



## AMA Journal of Ethics®

March 2025, Volume 27, Number 3: E169-170

### FROM THE EDITOR

#### Regret Is Endemic to Surgical Professional Life and Navigating It Is a Skill

Kimberly E. Kopecky, MD, MS

It has been said that shame dies when stories are told in safe places.<sup>1</sup> But what happens when surgeons do not have safe places to share their experiences or are not exposed to behavioral practices that reflect healthy coping strategies for navigating unwanted patient outcomes? These were the questions I asked myself as I completed my surgical training and prepared to step into my new role as a surgical faculty member. Over the course of my residency and fellowship, I had learned a lot about surgical technique, management of routine and complex clinical decisions, and ways to communicate with patients facing high-stakes decisions. Like any surgical trainee, I had managed patients who had suffered from the consequences of surgical errors of judgment, technical complications, and adverse patient outcomes. Despite this exposure, I had not been taught how to navigate the complex moral emotions that arise in these types of clinical scenarios.

I had questions to which I wanted answers: *When is navigating regret from an unanticipated or unwanted outcome different from navigating regret caused by an intraoperative error? What is the recommended strategy for maintaining trust and confidence in myself and my training when an outcome is not what I expect or hope for? How could I best prepare myself to handle such situations?*

In this issue of the *AMA Journal of Ethics*, surgeon contributors have shared their recommendations and best practices for navigating poor outcomes that contribute to regret and its associated moral emotions. Cases are used to highlight adverse outcomes not due to error, adverse outcomes due to factors beyond the surgeon's control, and best recommendations for surgeons to support one another. Articles in this theme issue also discuss evidence-based strategies to mitigate the development of regret and whether or not to **share experiences of regret with patients**. I had the opportunity to solicit the input of leaders in the field to help me answer questions about how **organizations might be held accountable** for poor outcomes that lead to regret and the ways in which regret directly influences clinical decision-making.

These perspectives can help shape how surgical trainees are taught to navigate complex moral emotions they face in their professional lives. As a field, surgery still has considerable progress to make in modeling healthy responses to regret as part of professional training and career development. It is my hope that this theme issue will

give senior and mid-level surgeons some tools to model habits of reflecting on and navigating regret with their **junior surgeon colleagues** and trainees in ways that foster growth, resilience, and support for present and future surgeons.

### References

1. @AnnVoskamp. Shame dies when stories are told in safe places. October 3, 2016. Accessed May 23, 2024.  
<https://x.com/AnnVoskamp/status/782941512061575168>

**Kimberly E. Kopecky, MD, MS** is a dual-boarded physician in general surgery and in hospice and palliative medicine and an assistant professor in the Division of Surgical Oncology at the Heersink School of Medicine at the University of Alabama at Birmingham. She has tailored her clinical and nonclinical training to conducting research on the surgical experiences of patients with advanced cancer and understanding how these experiences influence perioperative decision-making and recovery from major abdominal cancer operations.

#### Citation

*AMA J Ethics.* 2025;27(3):E169-170.

#### DOI

10.1001/amajethics.2025.169.

#### Conflict of Interest Disclosure

Author disclosed no conflicts of interest.

*The viewpoints expressed in this article are those of the author(s) and do not necessarily reflect the views and policies of the AMA.*