EDITORIAL

Perfection is the Enemy of Good and the Imposter Syndrome

Most of us during surgical training were exposed to the old bromide, "perfection is the enemy of good" which argued that if you tried to be 'too perfect' you could undermine your results. If you take down that good bowel anastomosis, hoping for perfection, the redo may not be as good as the original.

Recently, a psychologist friend and I had a discussion about the Imposter Syndrome which is a well recognized entity of feeling that whatever you do is not good enough, that you are always somehow unworthy or inadequate.[1] As I thought more about it, I realized that the Imposter Syndrome is common among surgeons, maybe more common than we realize.

Most surgeons are high achievers and have done well in school. But many will remember that making the honor roll wasn't enough, it had to be the high honor roll. It was first place in an athletic event or contest or it was failure.

Further reflection led me to remember Ernest Codman, a Boston surgeon who has largely been forgotten. Codman was born in Massachusetts on December 30, 1869 and graduated from Harvard College and Harvard Medical School, where he was a classmate of Harvey Cushing. He did some of his surgical training at Massachusetts Hospital.

During his third year of medical school, he visited medical centers in London, Paris, Berlin and Cairo and also studied with Eduard Albert, the Professor in Vienna. When he finished his training, he received a surgical appointment at Massachusetts General. As he gained experience, he became increasingly concerned that surgical complications and outcomes were not studied in any reliable fashion.

A seminal event that galvanized his quest to improve quality arose from the deaths of two patients, one of his and one of Cushing's.[2] This led to the adoption of the intraoperative anesthesia record of pulse, respiration and blood pressure. While at MGH, he kept track of his patients with "End Results Cards" and initiated the first Morbidity and Mortality conferences.

The hospital resisted his efforts directed at monitoring outcomes and complications and Codman resigned from MGH and started his own hospital, the 'End Result Hospital'. He published a book, A Study in Hospital Efficiency, on the results in his hospital. Of the 337 patients discharged between 1911 to 1916, he recorded 123 errors.[3]

Although Codman, as an individual, has been largely forgotten, his passion for monitoring surgical results and quality has not. He is justifiably seen as the father of the modern 'outcomes research' movement. His tangible legacy includes the 1983 mandate by the Accreditation Council and Graduate Medical Education (ACGME) to require the presence of M& M conferences to achieve and maintain accreditation for all residency training programs. His legacy has been extended further by the Institute of Medicine's publication in 1999 of, To Err Is Human : Building A Safer Health System. Atul Gawande has offered some modern insight into monitoring surgical outcomes when he said, "In medicine, we are used to confronting failure; all doctors have unforeseen deaths and complications. What we are not used to is comparing our records of success and failure with those of our peers."[4]

At the present time, there is no standardization for the format of M&M conferences. It varies from institution to institution. One system that has been used by some departments is to classify complications by one of three causes:

E.D.- error in diagnosis, E.J.-error in judgment or E.T.-error in technique. However, how the data is accrued from M&M conferences and how it is utilized is arbitrary. It would seem reasonable that there is an urgent need to study how to utilize M&M data and how to best incorporate it into improvement in patient care.

So how can we best reconcile the complications inherent in surgical practice with the Imposter Syndrome? One answer may be found in the Japanese concept of Kodawari-the pursuit of perfection. Kodawari is the passion, the persistence, the commitment, the attention to detail of an activity.[5] The discipline of Kodawari involves not the achievement of perfection, but rather its pursuit. The personal knowledge that you have tried your best. Embracing the conviction of Kodawari may be the most realistic way to reconcile the Imposter Syndrome felt by so many surgeons with the reality that surgical complications can and will occur. In fact, it may be worthwhile to replace the surgical bromide of, 'perfection is the enemy of good ' with the more realistic, ' improvement is the friend of the high achiever'.

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