



Checklists for success inside the OR and beyond:

An interview with Atul Gawande, MD, FACS

by Tony Peregrin,
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Physicians wield an astounding arsenal of knowledge, due in large part to recent advances in science and technology; and yet, even in the hands of highly skilled surgeons, avoidable errors occur. “We can do better,” asserts general and endocrine surgeon and author Atul Gawande, MD, FACS. Specifically, Dr. Gawande points to the humble checklist, used in tandem with good, old-fashioned teamwork, as a way to improve not only quality of care, but as a viable approach to other issues that are important to surgeons in today’s world, such as disaster medical response and health care reform.

To the general public, Dr. Gawande is perhaps best known for his articles in *The New Yorker* and as the author of two books, *Better* and *Complications*, both of which explore ideas for improving the practice of medicine; however, these titles represent only a small portion of Dr. Gawande’s professional contributions. He is an associate professor of surgery at Harvard Medical School, an associate professor in the department of health policy and management at the Harvard School of Public Health, and the associate director of the Brigham and Women’s Hospital Center for Surgery and Public Health. He is also a practicing surgeon, performing 250-plus operations a year.

In his latest book, *The Checklist Manifesto: How to Get Things Right*, Dr. Gawande examines how a wide variety of disciplines, including medicine, have used a checklist to master extraordinary levels of complexity. The book begins by addressing two fundamental reasons for failure: ignorance (errors that are made due to lack of knowledge) and ineptitude (failing to apply what

is already known). “Failure in the modern world,” he writes, “is really about the second of these errors,” and, according to Dr. Gawande, that is why checklists are so essential, particularly for the medical profession.

Disaster medical response

Of all the federal and local organizations available to provide disaster relief, it was actually Wal-Mart, the large discount retailer, that had one of the most organized responses to Hurricane Katrina in 2005, observes Dr. Gawande in *The Checklist Manifesto*. The 43-year-old author is quick to point out that Wal-Mart’s effectiveness wasn’t because the private sector is better than the public sector in handling complex situations. “No, the real lesson,” writes Dr. Gawande, “is that under conditions of true complexity—where the knowledge required exceeds that of any individual and unpredictability reigns—efforts to dictate from the center will fail.” In providing water, diapers, ice, and other goods to the victims of Hurricane Katrina, Wal-Mart store managers in New Orleans relied on a set of checks to ensure critical items were not overlooked, and another set of checks to ensure communication among store employees and senior Wal-Mart managers.

“I came away from Katrina with a kind of theory: under conditions of complexity, not only are checklists a help, they are *required* for success. There must always be room for judgment, but judgment aided, and even enhanced by procedure,” writes Dr. Gawande.

Checklists have been key for the disaster medical response in Haiti, as well.

“With each disaster, surgeons are learning to be more responsive and better organized,” Dr. Gawande says. “The College’s communication alerts

Opposite: Dr. Gawande (photo by Fred Field).

have provided valuable information for the surgeons who are considering joining the relief effort in Haiti.

“I have had the opportunity to speak with members of the International Red Cross about how these situations are managed. Extensive training is provided for medical personnel. At a certain point, these people are sent back to their every day lives, until another disaster happens and they are called back into action. The Red Cross organizers do not assume that medical personnel and others will be able to recall everything from their training, and so they actually have checklists designed to help them carry out various tasks. That’s how they avoid having things fall through the cracks,” he says.

Thoughts on health care reform

“I have never been a crystal ball gazer. I don’t think it’s my strength,” says Dr. Gawande, when asked if he thinks health care reform will pass this year. “I’ve come to the same conclusion that a lot of people have—before the election in Massachusetts, it seemed like a done deal. The reality of the situation is that the number of uninsured people is rising. At the current rate of increase, the cost of family insurance will reach \$27,000 or more within a decade, taking more than a fifth of every dollar that people earn.”

The medical profession has developed significant scientific knowledge, but improvements need to be made regarding how that knowledge and care is delivered to the community. According to Dr. Gawande, policymakers need to focus on care that is much better organized, and he underscores the importance of solutions such as checklists to get rid of wasted or unnecessary care.

“We are capable, as a democracy, of taking the steps we need to deal with these problems,” says Dr. Gawande. “In a general sense, we have taken on huge problems like this before as a country. We’ve always had the ability to self-correct. It feels messy, but we have always managed to do it, and we’re not giving up now.”



Dr. Gawande in surgery.

Specifically, Dr. Gawande is referring to agriculture at the start of the 20th century as an historic example of a costly problem the country has managed to solve. This topic was addressed in a recent article authored by Dr. Gawande for *The New Yorker* titled “Testing, testing: The health care bill has no master plan for cutting costs. Is that a bad thing?” In the article, he points out that in 1900, 40 percent of a family’s income went to paying for food, and that only by improving the productivity of farming was the nation able to raise its standard of living and emerge as

an industrial power. Dr. Gawande believes the country can do the same thing with health care.

Clinical Congress

“What struck me about my first Clinical Congress meeting was how huge it was,” says Dr. Gawande, who wrote about the experience in his first book, *Complications: A Surgeon’s Notes on An Imperfect Science*. “I think there were as many surgeons there as there were people living in my hometown. It’s a nation of surgeons—that’s what I call it. You sort of feel like you are in your own country with fellow colleagues who share the same base of experiences, and a certain set of values. We all live with the risks of this hard job, and with the frailty of human beings. It’s a fascinating culture.

“Surgeons can find themselves removed from this world,” observes Dr. Gawande, “while engaging in the day-to-day tasks of their own practice. [By] attending medical conferences, such as the College’s Clinical Congress, surgeons can sustain and reinforce their shared sense of values and standards.”

Dr. Gawande’s colleagues have been very supportive of his writing, even as his books and articles have offered the general public an often candid, unedited view of medicine.

“What I hope people realize is that I am not trying to make us look bad. I am simply asking the question, ‘What does it mean for me to be good at what I do?’ Many of these problems are not addressed in the medical textbooks, questions like, ‘How do you deal with power struggles in the OR?’ What has really been amazing for me, is that I feel like my colleagues have really gotten what I am trying to do. Oh, sometimes people disagree with me, but they always engage with me in a constructive way and we have great arguments! But no one has ever said, ‘You are way out of line.’”

There is actually one member of the medical community who *has* given Dr. Gawande a hard time: his father.

“He has said to me, ‘What you write is good for the patients, but I’m not so sure it is good for medicine,’” says Dr. Gawande with a good-natured laugh. (Dr. Gawande’s father was a urologist).

Dr. Gawande has attended many Clinical Congress meetings, often as a session panelist, since his first book was published. In fact, he shared the preliminary results of the World Health Organization’s checklist study at the Clinical Congress meeting in November 2008, in San Francisco, CA.

Writing and surgery

“Writing and surgery are very complimentary in the sense that they are extremely different, and therefore, satisfying for me,” admits Dr. Gawande. “I’m not sure that my writing has made me a better surgeon, but being a surgeon has made me a much better writer. I don’t burn out on surgery, because of the writing. However, if I was in a room by myself all the time, writing, I would go crazy. I love the messiness of trying to bring science to the individual. But I also love the blood and the guts and the sense of there being some risk involved in surgery.

“In surgery, you don’t get to revise,” adds Dr. Gawande. “In writing, you are revising all the time and you are constantly striving to do something new. If I started following a formula with my writing, everyone will know it and it will fail. In surgery, you are *trying* to do, as much as possible, the same thing over and over again, and to perfect what you do. I like having both.” Ω