Professional failure: how do oncologists feel it?

Professional failure has been a well-known topic for medical doctors for several years [1]. Nevertheless, no data on the oncologists’ perception of their professional failure and no data focusing on the perception of a physician’s failure after a colleague’s success and vice versa exist in literature.

Therefore, we sent to 500 oncologists working all over the world the following anonymous survey in order to evaluate how the oncologists feel the professional failure:

“In your opinion, which of the following experiences is more disappointing on the professional and psychological point of view?

1 Obtaining with a patient only a partial success, after the failure of previous colleagues.
2 Obtaining with a patient a failure followed by a complete and definite success of another colleague.”

One hundred and eighty-eight oncologists replied to the questionnaire (37.6%); 137 of 188 patients found out that the
more frustrating situation is achieving with a patient only a partial result, after the failure of another colleague. Some of the more interesting comments we received from our colleagues about this choice were as follows:

1. Failure is worse than partial success. Other colleagues’ experience is less relevant.
2. I believe that the second is more disappointing professionally because, although I would be pleased that the outcome for the patient was good, I would question why I was not able to obtain that outcome.
3. This is difficult. I think the second answer would affect me more in that it would really make me question my abilities and clinical judgment.

Thirty-six of the 188 patients (19%) believed that obtaining a failure followed by a complete and definite success of another colleague is more disappointing on the professional and psychological point of view. One of the more significant comments we received about that answer was “A goal is better than an almost-goal and the team I root for is the patient’s one”.

Ten of the 188 oncologists (5%) did not find acceptable any of the two situations, while 5 of 188 (3%) considered that both the possibilities were equally disappointing.

Again, a significant comment was “The first is more disappointing concerning patient’s state of health, the second is more disappointing concerning my person”.

We received a large number of comments (68%), thus it seems to indicate that the point was considered interesting.

In our opinion, the replies obtained suggest some considerations:

1. Medical oncologists seem to act as to be isolated, instead of as a part of an unus mundus (=one medical world).
2. Presumably, the word “failure” was unconsciously understood as a fault, and if this is the case we wonder why since it was possible to choose in the imagination among innumerable meanings.
3. Toward the relationship between the doctor and the patient, it would be interesting to know how the patient would judge their doctor if choosing the second answer.
4. Probably, we should ask a final question to the oncologists who selected the second answer: “Would they confirm their answer even if one of their relatives would be the patient?”.

In conclusion, we hope that in the future there will be enough room for radical changes in the medical culture in order to let doctors feel that they are a part of a single medical world.

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disclosure

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references

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