DILEMMAS IN HEALTHCARE

Healthcare is an environment with puzzling paradoxes and dilemmas. While the system can seem to be set up to make it hard to do the right thing, shared conversations are the first step to achieving shared goals, says **Suzette Woodward**.

KEY POINTS

- **A dilemma is a situation in which a difficult choice has to be made between two or more alternatives, especially ones that are equally undesirable.**
- **Healthcare is full of dilemmas as a result of the huge number of stakeholders with conflicting goals, multifaceted interactions and constraints, and multiple perspectives, which change daily.**
- **Dilemmas are created when safety conflicts with productivity, cost-efficiency, and flow. A focus on one patent's safety may conflict with a focus on all patients' safety.**
- **It is vital that the different stakeholders talk to expose dilemmas and reveal the hidden trade-offs or adjustments that are kept secret because people are fearful of the consequences.**
- **Articulating dilemmas helps us to find a way to bring people with different interests and incentives into a conversation that meets everyone's needs.**

There are many different words people use for a dilemma – a choice between two or more alternatives that are almost equally undesirable: difficult decision, catch-22, quandary, predicament, puzzle, conundrum or awkward situation. Whatever word you prefer, healthcare is full of them. Dilemmas are created when there are completing goals and trade-offs, for instance between safety and other goals such as productivity, cost-efficiency, and flow.

Like all high-risk industries, work in healthcare is rarely about certainty and predictability. There are a huge number of stakeholders with conflicting goals, complex interactions and constraints, and multiple perspectives which change daily.

A dilemma can be as a result of the divergent needs of policy-makers, managers, clinicians and others. There can be opposing forces and strong views on either side of the dilemma. This results in clinical staff and managerial staff being faced with having to choose between adhering to one policy or another, with conflicting requirements. Ultimately there is pressure to choose between unfavourable alternatives, often with no right or wrong answer. Let us consider two examples; one local the other global.

A local dilemma

In the UK National Health Service (NHS), governments have set performance targets over the years, such as guaranteeing maximum waiting times for non-emergency surgery or guaranteeing a maximum four hour wait in the emergency department. These targets have been blamed for distorting clinical priorities. With limited resources, trade-off decisions can cause conflicts, especially when one target is challenged by another. For

example, ambulances have been forced to queue up outside busy emergency departments. The ambulances might not be able to meet their targets to respond to emergency calls, but the hospital can meet its four-hour emergency department target.

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The four-hour target is the need to assess patients, and either admit them from the emergency department within four hours, or send them home. This target can mean that a clinician has to make a difficult choice. For example, if there were no target, the emergency department staff may just keep a patient who has a suspected heart problem for a few hours to monitor them. However, because of the target they have to move them somewhere – admit them to the hospital or send them home. This is the first dilemma – the pressure to discharge or admit patients that would otherwise be monitored in situ. The second dilemma in this example comes when the choice of bed is limited. For example, there may be no beds on the cardiac ward. The choice is to breach the four-hour target while waiting for a bed on the cardiac ward, or send patients home, or place them on another ward that does not specialise in their particular problem.

The senior nurse on a cardiac ward knows that to keep patients safe, they should be sent from the emergency department to the cardiac ward. The senior nurse also knows that her hospital is judged by its compliance with the four-hour wait in the emergency department. She knows that patients tend to be safer out of the emergency department, and the individual patient admitted to a different ward, such as an orthopaedic ward, may be at greater risk because staff are unfamiliar with their condition.

There are no beds on the cardiac ward but there is space in the tropical and infectious diseases unit...

A global dilemma

Antimicrobial resistance is the ability of a microbe to resist the effects of medication (antibiotics) that once could successfully treat the microbe. Resistant bacteria are more difficult to treat, requiring alternative medications or higher doses. Microbes resistant to multiple antimicrobials are called multi-drug resistant. Antimicrobial resistance is increasing globally because of greater access to, and prescription of, antibiotic drugs. Preventive measures include only using antibiotics when needed, thereby reducing misuse of antibiotics or antimicrobials. This dilemma has led to the development of programmes for antibiotic stewardship aimed at persuading doctors to refrain from prescribing antibiotics in marginal cases.

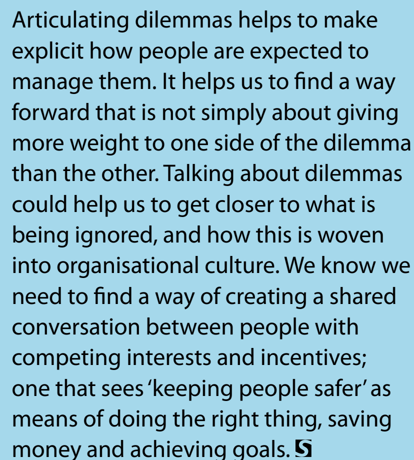
A particular dilemma in relation to antibiotic use is that of patients with sepsis. Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs. Sepsis is usually treated via intravenous fluids and antibiotics as soon as possible, usually within one hour of potential diagnosis. However, some severe infections such as sepsis are often deceptively trivial. The dilemma is this: does the clinician wait or prescribe antibiotics 'just in case'. If sepsis is missed, this could result in significant harm or even the death of a patient, if they do not receive their antibiotics quickly. So this is a very real pressure. Additionally, there have been a number of cases of patients dying as a result of untreated sepsis in the UK, which have led to staff being judged as making the wrong decision and being punished or castigated for not prescribing or administering antibiotics. The pressure not to give and the pressure to give antibiotics is an especially difficult dilemma in healthcare today. It can have the knock-on effect of treating patients inappropriately or not treating them enough.

Let's talk about it

The first step in addressing dilemmas is to talk about dilemmas. It is vital that the different stakeholders talk together about the conflicting propositions that people face. If we talk about dilemmas and the challenges that arise for leadership and frontline staff, we may find a way to expose them and reveal the hidden trade-offs or adjustments that are kept secret because people are fearful of the consequences.

Talking about dilemmas could help us to get closer to what is being ignored, and how this is woven into organisational culture.

For example, in the case of the four-hour target, the different stakeholders actually have similar goals of efficiency, effectiveness, and safety. The government set a target of four hours wait in the emergency department because they don't want the public to be waiting unnecessarily before they get treatment, they think this will incentivise organisations to make their departments more efficient. Clinicians want their patients to be safe and also don't want their patients to wait longer than necessary. The managers within the organisation are measured on this target and are therefore keen for no patient to wait longer than four hours. Managers also feel it is the right thing to do; they too want the patients to be safe. Everyone wants the best for patients, but they have different incentives and pressures. These differences cause tension and conflict. So one way to address the dilemmas is to identify shared goals are and how each of these goals can be met in some way. It is never down to one person or one team. Therefore, the senior nurse is helped by exposing what is actually going on (work-as-done) and by a shared responsibility for the dilemma.



Articulating dilemmas helps to make explicit how people are expected to manage them. It helps us to find a way forward that is not simply about giving more weight to one side of the dilemma than the other. Talking about dilemmas could help us to get closer to what is being ignored, and how this is woven into organisational culture. We know we need to find a way of creating a shared conversation between people with competing interests and incentives; one that sees 'keeping people safer' as means of doing the right thing, saving money and achieving goals. S

Dr Suzette Woodward is a paediatric intensive care nurse who has worked for 40 years in the UK National Health Service. With a doctorate in patient safety, she has worked for over twenty years leading national patient safety programmes. Until recently, she was the National Campaign Director for 'Sign up to Safety'. She is the author of the books Rethinking Patient Safety and Implementing Patient Safety.