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Forgive And Remember: Managing Medical Failure, 2nd Edition



Synopsis

On its initial publication, *Forgive and Remember* emerged as the definitive study of the training and lives of young surgeons. Now with an extensive new preface, epilogue, and appendix by the author, reflecting on the changes that have taken place since the book's original publication, this updated second edition of Charles L. Bosk's classic study is as timely as ever.

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Customer Reviews

On its initial publication, *Forgive and Remember* emerged as the definitive study of the training and lives of young surgeons. Now with an extensive new preface, epilogue, and appendix by the author, reflecting on the changes that have taken place since the book's original publication, this updated second edition of Charles L. Bosk's classic study is as timely as ever.

Charles L. Bosk is a professor of sociology and medical ethics at the University of Pennsylvania and is the author of *All God's Mistakes: Genetic Counseling in a Pediatric Hospital*, also published by the University of Chicago Press.

Should be easily available to old and new doctors. A way to give a framework and values to medical errors, oversights, and malpractice.

A must read for any Medicare central planner and anyone interested in healthcare reform. In his

classic study of medical education *Forgive and Remember* sociologist Charles Bosk points out that a misunderstanding about how physicians make the distinction between what is a reasonable treatment option that is later proven wrong and one that is an indefensible medical error, leads to a misunderstanding about how the medical profession can or cannot be controlled. The concept of a medical error is an indeterminate category, similar to what is beautiful or merciful (p.24). This indeterminateness is caused by the nature of medical knowledge itself which is constituted by two modes, scientific knowledge (or "general knowledge" in Hayek's terminology) and clinical expertise (or "local knowledge" in Hayek's terminology). Bosk points out that "arguments based on clinical expertise override those based on scientific evidence" (p.85). Local knowledge trumps general knowledge. The apprenticeship that is a residency program for medical students in which an experienced attending physician conveys to the inexperienced resident when to follow scientific knowledge and when to follow clinical experience constitutes the most critical element of that education. Residents are expected to study and know the general rules. Attending physicians are expected to teach residents to recognize the exceptions to those general rules. That clinical acumen or clinical eye characteristic of an experienced attending physician, his clinical expertise, "is a charismatic possession, a gift of grace; its exact nature is a mystery" (p.92). Medical education has evolved over hundreds of years and is structured today partially as a way for medical residents to appreciate that mystery. The assumption by Medicare and all medical central planners that the healthcare system can be made more efficient through centralized decision making far from the bedside clashes with how clinicians grapple with medical errors, understand their cause and implement remedies, a process that is "an extreme example of local knowledge" (Bosk's own terminology in p. xxiii). Bosk concludes that medical "errors are not events that can be counted. Their existence needs to be debated; the discourse over precisely what is and is not an error is necessary to the formation of a sense of professional responsibility." If Medicare wants to have local patients, physicians and hospitals adapt quickly to the rapid pace of change happening at the local level in order to reduce costs, it would seem that the best and indeed only way to make that happen is to let the local people who are most familiar with those local conditions, local resources and local changes to make those adaptations. Centralizing that process only slows down adaptation at the local level, reduces coordination and increases misallocation of capital, supplies, and labor. Only the free market and its price system and not central planning can solve this problem.

This book gives an astounding and unprecedented look into the social structure of the surgeon. After graduation from medical school, I spent 7 years in residency and another 13 years teaching

surgery to residents. This book gives a sensitive and accurate description of the ethos of surgery and shows why being a surgeon is who someone "is" and not what someone "does".

It a classic in the surgeon ethnography

Bought this for a surgery resident as a gift. My husband was a trauma surgeon and this was a book he got good lessons from. It has a good philosophy.

An academic looks at how medicine follows it's own failures.

I lived that experience of which he writes, but as a surgical intern was always on a different service from Mr Bosk. Thankfully I don't appear in its pages. (There were four separate general surgery services at that time) But I know every person in it, and his record is a very faithful one of the pyramided surgical residency that he followed. The publisher tells you where the research was done. It wasn't fun, but it was good preparation for tough times and the hard work that faces a practicing surgeon. I remember the cardiac surgeon saying to me when I was called up into the army for 3 years between the internship and returning for the completion of the residency, "When you get back from the army you'll be no damn good!" The army was a lot easier. Things aren't done that way today. Like all change, there is both good and bad in that. This volume is a most honest and accurate representation of what such a program was like in the mid-70's.

This book captures the essence of training an academic surgeon in America. As a surgical resident, I can attest to the accuracy and relevance of this work. A "must read" for trainees in Surgery or surgical sub-specialties.

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