How Predictable?

Jeff Reinke, editorial director

With the start of the baseball season comes an onslaught of predictions. So-called experts citing why certain teams and players will perform well or poorly both intrigues and frustrates me. While I love to hear their thoughts on what I should expect from my team and its rivals, I also get annoyed when their prognostications differ from the heightened expectations I have for the Milwaukee Brewers this season.

While working to get past the thought of my beloved Beer-Makers finishing as low as fourth place, I began thinking about how the propensity to forecast often pits optimism vs. reality on so many playing fields – including the OR table.

In baseball, most predictions are accompanied by disclaimers noting that a player or group of players need to perform as they did last year, or to simply avoid injury in order for the prophesy in question to hold true. This way the talking head is off the hook if things don't turn out the way their analysis led them.

When looking at surgical procedures, there is always the warning that accompanies any visit to the OR in that every surgery has a certain element of risk. No, we don't have to worry about the surgeon pulling a hamstring or the OR nurse not adjusting to a new environment after signing a big free agent contract, but there are obviously infection control issues, unexpected findings or even equipment malfunctions that can lead to unfortunate, unforeseen outcomes.

In baseball, these things are chalked up to the way the ball bounces. In the OR, there is no room for a "we'll get 'em next time" mentality. Despite what we reported in a news item [1] last week about a Toronto plastic surgeon, no prediction in baseball or surgery is guaranteed. The problem though, is not really in the prediction itself, but rather the listener's perception of it.

There’s a tendency to discredit unwanted prognostications. I don’t want the Brewers to finish fourth so obviously the crew on the MLB channel doesn’t know what they’re talking about. Similarly, are there patients of yours who simply didn’t want to hear about the negative possibilities of their upcoming procedure, especially if it’s a fairly simple or common one? Did that impact the way you or other staff members approached this patient and their family in educating them about the procedure?

Just as the optimism of opening day can cloud a fan’s realistic thoughts on winning a pennant, are the potential realities of the operating room being discounted in order to keep the patient upbeat and positive?

My point is that I want the Crew to do well this year, but charging into the season with my head in the sand about the inexperience at shortstop and centerfield, as well as the potential shortcomings of the starting pitching, doesn’t make me a better fan. Similarly, as much as we want every surgery to be flawless and expect nothing but the best, the surgical community needs to ensure that patients understand the possibility, however unlikely, of occurrences like surgical fires, HAIs and other factors that can impact the procedure and subsequent recovery.

In my opinion this isn’t being an alarmist, just a realist. Maybe if more understood all the factors and possibilities associated with any surgical procedure it wouldn’t always be thought of as a simple solution, (i.e. weight loss), and potentially reduce the litigation-happy mentality of patients and their families when medical predictions turn out to be … just predictions, not guarantees.

Have you experienced patients unwilling to hear about the potential risks in the OR? E-mail jeff.reinke@advantagemedia.com [2]

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