

# TRANSCRIPTION

**cpsi Canadian Patient Safety Institute**  
**iscp Institut canadien pour la sécurité des patients**  
**Dr. Julia Trahey**  
**General Internal Medicine Specialist**

**[0:00:10]** My name is Julia Trahey. I'm a general internal medicine specialist. I've been practicing now for close to 30 years, and I'm the clinical chief of patient safety at my organization.

**[0:00:30]** When I think about why I do what I do now, I go back to an episode that happened very early in my career, because there is a before and after of my career from that point. And it was a patient, a young man who was only a few years older than I was at the time, who had come in with a suicide attempt and had been transferred to the hospital I was working at for care because of respiratory difficulties that he had as a result of that.

**[0:01:11]** So we were doing the medical stabilization and things seem to be going well and we were back and forth to emergency all through the day and night. And then at about, it was sometime after midnight, I got a call saying he had jumped from the hospital room and that I was needed to come back to the hospital to run resuscitation. And the rest of that night was a blur. And of course, it was a completed suicide at that point because the resuscitation was unsuccessful.

**[0:01:48]** I continued on call and was called in a few hours later to do another resuscitation of a patient that had been found dead at home. And then there were other patients throughout that night that I was dealing with, but it was myself and the junior intern that was with me, and we were just kind meeting with some of the family members. And it was a very, very traumatic event for the hospital, for the nursing staff, for the emergency physicians. But trying to deal with that and then going on with the rest of the work that had to be done throughout the night. And so you go into a state of kind of suspended – not feeling anything. Work to do. Get with it. Just keep going. Don't think about it. And I knew that there were going to be further meetings about this, but I didn't know what to feel.

**[0:03:03]** And I remember driving away from the hospital, and ordinarily, I would go to my mother and talk to my mother about this. But my mom and dad were out of town that particular day. So I went to my oldest sister's house. And I remember running a red light on the way there. And I just realized it after I went through because I don't even know how to put into words. I didn't know what to think. It was just a jumble of thoughts, but then also a jumble of thoughts and a lack of feeling because I didn't know what to feel.

**[0:03:44]** I needed someone to talk to and I needed to be able to be there for my junior intern. And my fellow physicians were more matter-of-fact about it. And perhaps because I'm female, I had the sense that if I got too emotional about it, you know, it, again, might be seen as less professional. And it wasn't so much emotional as I just needed to talk to somebody about that whole night. It's an intrinsic hit to who you are.

**[0:04:27]** And I think certainly, those physicians of my generation and older, we were trained to feel that what we did and the outcomes for our patients reflected, on some level, how good we were as a person, how good we were as a physician, our professional role. And our personal roles were so intertwined that when things go wrong, there was little defense against feeling that somehow, you failed on as a human being and not just in your professional role. Why we have a job is because there are people who need care.

**[0:05:17]** And I'm very happy with seeing how things are changing and improving. And it is a focus of how we do business more and more and more. And there's a greater acceptance of factoring in what really happens to patients as part of how we design the services that we deliver.

**[0:05:46]** If there's one thing I'd change, is actually what I have chosen to change, and that is introducing into the undergraduate curriculum at our university patient safety. And as part of that, I have spoken about the need for peer support network, and that there should be no shame or no apprehension about talking about errors, and that the likelihood of them making errors is pretty much a given. Now, they may not be errors that have catastrophic outcomes, but that they need to be comfortable and accept it as normal as a part of doing a high-risk business, and also normal to talk about it. And so I've been encouraging them and teaching them that that's part of being a doctor.

**[0:06:48]** The outcome of analyzing why this happened the way it did, and also, it was talking of medical physicians, speaking with psychiatric physicians and saying, "Well, this is our experience here, and that's your experience there and how do we come up with a solution?" And so we were able to create a psychiatric liaison service so that patients who get medically unwell or who come in, who become psychiatrically unwell when they're in medicine, that we have access to expertise to help real-time that day, the next day, and on a go-forward basis. So for me, I always look at that service as a tremendous positive that had come out of something that was really, really not positive.

**[0:07:50]** What did that person achieve? Well, he achieved a service that has helped hundreds of patients in the intervening years. I think about the English language and how we use certain words: sorrow, grief, stoic. And I've seen that. I've been there in the room when it's been manifest, when people have been stoic in the face of horrible news. I've seen what sorrow is because it fills the room. I've seen and felt grief because you're there with people who have had really bad things happen.

**[0:08:37]** With that particular, I didn't have a long relationship. Those other relationships that I've had with my patients over years – this was a very, very short, short duration experience, but it marked my career from before and after because of how I felt things could have been done differently that may have made a difference. And so that's how it's impacted me then, now, and why I try to do the work I do in the way that I do it.

**[0:09:20]** I'm at an interesting point in my career. I'm heading into the final phase. I'm not a junior doctor. I'm a senior doctor. And I think it's important for other physicians and students to appreciate that these are the journeys that some people have taken through the course of their career. They will have their patients, too, that will change how they do business and to embrace them, embrace the experiences as a learning experience and to do something good with it. And I hope that they get the support that they need from their peers.

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