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OPINION

## Alone in my shame.

9 February 2014

SHAME



Opinion by Robin Youngson.

Every doctor has a case like this, where the guilt and shame burn on.

I was a new senior resident in anaesthesia, allocated alone to a major vascular surgery case. I'd been there a week and I didn't know the surgeon or the operating room staff. I didn't know where to find essential supplies or how to organise procedures. To make matters worse, all cases started late because the anaesthesia department had a meeting.

My high-risk patient needed an arterial line, a central line and an epidural. I struggled with every procedure. The surgeon grew impatient and stopped communicating. Both the surgery and the anaesthetic went badly. The patient proved to have a sicker heart than pre-op tests predicted. I couldn't control the blood pressure. There was major blood loss. I struggled alone and didn't call for help. Where I had trained, asking for help was not part of the culture.

In the middle of the day, one of the senior anaesthetists stepped in.

He said, "I noticed there was a new resident doing a major case alone so I thought I'd see if you needed help."

He quickly realised that I was in serious difficulty. He sent me out for a break and by the time I returned, he had greatly improved my patient's condition. I was deeply grateful for his empathic support and practical help. While I was glad for my patient, I felt ashamed of my failings.

My patient went to intensive care and developed complications. Every time I was on-call, this patient came back to haunt me. I took him two more times to the operating theatre but his condition deteriorated. He died after a month in ICU.

I'm sure it's the worst anaesthetic I have given. The patient's death hangs on my conscience. I thought I was competent to do the case but have since come to understand that I was set up to fail on that day. No doctor could have performed well in those circumstances.

Experiences like this are traumatising for the doctor, creating fear and vulnerability. Both my patient and I were abandoned by an unsafe system – save for my kindly rescuer. The patient's relatives live with their loss, I with my shame.

How can we expect health professionals to provide open, honest and compassionate care for patients when they are abused in this way as trainees?

Charity must start at home.

Image: "[My shame](#)" by Rob Brucker

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“When all members of an organization are motivated to understand and value the most favourable features of its culture, it can make rapid improvements.”

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