Received: 6 October 2017 | Accepted: 15 October 2017
DOI: 10.1111/chd.12548

EDITORIAL

WILEY Congenital Heart Disease

Are the spin doctors winning?

Given the current political environment and the constant barrage of talking heads spinning in the media, it brings to mind the question of "spin doctors" in medicine. Real doctors, like real people, make mistakes. How they handle those mistakes separates real doctors from spin doctors.

In my 40 plus year career in medicine, I have had my share of errors in technique, clinical judgment, and just plain thinking. Forty-six years ago, as a medical student, I gave hypertonic albumin to a severely edematous patient with end-stage lupus nephropathy. Two years later, my first bone marrow biopsy was read as normal spleen. As a resident, based on an article I read in the *New England Journal of Medicine*, I infused hypertonic saline to an infant with severe congestive heart failure to reverse "contraction alkalosis."

The frequency of my errors may have slowed with experience and over time, but did not stop. As a young interventional cardiologist, I tripled the diameter of a shunt with a balloon in a cyanotic patient, believing with pulmonary blood flow that more is better. I was very wrong. A few years back, in an attempt to percutaneously decompress life-threatening pulmonary hypertension, I used a 20 mm covered stent to bridge a gap between the left pulmonary artery and aorta that was 12 mm before I crossed the distance with a long needle.

I carry these mistakes, and others less fatal, everywhere I go. I have tried to use all of them, publicly, to educate, console, and inspire trainees, junior faculty, and even senior faculty, to overcome their doubts and fears to treat their patients to the absolute best of their ability. I hoped that they will not make the mistakes I made, and recognize that their own errors needed to be acknowledged and corrected.

Mistakes in my academic career are more subtle, but every bit as important. My first paper on dilating pulmonary arteries asserted that we did not see restenosis: mostly because most patients did not recur, even though some clearly did. The numbers were small, however, and I brandished the *P* value. Again, not the only mistake I made in my attempts at innovation and discovery. They follow me around, noiselessly, and I use these examples to persuade trainees and junior faculty to do better than I did.

Mistakes in my 23 years of management/leadership are, literally, too numerous to count. I mistakenly evaluated recruits, superficially scanned financial projections, misjudged the intentions of others, and confidently predicted what the insurers and government would do next. I was wrong more than I care to remember.

Am I the only doctor to make this many mistakes? Perhaps. But the best medical leader I have ever known, Aldo Castaneda, Harvard Professor and Surgeon-In-Chief at the Boston Children's Hospital, made a whole lot of mistakes also. His greatness, in my humble view, came more from his ability to announce in public, in front of surgeons, cardiologists, nurses, and students, that he made a mistake, than it came from his intellectual and technical brilliance. Real doctors make mistakes. Real doctors acknowledge them, and use them to make their profession, and the care of patients better. Everywhere.

Spin doctors do not make mistakes. Their bad outcomes can be placed, craftily, somewhere where only the few can find them. They are silent when concerns about their errors or misjudgments arise. They create great, practiced lines like "that is a challenge to consider," or "there may be alternative facts here." Are they following the examples set by the West Wing these days? Are the doctors who lead this great profession becoming spin doctors? Let's consider some examples.

A large eastern hospital, 4 years ago, embarked on a concerted effort to use time outs, hand-offs, politeness, daily operational briefs, and structured communications to improve patient safety. A very senior leadership team led this effort, and more than 10 000 hours of employee time was required to educate the institution. Before this initiative, serious safety events were reported, on average, every 10–14 days. Each report required considerable effort to reduce the chances of a recurrence. Shortly after the new plan emerged, there was not a single serious safety event in 138 days! A triumph, nearly a miracle? Or, to spin the policy as a success, the definition of a serious safety event became so extreme that no event qualified as such. And, therefore, nothing needed fixing.

The *US News and World Report* rankings are increasingly used by hospitals to advertise, increase market share, and boost morale. The rankings have become an end in and of themselves, with dozens of marketing staff in each contending hospital focused on how to parse the data, influence the metrics, and literally spin the results to the institution's advantage. Spin doctors rejoice when the rankings get a bit better, and have their excuses lined up in advance to explain any slippage. Real doctors know that the care they are giving has been misconstrued by too much attention to these rankings

Is this too dystopian? Probably. Just like in the West Wing, reality and actual results will rear their ugly heads and force even the most isolated governing bodies and myopic governmental agencies to respond. Spin is a short-term solution, real quality and outcomes last a long time. Those of us who own the past have an obligation to help those of you who own the future to get this back on track. This is my feeble attempt to do that.

Editor's Note: Dr. Lock is the Alexander Nadas Professor of Pediatrics and former Physician-In-Chief at Boston Children's Hospital. He was chair of Cardiology there for 23 years; during his entire tenure as

chair, the cardiac program was always named the number 1 program in the country by *US News and World Report*.

CONFLICT OF INTEREST

The author, James Lock, certifies that he has no affiliations with or involvement in any organization or entity with any financial interest or nonfinancial interest in the subject matter or materials discussed in this manuscript.

AUTHOR CONTRIBUTIONS

Author of this editorial and is responsible for all contributions to this manuscript: James E. Lock.

ORCID

James E. Lock MD http://orcid.org/0000-0001-8736-8980

James E. Lock MD[1,2,3]

[1]*Alexander Nadas Professor, Harvard Medical School, Boston, Massachusetts, USA*

[2]*Cardiologist, Boston Children's Hospital, Boston, Massachusetts, USA*

[3]*Consulting Cardiologist, Department of Cardiology, New York University Langone Medical Center, New York, New York, USA*

Correspondence
James E. Lock, Boston Children's Hospital, 355 Autumn Street, Boston, MA.
Email: James.Lock@nyumc.org
or
James.Lock@cardio.chboston.org