dear residents

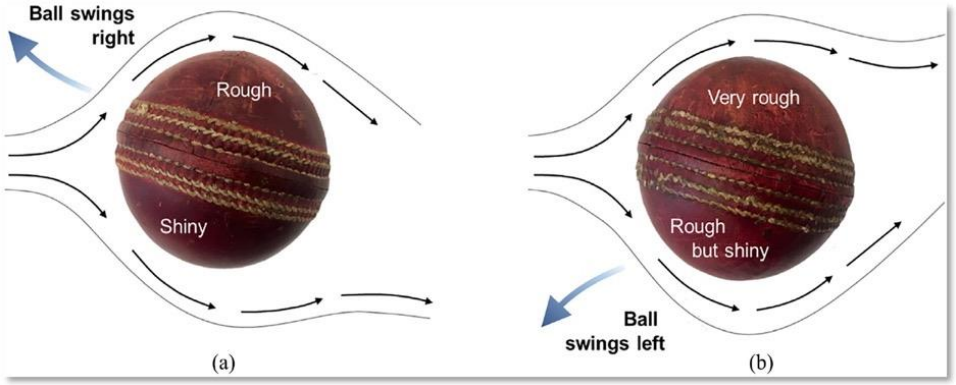
Destructive Consent and Constructive Dissent **February 16, 2025**

Dear Residents,

We may agree to things we internally disagree with because we're conditioned to respect authority. Conversely, we can be the lone dissenting voice, carrying the anxiety of challenging authority or deviating from prevailing norms or dogmas. This dynamic plays out in our personal lives, public lives, and workplaces.

I was raised in a fairly conformist society and attended a relatively formal school with strict academic standards and rigid behavioral expectations. Punctuality, effusive respect for teachers, and a strict dress code were the norms. However, within these confines, we had avenues for creativity and self-expression. We had a debating team that allowed controlled and respectful disagreements, and we were taught literary criticism, which gave us the freedom to challenge revered novelists and playwrights.

Cricket, the quintessential South Asian sport, not only entertained us but also imparted valuable physics lessons. We marveled at the "reverse swing" of the cricket ball, a phenomenon that occurs when one side of the ball is rough, and the other is shiny. In the alleyways where neighborhood cricket thrived, we substituted the traditional leather cricket ball with a tennis ball covered in tape. This ingenious modification reduced air resistance, enhancing the ball's speed, and causing it to swing wildly. Tape ball cricket quickly gained popularity, becoming a national phenomenon. This nonconformist and disruptive innovation became deeply ingrained in our psyche, shaping our cricketing experiences, and fostering a sense of innovation.



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Modifying the cricket ball was one thing, but questioning prevailing societal norms could only be done in safe circles where we engaged in deep philosophical discussions and often touched upon relatively taboo subjects. Our bedrooms were adorned with posters of rebellious figures and quotes by Albert Einstein and Bertrand Russell. I believe the essence of this observation lies in the fact that even in the most rigid societies, discourse that challenges the established norms flourishes.

Just before I took on the role of your program director, I was employed in health informatics at the VA hospital. We were burdened with numerous directives to adhere to, yet we also made an effort to respond to enhancement requests. One such request involved the development of a best practice alert specifically designed to prevent phlebotomists from inadvertently drawing blood from the arm that houses an arteriovenous fistula. This request originated from a root cause analysis that investigated a patient with a fistula who developed thrombosis following a blood draw on the same arm. As my team and I engaged in brainstorming sessions to find solutions, we discovered that the phlebotomist primarily relied on a printed list and lacked access to the patient's chart. Consequently, any EHR-based best practice alert would remain unseen by them. Our proposed solution was straightforward yet required some persuasion. We suggested the implementation of a simple "no blood draw on this side" wrist band. Eventually, the VA leadership recognized our solution as the most practical and effective approach.

As your program director, I am obligated to adhere to the regulations and directives set by the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Internal Medicine (ABIM), the National Resident Matching Program (NRMP), the UT Southwestern Graduate Medical Education (GME) department, as well as the Texas Medical Board (TMB). Additionally, I am responsible for responding to initiatives aimed at enhancing patient safety, ensuring compliance, improving teamwork, and optimizing the efficiency of care.

One valuable lesson I learned from Dr. Gary Reed is that optimizing a single process can inadvertently suboptimize others. By adopting the perspective of the resident experience, I rely on those childhood lessons to "reverse swing" the regulatory ball to the extent permitted. The pursuit of knowledge and the quest for truth are the cornerstones of science and medicine. Mark Lilla's book, Ignorance and Bliss: On Not Wanting to Know, delves into the notion that the singular pursuit of knowledge is an illusion, as we possess an equally strong inclination towards ignorance. I believe this concept resonates with our resistance to change, our acceptance of norms, and our reluctance to dissent.

So, how can we encourage and normalize constructive dissent? For instance, when the Joint Commission, an entity that accredits healthcare organizations, introduced the universal time-out initiative, which made sense in the operating room but not in the clinic, we discovered that a 5-minute joint injection now consumed over 30 minutes of documentation and coordination. Despite our efforts to dissent, highlighting that other common procedures, such as NG tube placement, starting an IV, or inserting a Foley catheter, did not necessitate a time-out, no changes were implemented. However, it's crucial to emphasize that even when the chances of success are slim, questioning and seeking clarification should always be encouraged.

Dissent, often misunderstood and maligned, can inadvertently lead to feelings of disrespect and interpersonal conflicts. Initially, suppressing dissent may manifest as superficial collegiality or agreeableness. However, internalizing such unresolved dissatisfaction can accumulate over time and result in rebellious or even rageful outbursts at inappropriate times. By transforming dissent into a consistent pattern of shared behavior, it can become a normative expectation. Moreover, when integrated into respectful encouragement of divergent opinions, dissent can become a potent catalyst for innovation. The phenomenon of groupthink has wreaked havoc on boards and organizations. During my tenure as a house officer in Pakistan, the attending physician's diagnosis remained unchallenged due to

a combination of reverence and fear. To address such issues, one attending physician at Parkland assigned the “diagnosis challenger” role to a rotating team member, including the students. The task was to conduct thorough inquiries and provide alternative diagnoses—“What else could it be?” or “What are we overlooking?” These exercises of intellectual honesty not only addressed individual cases where cognitive biases led the team astray but also fostered a culture of constructive dissent. Through such initiatives raising questions and offering alternative explanations can become the norm, promoting a dynamic and innovative environment.

In the ever-evolving landscape of medicine, the ability to challenge assumptions and question established norms is not just an intellectual exercise but a vital component of progress. Constructive dissent, when embraced within a framework of respect and curiosity, has the power to drive meaningful change, prevent errors, and foster innovation. Just as a reverse swing in cricket emerges from subtle yet deliberate modifications, so too can our ability to refine medical practices stem from questioning, adapting, and rethinking conventional wisdom.

As you continue your training, I encourage you to cultivate a mindset of inquiry—one that balances respect for established principles with the courage to ask, “What else could it be?” Let constructive dissent be a shared responsibility, a cultural norm rather than an isolated act of defiance. By fostering an environment where diverse perspectives are valued and rigorous questioning is encouraged, we not only refine our clinical reasoning but also uphold the highest standards of patient care.

I remain grateful for your energy and candor,

Dino Kazi