind

Christian medical personnel can find themselves in a double bind: you’re part of the ‘no errors allowed’ medical culture *and* your Christian tradition says ‘Be perfect therefore!’² Church preaching and teaching often suggest, sometimes explicitly, that Christians should be better than other people. Yet we know from experience that none of us is perfect. None of us lives without faults and mistakes. We are all sometimes driven by desires that we later regret. From a Christian understanding of human nature, we know that ‘If we claim to be without sin, we deceive ourselves and the truth is not in us’.³ So, how are we to live?

Unachievable perfection?

Amongst the many cries of delight greeting the recent birth of my new granddaughter was, ‘Oh,

she's perfect!' Of course, this doesn't mean that she won't make mistakes or that we expect her to be a saint. Rather, it means that we rejoice in her wholeness. She has everything she needs to have a go at life: her fingers with their little fingernails and her eyes opening and reacting to brightness.

The biblical commentators give a variety of interpretations of Matthew 5:48: 'Be perfect, therefore, as your heavenly father is perfect'. They are all agreed that moral perfection is impossible for human beings, and point out that this is assumed to be the case in the gospels. They also agree that the word translated as 'perfect' has a wide scope with strands of meaning encompassing 'wholeness' and 'fitness for purpose'. So, actually, its meaning is closer to our cry of delight over a new baby than the stern demand for unachievable Old Testament perfection which lives so doggedly in many people's consciences.

As a psychotherapist, I find this makes sense of the need we all have to understand that it is beyond our possibilities to live without error. Perfectionists weigh themselves down, focusing on their shortcomings and failures. They easily burn out, trying to achieve unrealistic expectations. And they cannot allow themselves the freedom to come to terms with themselves as they really are.

A more humane challenge

If we substitute 'Be whole and fit for purpose...' for 'Be perfect...' then Matthew 5:48 opens up a more humane challenge for living. It allows the possibility of accepting the inevitable messiness, pain and surprises we discover both around and within us. None of us can be everywhere at once or meet all the need and clamour of demand. This human limitation is known to God in the incarnate being of Christ. The gospels tell of Jesus' encounters with people, including those miracles we find so exciting and attractive. These miracles present an ideal of success, but they don't tell the stories of all the disappointed people who hoped in vain that Jesus might pass their way. Furthermore, the gospel accounts don't follow up those people who were involved in Jesus' miracles. Did that haemorrhaging woman relapse or did she die of something else?⁴ And how did the man called Legion cope with life in the community after Jesus delivered him of all those evil spirits?⁵

Be whole – Don't pretend, hide, shut things out or blame others inappropriately. Accept yourself and allow forgiveness and mercy to yourself as well as to others. Look after yourself, body, mind *and* spirit.

Be fit for purpose – this is the challenge to professionalism: be well trained, expanding your skills and applying yourself to the hard work involved so that you grow to be more and more 'fit for purpose'. It is also the challenge to the way we live our lives in every part: our prayer life, our friendships and families, our business dealings,

What about you?

The questions below are intended to help you think about your approach to your own human fallibility and how you face up to it in your medical career. Think about your *instinctive* responses to these questions. How do they compare with the 'correct' responses you feel you are sometimes expected to give? Why not log onto the online CMF discussion forum and share your instinctive reactions to these questions with others?⁶

1. What do you do when you notice someone else making a mistake?

- | | |
|--|---|
| <input type="checkbox"/> Cover up for them | <input type="checkbox"/> Reprimand them |
| <input type="checkbox"/> Offer to discuss how to make amends | <input type="checkbox"/> Try to diminish its significance |
| <input type="checkbox"/> Have nothing to do with it | <input type="checkbox"/> Ask them what went wrong |
| <input type="checkbox"/> Feel angry as it might reflect on you | <input type="checkbox"/> Encourage them to say sorry |

2. What do you do when you make a mistake?

- | | |
|---|--|
| <input type="checkbox"/> Try to hide it | <input type="checkbox"/> See if you can put it right |
| <input type="checkbox"/> Feel guilty about letting others down | <input type="checkbox"/> Find a way to say sorry |
| <input type="checkbox"/> Deny to yourself that it ever happened | <input type="checkbox"/> Beat yourself up |
| <input type="checkbox"/> Talk to someone about what went wrong | <input type="checkbox"/> Pretend it doesn't matter |

3. How do you think medical mistakes should be acted on?

- | | |
|--|---|
| <input type="checkbox"/> Kept to a minimum | <input type="checkbox"/> Eliminated |
| <input type="checkbox"/> Learned from | <input type="checkbox"/> Blamed on someone |
| <input type="checkbox"/> Kept from the patient | <input type="checkbox"/> Dealt with behind closed doors |
| <input type="checkbox"/> Ignored | <input type="checkbox"/> Appropriately acknowledged |
| <input type="checkbox"/> Apologised for | |

4. What do you do when a patient can no longer be helped by medicine?

- | | |
|---|---|
| <input type="checkbox"/> Lose interest | <input type="checkbox"/> Feel it's a failure |
| <input type="checkbox"/> Look round for good palliative options | <input type="checkbox"/> Feel you are a failure |
| <input type="checkbox"/> Talk it over with the patient and loved ones | <input type="checkbox"/> Turn away and leave it to others |
| <input type="checkbox"/> Pray | |

5. How do you feel when disturbed by an incident such as a preventable death, child's incurable illness or a relative's distress?

- | | |
|---|--|
| <input type="checkbox"/> It doesn't impact on you | <input type="checkbox"/> That it shouldn't affect you |
| <input type="checkbox"/> That you mustn't let your feelings show | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Overwhelmed | <input type="checkbox"/> Angry |
| <input type="checkbox"/> You will tell your feelings to someone who can understand them | <input type="checkbox"/> That you must take a brief time to compose yourself |

6. What have been the worst and best times in your medical career so far?

our compassion, our bodies, our 'whole'. So then, as the biblical commentators highlight, we will be 'fit for purpose' in the sense that we are in the best place to seek God.

This approach is not a cop-out! Aiming to be 'whole and fit for purpose' is a life long quest, but it can *incorporate* human fallibility rather than promote the doomed belief that error can be eliminated.

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Ensure your counsellor or psychotherapist is BACP accredited or equivalent.

further reading

- Doctors' Supportline 0870 765 0001 www.doctorsupport.org
- Cornerstone: Network of Christians Offering Professional Counselling and Psychotherapy www.cornerstonetherapy.org.uk
- British Association for Counselling and Psychotherapy (BACP) www.bacp.co.uk

references

1. Anthony S. *Forgiving fallibility. Medical Protection Casebook* 2005; August 13(3)
2. Matthew 5:48
3. 1 John 1:8
4. Mark 5:25-34
5. Mark 5:1-20
6. www.cmf.org.uk/forum