Root cause analysis

We all look forward to Homicide Inquiries, mandated by the Department of Health Circular HSG(94)27 (Department of Health, 1994) being replaced or modernised as soon as possible, since there seems to be very little evidence that the enormous costs of these inquiries are justified by the benefits. Root cause analysis, as described by Neal et al (Psychiatric Bulletin, March 2004, 28, 75–77), may offer useful alternatives. However, reading their article left me with two doubts, both of which relate to the notion of ‘logical relationships’ between different ideas or issues. It is important that logical decisions are taken in medical practice, since this is one of the legal tests of good-enough medical practice. However, I would raise two concerns; first, not everybody would agree on what constitutes a ‘logical relationship’. For example Neal et al suggest in their first figure that there is a ‘logical relationship’ between failure to diagnose and treat an emergency, as described by Neal et al (Psychiatric Bulletin, July 2004, 28, 251–253) advocate that consultants should work in ‘progressive roles’ in order to combat occupational stress. This role includes a low accumulation of patients from other members of the multidisciplinary team, scope for delegation, time to respond to emergencies, taking a low level of direct referrals, and feeling support from and reliance upon other team members. Consultants working in such a role are more positive and less stressed.

However, there is nothing in the methodology to indicate that the numbers of supporting team members were considered in the analysis. Surely, all of the above factors may relate pretty directly to the number and quality of other members of one’s team, and without sufficient multidisciplinary colleagues it is rather difficult to envisage consultants surviving in the suggested ‘progressive’ role. In the absence of such data, and of any consideration of team sizes, the paper’s recommendations appear fairly vacuous.

John M. Eagles Consultant Psychiatrist, Royal Cornhill Hospital, Aberdeen AB25 2ZH

Author’s reply: In his letter Dr John Eagles points out that the assertion in our paper that consultant psychiatrists working in more progressive roles (low accumulation of patients, effective delegation, good team working and support, effective gatekeeping and low level of direct referrals, time to deal with emergencies) are likely to suffer less from occupational burdens is flawed, since no consideration is given to the number and/or quality of team members. Dr

Consultant psychiatrists’ working patterns

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Declaration of interest

L.A. Neal is working with the Emergency Care Research Institute (a non-profit patient safety organisation) collaborating with the Department of Health to introduce root cause analysis into the National Health Service.

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