**Complaints and Investigations – Soft Skills for Doctors and Investigators to Bear in Mind 1.5**

Investigations are about truth and learning. Complaints are always about feelings, as well as facts. Being complained about can hurt a lot. Complaints *may* lead to truth and learning, good investigations *always* do. Complaints may be fully justified when there have been some actual errors, omissions or inappropriate action that need to be addressed. Investigations do not intend to hurt, and good ones may heal as well as find truth.

Complaints involve facts: they are always driven by feelings, and are part of an attempt to adjust to change, and achieve closure in the process of loss and grief. Investigations involve facts; they can also usefully analyse feelings:

* In the complaint
* In the situation
* In the complainant
* In the culture of complaints
* In the investigator
* In the investigation culture
* In the professional culture

Events happen during the course of an illness, and practitioners often only see a snapshot. Professionals act with best intention, but cannot foresee the future. Medical error is not rare. Medical negligence **is** rare. Criminal medical acts (such as Dr Shipman) are extremely rare.

Facts can usually be detected, although the experience of many investigators is that truth is not always found where initially expected. It’s often about perception and patients may say one thing that the doctor remembers or has recorded quite differently. Neither is necessarily wrong but both insist they are right. The investigator is in the position of having to say they cannot prove one way or the other whilst not being seen to “prefer” one version over the other. Truth can be ‘what I said/saw’, ‘What I remember I said/saw’, ‘what I think I remember I said/saw’ – and the same for the other person. Written contemporaneous notes can help.

True understanding of the emotional climate of complaints necessitates an understanding of:

* Adjustment to change and loss – four phases (p179 and pp115-125 HSC [www.healthandself.care](http://www.healthandself.care) ) – Recognizing Loss, Trying to Prevent Loss, Recovering Loss and Letting Loss Go ([www.emotionallogiccentre.org.uk](http://www.emotionallogiccentre.org.uk) )
* Understanding how we process life (p94 onwards HSC)
* The Drama Triangle of Victim, Rescuer, Persecutor (HSC pp77-81, pp87-89)
* Games People Play, Eric Berne (HSC pp82-86) plus an understanding of more serious Games and Scripts that people act out
* Understanding of Transactional Analysis (Excellent relevant analysis in Liz Moulton, The Naked Consultation, pp117-119)
* Understanding of Responsibilities (p66 HSC) [www.healthandself.care](http://www.healthandself.care)

Most practitioners take several years of keen hard work to begin to understand that a very small percentage of people are angry with everyone they come into contact with, and that we cannot heal everyone. It takes longer to appreciate that people only hit out because they hurt inside – and that many people carry wounds.

At a time of loss and change, when we transit the emotions of Shock, Denial, Anger, Guilt, Depression, Bargaining and finally achieve Acceptance, it is so easy to get stuck. And when we are stuck (say in Anger) as we process and come to terms with the emotionally laden questions of ‘What If’ and ‘If Only’, we can so easily project the stuck emotional state at another person.

When we project emotion, we project onto a person involved in our life, whether our parents, our loved ones, or a professional (on to whom we are often projecting the role of wise parent). When that professional fails to fulfil our expectation (NB OUR expectation, this is nothing to do with the performance of the professional) – then we complain - because we have shifted into the role of persecutor. Externalised cognitive punishment (of someone else) may actually be the outwardly projected need for inner affective change and healing of loss and grief.

Often we take a child role of victim passively in a process, and then classically switch into persecutor when all does not go according to our desires or our expectations. Just as we want a parent - mummy and daddy - to make us better, sometimes society expects the NHS to be: Clairvoyant, Omniscient. Omnipotent, and have wonderful magic wands.

Society, stuck in the Drama Triangle of Victim, Rescuer, Persecutor in its relationship to death, illness, cancer, pain etc – inevitably cycles round and round the Drama Triangle, playing each role with conviction - until it chooses to learn about the Triangle, and grow beyond the pain and hurt into learning. However we may forget that all Life is learning – not about biting bits out of other people (which is what a complaint can do). Society often forgets that professionals – like everyone else in life - are only doing their best, and that **‘Your Health is our concern, but your responsibility’.**

Professionals, especially doctors, are uniquely vulnerable to taking blame personally as people work through personal loss and the Drama Triangle. This is especially acute in the case of Death, when people may take the role of persecuting the Health Professional for failing to prevent it in a loved one. Doctors often blame themselves, ruminate and catastrophise, thus setting themselves up for anxiety or depression, whilst also being traumatized by the emotional cost of caregiving in traumatic circumstances

In a complaint response, one can first acknowledge the feelings, then address the facts, and finish by again validating the feelings.

When it comes to Investigators, the biggest challenge is to understand one’s own biases, - which includes all of the above, as we are all human – AND others relevant to investigators such as:

* Hindsight bias
* Cultural temptations
* Failure to understand any of the factors above
* Absorption and transference of outrage, persecution, guilt, shame or anger from one or more parties in the complaint. Transmission of unprocessed feelings is common.
* Personal stresses and distress
* Tribalism – and anti-tribalism (there are no persecutors so ardent and judgmental as someone from the same professional tribe who disagrees with someone else’s practice / person / belief system). HSC p75
* Subconscious inter- and intra-professional judgment and persecution often goes unnoticed
* ‘What am I not being told?’, ‘What am I not seeing?’ and ‘What’s going on behind what’s going on?’ are other useful questions.

The key point must always be (kindly) ‘What is the Learning?” Other questions may be “Is there poor performance?”, “Is there revenge involved?”, “What is the healing outcome for the complainant?”, “Is there a system problem?”, and how does the investigator achieve this, whilst avoiding tempted into the Drama Triangle.

And practitioners must remember self-compassion, rather than beating themselves up over an issue, must avoid stigmatizing themselves, and must avoid self-blame or putting themselves into the Drama Triangle against themselves

Finally, I was once furious with a taxi-driver who came the wrong way up a one way street outside Guy’s Hospital, and grazed my knuckles (I was on my bike). Before I could speak, he wound down his window and said ‘Sorry mate, haven’t you ever made a mistake?’. I had no reply, except to agree: “Yes, we all make mistakes”. Forgiveness is sweeter than revenge…

Resources: HSC [www.healthandself.care](http://www.healthandself.care) - Free download of whole book

**Kindness and compassion support – criticism withers. To err is human, to forgive is divine**