Iatrogenic Is Not a Dirty Word

A universal temptation beguiles man to ignore failures in deference to the more pleasant experience of extolling successful ventures. Smugness results when such lack of objectivity occurs in an individual; creativity is stifled and progress delayed if these tendencies become dominant in a profession. In no other discipline are the implications of such behavior as serious as in medicine, for the ability to be self-critical is the lifeblood of practice and investigation. In the absence of candid scrutiny, "experience" deteriorates into an exercise of repetitive errors. This perspective explains the vital importance of recording the clinician's mistakes, as well as his triumphs. These effects are defined, as iatrogenic, or physician-induced (iatro-physician and genesis-production).

A principal tradition of medicine is to be critical (within the profession itself) of "accepted" practices when these become anachronistic. Therefore, reappraisal of drug dosage and modes of administration become necessary from time to time as new, sophisticated investigational methods permit more rational and effective therapeutics. Our profession is not disgraced by iconoclasts who protest that the conventional approaches of a few years past may not be acceptable today. Indeed, we would be disgraced if postgraduate education did not include candid analyses of lessons obtained from our mistakes. Thus, the term iatrogenic becomes a mark of good conscience rather than one of disapprobation. In this light I summarized my concepts of therapeutic errors in the administration of digitalis in a communication entitled "Iatrogenic Aspects of Digitalis Intoxication."

Unfortunately, there are those who would make capital of these disclosures in medical journals because of preconceived prejudices against the medical profession or desire to gain fame via the route of "purple prose." As an example, one science writer of great ambition and minimal vision culled from the literature all recent articles which dealt with physician error. He found in the subject I chose for my communication (as well as a host of articles by other authors) an opportunity to denigrate the practitioner's role in therapy. What a warped interpretation of efforts to promote the highest possible standards of practice!

We dare not be intimidated by these purveyors of mischief. Unquestionably, however, it is never easy to pursue these endeavors of self-criticism. Particular commendation, therefore, must be awarded to Dr. Milton M. Hurwitz, who has prepared a series of articles on medical mistakes based on actual case reports made available to him. This section, entitled "In Retrospect," presents forthright analyses of diagnostic and therapeutic errors. One of his recent presentations is entitled "When a Mislabeled Symptom Delays Correct Diagnosis," and in the report he urges physicians to consider the diagnosis of myasthenia gravis in unusual cases of weakness and fatigue. The report dramatizes the dangers of tardy diagnosis. This type of communication is the best evidence that physicians mean to keep their house in order; Doctor Hurwitz's labors reflect the finest traditions of a compassionate profession.

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REFERENCES