

Let's be real, we need more failure

As we scroll through Facebook photos and Instagram stories, it's easy to think that everyone else is winning at life with their perfect meals, epic beach vacations, and overachieving children. While sometimes opportunity does meet preparation, reality is usually full of burned dinners, rainouts, and excruciating tantrums.

In health care, we have our own culture of perfection where success is rightly celebrated, but we are slow to move away from the traditionally judgmental nature of morbidity and mortality rounds or the stoked competition of quantifying our learners through hallway pop quizzes. We've all experienced the disappointments

and frustrations of working hard—often to the point of burnout, or worse—to compensate for a health care system that hasn't evolved to meet the increasing needs of our patients and communities. Yet just as we wouldn't improve as cooks, planners, and parents without the occasional defeat along the way, we cannot have progress in health care without failure.

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History has shown that success rarely comes quickly or easily—and certainly not without failure. The next time you fix your squeaky door you can thank the engineers who failed 39 times before finding the water-displacing formula that is still used more than 65 years later in WD-40.¹ And while you may not remember Apple's desktop computer, Lisa, Steve Jobs learned from that mistake and focused his vision on creating the Macintosh, which paved the way for the iPhones and iPads so central in our lives today. And millions of us have seen the SpaceX landing, but how could we possibly dock a rocket on a raft without a number of unexpected ocean splashes?

In health care, a teenager's failure to create a synthetic form of an antimalarial drug led to the creation of purple dye, which in turn allowed

Dr Paul Ehrlich to found the field of immunology.² And thanks to Wilson Greatbatch's use of the wrong transistor while trying to record



a heartbeat, the implantable cardiac defibrillator was discovered.³

However, conditions necessary for the productive process of failure are rarely in place. So how can we change this?

Move past blame

"Remember that failure is an event, not a person." —Zig Ziglar

Despite the politicized times we live in, we must move past blaming others and recognize that health care is extremely complex, and failure is inevitable. We experience this in our clinical lives: some couples require more IVF treatments than others; some cancers respond to a certain chemotherapy while others don't; and some patients develop postsurgery complications while others who have undergone the same procedure, in the same hospital, with the same team, don't. Depersonalizing failure will allow us to fairly assess outcomes and reassure others that they won't be judged solely by their outcomes, but rather by their efforts, intentions, iterations, and inclusivity.

Encourage and support failure

"I have not failed. I've just found 10 000 ways that won't work."

—Thomas Edison

Like any process, failure requires resources. Although there are hundreds

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of books on the importance of failing fast, our clinical, family, and other personal commitments often act as barriers to our involvement at the systems level. But we need to encourage participation and create a culture that rewards innovation and doesn't decry failure—surely we can find ways to allow people to give their time, ideas, and feedback. Sure, there is a financial cost to failing—at least in the short term—but without a proper, protected budget, governments and health authorities have no incentives to be ambitious, and instead continue down the safer path, making small changes or blaming foundational issues on those who came before.

Learn and iterate

“It is fine to celebrate success, but it is more important to heed the lessons of failure.” —Bill Gates

The goal is not to fail, but rather to courageously try our best, and when failure occurs, as it often will, to analyze and learn from the experience. Our biggest mistake is not in failing, but in failing to learn from our failures.⁴ The health care landscape is full of ambitious ideas and projects such as one person/one record EMRs, alternative payment models, pooled referrals, primary care networks, and urgent primary care centres. They will not—cannot—all succeed everywhere at once. And these bumps in the road will inform the rest of the journey, giving us the opportunity to improve all aspects of these projects, from change management, to funding, to local needs, to leadership, even the assessment process itself.

So let's move beyond the curated personas we see online and get real about helping our patients and building a better health care system, be-

cause only by recognizing the value of failure and supporting innovation can we ever truly succeed.

—Eric Cadesky, MDCM, CCFP,
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