

Episode: *Author Interview: “How Should We Understand Regret as a Moral Psychological Experience That Can Influence Clinical Decision-Making?”*

Guest: Sarah L. Spaulding

Host: Tim Hoff

Transcript: Cheryl Green

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[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Sarah L. Spaulding, a fourth-year medical student at Yale School of Medicine in New Haven, Connecticut. She’s here to discuss her article, coauthored with Dr Katherine Fischkoff, “*How Should We Understand Regret as a Moral Psychological Experience That Can Influence Clinical Decision-Making?*,” in the March 2025 issue of the Journal, [Regret in the Moral Psychology of Surgical Professionalism](#). Sarah, thank you so much for being here. [music fades]

SARAH SPAULDING: Thanks for having me.

[00:00:48] HOFF: So, what is the main ethics point that you and Dr Fischkoff are making in this article?

SPAULDING: Sure. So I’d say the key ethical point we’re making in this article is really how regret plays a role in surgical training and surgical decision making. So, surgery is kind of unique because surgeons are directly responsible for the outcomes of their patients, and when things go wrong, that regret can feel very personal. And what we wanted to highlight is that regret doesn’t have to be a purely negative experience. In fact, it can be a really powerful tool for growth. And so, yes, of course, regret is something all surgeons experience at some point, but it’s really how they respond to it that matters.

And so, in our paper we draw this distinction between constructive and destructive regret. And constructive regret can lead to self-reflection, which makes better surgeons by helping to refine their skills and judgment. But on the other hand, if it goes unchecked, regret can become this really destructive process, leading to self-doubt and emotional withdrawal, which can impact their performance and relationships with patients. And so, the big takeaway for us is that regret, while a very challenging thing to navigate, is really an essential part of the learning process. It’s something that needs to be confronted, not avoided, because ultimately, it helps you grow as a surgeon and improves the care you provide to patients.

[00:02:21] HOFF: And what should your fellow health professions students and trainees be taking from your article?

SPAULDING: I think for trainees, the most important takeaway is that regret is part of the process, and they shouldn’t let it overwhelm them. It’s easy to feel devastated after a bad

outcome, but that kind of emotional reaction can actually hold them back. And so, what we encourage trainees to do is use regret constructively. It's really a chance to reflect and improve. It's normal to make mistakes, especially early in your career, but those mistakes shouldn't hold you back from learning and improving. And so, instead of letting regret destroy confidence, trainees have to learn to process it in a way that helps them grow. And this means learning to recognize when regret is a tool for improvement, and when it might be turning into something more destructive. And developing that emotional resilience is really crucial, being able to face regret, learn from it, and then move on without letting it negatively affect future decision making. And that that is really how to get better as surgeons.

[00:03:30] HOFF: And finally, if you could add something to your article that you didn't have the time or the space to fully explore, what would that be?

SPAULDING: I think if we could add one more point, it would be really the importance of institutional support for surgeons when they experience regret. In the past, people really haven't talked enough about how tough these situations can be on surgeons emotionally. And we focus a lot on patient care, but surgeons themselves are often the quote-unquote "second victims" when something goes wrong. And that emotional toll can be really significant. So I think institutions need to do more to support surgeons in these moments, and that looks like offering real and substantive mentorship and outreach after these kind of adverse outcomes. I also think it's really important to separate regret from medico-legal issues. So, when a bad outcome leads to a lawsuit, surgeons can become very defensive, which is completely understandable, but not always the most productive way to process it. And that defensive mindset can really block the kind of reflection and learning that's so crucial for that kind of professional growth. [theme music returns]

[00:04:41] HOFF: Sarah, thank you so much for your time on the podcast today, and thanks to you and Dr Fischkoff for your contribution to the Journal this month.

SPAULDING: Thanks so much for having me. Great to be here.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.