ERICSSON: How's she doing?

JO: Still no output.

(Why.., why did I do it? Why? Why?)

ERICSSON: It's difficult sometimes, you know,
when things go wrong: it's lonely...

She'll be alright, Jo.

JO: *(We both.., we both know that's not true.*
Her kidneys are shot. Her lungs are full of fluid.
She won't be alright.
She—)

ERICSSON: And you?

JO: Me? I'm OK...

ERICSSON: The first thought is: "No, that can't be"
It's the same sort of feeling you get
if something tragic happens in your life.
Somebody important in your life
is no longer there.

Did you.., did you get to bed at all, Jo?

JO: No.

(Of course I didn't.
How.., how would I sleep?
After this..,
after this happened)

ERICSSON: We face complications in surgery.
Every surgeon does.

JEAN: If you've made a mistake
or something's happened

it's much more fruitful
to actually talk
about what went wrong

ERICSSON: I don't feel comfortable
talking to my colleagues about it

JEAN: I think it would make it easier

ERICSSON: ...Look, Jo, I.., I know how you feel.

JO: *(How I feel?*
How I.., how I..,
How can you—)

ERICSSON: It is a bit upsetting at the beginning. But.., we've all been there. "

JO: *(Upsetting? Up.., upsetting?)*

ERICSSON: Performing a surgical procedure, it's a critical time where you're doing a radical thing, and that makes it unique. The way we analyse it after, that's part of the nature of the job: we go over and over again through things. That's unique for surgery. "

And most surgeons that I know.., myself included, tend to assume that every complication that happens.., is your fault... "

JO: *(She's not a... she's.., she's.., she's not a 'complication'.*
Look at her.
Look, look, look at her—)

ERICSSON: ...but in some ways.., you're not a real surgeon until you've got a few good complications under your belt.

JO: *(She's a person..,*
a person..,
a p..,
a primary school teacher...
She—)

ERICSSON: We all have to learn how to deal with it, trainees, consultants.., everyone. "

JO: *(Deal with it?*
Deal.., deal with it?
Does she have to learn how to deal with it too?)

ERICSSON: Mistakes are inevitable, when you're learning "

JO: *(How does she do that?)*

ERICSSON: You are going to make mistakes. And you feel awful about it. “”

JO: *(Lying here with a tube down her throat...*
I did this to her.
Me.
I did this.)

ERICSSON: All surgeons get problems. “”

JO: Does that make it all alright then?

ERICSSON: It’s part of the learning curve for a surgeon “”

JO: *(How can you.., how.., how can you say that?)*

ERICSSON: You have to move on.

JO: *(And her family? Do they just 'move on'?*
Her husband?
Her daughter?
Her daughter...)

ERICSSON: Jo—

JO: I spoke to her husband. Do you know what today is? Do you? It’s their daughter’s birthday. When she wakes up and asks: “Where’s Mummy?”, what’s he going to say? What do you say to a four year old..?

What do I say to him?

ERICSSON: You have to take a step back, Jo. If you get emotionally attached to them all.., you'll never survive.

JO: *(Maybe..,*
maybe I won’t...)

VEE: Death is a ‘full stop’
for the patient in the hospital bed, but
it is only just a very terrible beginning
for the survivors left in the room.

Imagine if you were Gabriel’s nurse.
If you had done what she had done.

You're doing your job—
a demanding job,

an important job—
and you do something that causes someone to die.

A beautiful child dies
because you think you're doing a good thing.

Then your shift is over
and you have to look his mother in the eye
and tell her:
goodbye.

And the next day you're expected to go back to your job
and carry on.
Go about your business,
all the while hoping, and trusting
that nothing else terrible happens.

ERICSSON: That's the bit that nobody really talks about
when you're a surgeon: actually talking to the relatives
And saying, you know:

"Things haven't..,
haven't gone quite..,
quite according to plan"

VEE: The day after he died,
Gabriel's nurse left that hospital
for good.

ERICSSON: I always approach the patient as soon as possible:
that's something I learned as a houseman.
And try and get back into theatre, really.
A bit like getting back on a horse.
And try and, you know, draw a line under it.

VEE: One of the surgeons
who took care of Gabriel,
he quit practicing medicine.

ERICSSON: So...

so that's generally how I deal with..,

with the guilt.

VEE: All of their expertise
and ‘wisdom’
and ‘experience’
is no longer helping children.

That is another tragedy.

ERICSSON: Jo? Come on. You can't just mope about every time this happens.

JO: I feel so.., empty.

ERICSSON: It get’s easier...

When this first happened [to me]
I was out of [med] school about
two years.

I thought my career was over
I didn’t know what to do.

I thought:

“These people
are never going to trust me again”

I was totally exhausted.
Totally drained.

And thought I was going to lose my job.

I met with my [boss]
and that helped. But,
it was kind of funny:

that was the first week and
then it was turned off,
like a switch.
It just got dropped.

Nobody wanted to talk about it

JEAN: Surgeons pride themselves on being able to
tough things out, and continue to function

ERICSSON: I'm not a touchy, feely person
but I at least needed someone
to make sure I was doing okay

And I never felt that...

I felt like:
"Well this happens,
and you should be better about it"

And.., that's it.

JEAN: Something happens along the way

ERICSSON: It's not so much anymore
that I worry:
"Am I a bad surgeon?

JEAN: I think we're generally poor
at estimating the cumulative impact—

ERICSSON: Are people thinking
I'm a bad surgeon?"

JEAN: —a piece of them being taken away
with every complication

ERICSSON: I don't do that anymore.

JEAN: The impact is slow—

ERICSSON: I feel bad if a patient doesn't get,
you know,
what I perceive to be
a hundred percent best care.

JEAN: —and painful—

(But..,) all too often there isn't anything
that you would do differently

JEAN: —and toxic.

ERICSSON: You get a thicker skin
as you get older.

Don't you?