



## All the Guidelines in the World

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In today's medical practice there are practice guidelines, checklists, time outs, templates and error proofing EHRs. Whether they are friends or foes in our practice, they can never eliminate the inevitable gray areas. I found one definition that I really liked. Gray area: an ill-defined situation or field not readily conforming to a category or to an existing set of rules. Any of us in medical practice, whether PA or MD, must be prepared to make complex, high stakes medical decisions full of gray areas, advanced risk, and even the unknown.

I'm in my eighth and final year on the Washington Medical Commission, and it has been quite the personal ride. Frankly, while being intensely rewarding, it's been a heavy burden to be sure. Evaluating complaints that come to the WMC and making decisions about these complaints in ways that first and foremost protect the public is our most sacred duty. We are dedicated to this monumental task, whether we are commission members, attorneys, investigators, or administrative staff.

One thing I've relearned (I'm not sure how many chances I am given to relearn this!) is that the more I know, the less I know. The more I learn, the more I am reminded about the breadth of activity and humanity there is out there, including those who file complaints with the WMC, and those providers who are the focus of the complaints. The process is complicated and layered, even Byzantine at times. The more I have learned about the process, even with the most solid support structure possible on the commission, the heavier the weight has felt about the consequences of WMC decision-making.

It reminds me of the complexity of practicing medicine. No matter the field (mine is addiction medicine), there are an ever-expanding set of practice guidelines designed to promote safe, equitable, and consistent practice in our various settings. Sometimes it seems that they just keep coming, as if we create enough practice guidelines, then we won't have to think anymore, we can just go the internet, look up the guidelines, and push a button.

But of course, this will never happen, mostly because we are human. Look at some the most seemingly common-sense efforts to reduce error and promote safety. For example, the surgical time-out, which is part of the Universal Protocol mandated by the Joint Commission as a patient safety step in 2004.

In 2009, BMC published a piece called [The 5th Anniversary of the "Universal Protocol" : Pitfalls and Pearls revisited](#). In its conclusion, it noted:

**The Universal Protocol was mandated by the Joint Commission 5 years ago with the aim of increasing patient safety by avoiding procedures at the wrong site or in the wrong patient. Despite widespread implementation, this standardized protocol has failed to prevent such severe 'never-events' from occurring.**

A more recent piece from the [Journal of Patient Safety](#) noted that "It is estimated that wrong-site surgery occurs in approximately 1 in 100,000 cases but could be as common as 4.5 in 10,000 cases dependent on the procedure being performed." And all of this despite the wide-spread use of surgical time-outs to prevent such 'never-events'.

This gets to the dangers, and the promise of 'gray areas' for medical providers. No amount of Universal Protocols or other practice guidelines will guarantee safe and even rational practice. In the end, it comes down to us, the medical providers, to use the safety tools we have, and to develop our own internal safety mechanisms, such as trusting our own anxiety, knowing our limits, living the power or collaborative and team-based practice, and listening to our patients.

When all of these things fail us as providers, Uniform Disciplinary Act violations occur, and complaints come to the WMC, we hope that we have the grace and wisdom to sort them out in fair and just ways that protect the public, and help providers become the best they can be. In such decisions, just as with our medical practices, we all remember that "gray areas" will be lurking around every corner, waiting to see how we will respond, and testing our ability to find a way to do what is safe, and what is right.