

Achieving depth in written reflections

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Whether as part of their appraisal or, for the less fortunate, disciplinary proceedings, all doctors must reflect on their clinical practice.

For doctors under investigation for misconduct, a good written reflection can be the difference between continued practice and erasure from the register. Yet, in my experience as a trainer in remedial ethics, these reflections are often lacking.

The most common flaw is lack of depth. Too often, doctors simply assert that their actions were deplorable and beg for forgiveness. In some cases, they quote rules from the General Medical Council's *Duties of a Doctor* but fail to show an understanding of the reason for the rules.

So what makes a good reflective statement? Consider the opening scene of an episode of *This is Going to Hurt*, a BBC drama about a junior doctor called Adam.

In this scene, Adam is in a London underground station when a person collapses a short distance ahead. A passer-by stops and shouts for a doctor. Adam ignores the call and walks past the unconscious patient. However, a few seconds later, he stops and returns to offer assistance. As he approaches the patient, another figure rushes onto the scene. "Are you...", Adam begins. The answer comes at once: "a GP". Adam tells the GP that he is "a dentist, a trainee dentist" and briskly leaves.

Imagine that a member of the public who was present at the scene discovered Adam's lie and lodged a complaint to the GMC, who took a dim view of Adam's conduct. Two years later, Adam's lawyers advise him to write a reflective statement ahead of the Tribunal hearing that will determine his future in the profession.

Due to limitations of space, I offer only an outline of a reflection. The actual statement would elaborate on some of the themes in this abridged version.

Start strong

It has been nearly two years since the incident in the underground station. Little did I know at the time that those few seconds of stupidity would have such a momentous impact on my life and those of others. Since the incident, I have replayed the events in my mind many times, seeking to understand what happened and why, what I should have done, and how to ensure that it never happens again.

Explain why you acted as you did and what you should have done

The incident took place on the final day of a week of nights. As there were staff absences at the hospital, the shifts were intense and exhausting. When I came across the collapsed patient in the underground and heard the call for a doctor, I was so fatigued and lacking in confidence that I hoped someone else would intervene. I had never been in such a situation before and, as a junior doctor, I was worried that I would not know what to do. As no one else stepped forward, I decided to help but as I approached the patient a passing GP rushed to her aid, to my great relief.

Believing that the patient was now in good hands and that I was no longer needed, I mumbled that I was a trainee dentist to justify a swift, selfish and cowardly exit from the scene. At the time, I considered this a harmless untruth, a 'white lie'. It was no such thing. It was a lie that shook the ethical foundations of both the doctor-patient and doctor-doctor relationships.

No matter how exhausted, stressed, and unconfident I was at the time, I should have asked my GP colleague if I could help, even if only to call an ambulance. Maybe she could have used an extra pair of hands or a supportive colleague with whom to discuss the patient's care. I should have told her and the others at the scene the truth about my role. I should have thought about the needs and interests of others rather than my own. I have since written to the GP to apologise for my conduct. I also now realise, but did not then, that calling oneself a dentist without GDC registration is a criminal offence.

Show you appreciate the harm caused or potentially caused to all parties

My actions and inactions on that day have caused, or could have caused, much harm, distress and inconvenience to a range of people: to the patient whom I failed to assist, contrary to rule 26 of the GMC about helping others both in the clinic and the community, but also my Hippocratic commitment to help the sick; to my brave GP colleague who could have used a hand in a moment of crisis (as I would have done if the roles had been reversed) and whose autonomy I violated when I

lied; to the members of the public at the scene (at least one of whom was so offended by my behaviour that she quite rightly complained) whose trust I breached by my conduct and my lies; to the medical profession whose reputation, hard-earned through centuries of devoted care, I have so needlessly damaged; and to my colleagues investigating this matter, whose limited time and resources I have used. I am sorry and ashamed.

Show you understand why your actions were wrong

My lies and failure to offer help are breaches of trust, including the trust that patients and the public have in doctors acting in the best interests of patients rather than selfishly and the trust held by doctors that their colleagues will be honest and supportive. If the trust of patients is eroded, they will have less faith and confidence in doctors. They may be more reluctant to visit doctors or adhere to treatment, with adverse effects on their health.

If the trust between colleagues is damaged, teamwork and communication will suffer which in turn will affect patient health as well as the wellbeing of the clinicians caring for them. We must trust our colleagues to help and treat us with respect, which includes an expectation of truthfulness.

In short, beneficence (doing good for patients) and honesty are the bedrock of trust which, as noted by the philosopher Rosamond Rhodes, is the 'fundamental and core guiding first duty of medical ethics'. This is why the GMC places such emphasis on honesty and trust in its professional guidance, as do other codes of medical ethics, and why my actions fell short of the high ethical standards expected of doctors.

Explain corrective actions taken and low likelihood of repeating errors

To deepen my understanding of these ethical standards and medical professionalism, I have attended courses on medical ethics. I have undergone stress management classes to help me deal with my anxiety and modified my lifestyle to reduce the stress and fatigue that contributed to my poor conduct. To increase my clinical confidence, I have completed courses on Advanced Life Support and Advanced Paediatric Life Support and I intend to renew these skills regularly.

As I am relatively young, I may in the future encounter another emergency situation in the community. If I do, I will offer help promptly. If another clinician is on the scene, I will introduce myself accurately and offer assistance. Armed with the lessons learnt from this incident and the above courses, I feel ready to tackle any crisis with courage and dignity.

If the Tribunal allows me to continue practising medicine, I will strive to make up for the errors committed two years ago by acting at all times in a manner befitting of a doctor, treating patients and colleagues with the respect that is their due. Underground, on the ground, or in the skies, I will uphold my Hippocratic duty to help those in medical need and be honest and trustworthy in all my interactions with patients, colleagues and others.

A good reflective statement should avoid platitudes or an excess of passion. It should demonstrate instead that the author has reflected deeply on the events in question, identified the lessons learnt and acted upon them. The statement should convey authenticity, reflection, insight, remorse and remediation but these qualities are best not mentioned. They should emerge naturally from the text.

*Daniel Sokol is a medical ethicist and barrister. He provides ethics training for clinicians via the Centre for Remedial Ethics. <https://www.remediaethics.co.uk/>
[@DanielSokol9](#)*