

Full disclosure: When things go wrong

by [Lee Taft](#) in the [June 16, 2009](#) issue

On April 1, Robert Powell resigned from the Dallas police force. Powell is the rookie police officer who stopped NFL player Ryan Moats for rolling through a red light. Moats explained that he was rushing his wife to her dying mother's side, but the squad-car video captured Powell berating Moats and holding him for 13 minutes—the last 13 minutes of Moats's mother-in-law's life. Powell was pilloried by the press and even by his own department. The apology he offered seemed insincere, and his remorse strategic. Under the weight of the nation's judgment, the 25-year-old rookie resigned.

There is no question that what Powell did was wrong. He abused his authority and violated public trust. Through insensitivity he brought shame to his department, his city, his family and himself. But should this have been a career-ending mistake? Was there no room for rehabilitation, no opportunity for redemption?

I teach individuals and organizations how to account for their mistakes, especially errors that injure others and are tied to legal liability. Most of my work is teaching doctors and hospitals how to respond to patients injured by medical mistakes. I have learned that it is not only patients who suffer in the wake of medical error. Doctors suffer as well.

In a recent study in the *New England Journal of Medicine*, researchers reported that in the wake of error, physicians “agonize over the harm caused, the loss of patients' trust, the loss of their colleagues' respect, their diminished self-confidence, and the potential effects of the error on their career.” This angst leads the physician to push away from the patient because the physician is “paralyzed by shame.” As a result the physician sometimes misses important changes in the patient's condition, a situation that compounds the original error and leads to more shame. Physicians who are in the wake of actual and perceived error are at much higher risk for addiction, burnout and suicide.

The antidote to this vicious cycle is a process called disclosure, in which the patient is fully informed of all outcomes in his or her care—even terrible outcomes resulting

from preventable medical error. If an error was preventable, I encourage physicians to account for the harm caused through a five-step process: remorse, explanation, apology, accommodation and learning. In religious language this process is called repentance, and when it comes to preventable errors, repentance matters. Studies show that repentance is the single most important factor as to whether an injured party will forgive, and that the act of repentance is what is required for authentic self-forgiveness. It is a reparative and healing act for everyone involved: patients, doctors and communities. Where would we as a people be without it?

A few years ago the city of Dallas was embroiled in what have been called the “fake drug cases,” the results of a scheme concocted by a Dallas police officer and a narcotics informant. These two planted gypsum on immigrants and then arrested them for possession of illegal substances. The officer was motivated by the chance for promotion, the informant by the pay-per-arrest incentive used by police departments in the war on drugs. The officer knew that Dallas County, in order to save costs, had quit testing substances associated with drug busts, and he relied on that fact in targeting his victims. The city also had culpability because procedural breakdowns within the police department contributed to the scandal. The scheme was revealed by an investigative reporter for WFAA-TV, which broke the story after discovering that 25 innocent people had been wrongfully jailed.

Then city attorney Madeleine Johnson asked me to help her create a process of accountability so that both those harmed and the city could heal. We designed a disclosure process, and a courageous city council responded by passing a resolution that tracked the five steps of repentance.

In this resolution, the city acknowledged its part in the scandal, expressed remorse and apologized to the victims, their families and the citizens of Dallas for the failures on the city’s part that contributed to the misguided and illegal scheme. The resolution directed the city manager to work with the chief of police to “determine how a system designed to fight a war on drugs was subverted so that innocent people became its casualties and to take any further corrective actions that are needed.” Johnson was directed to enter into good-faith negotiations with those harmed in order to effect fair compensation for the wrongful arrests, which is what she did. Within a few months the cases were resolved. Even more critically, the breach the harm caused had begun to heal.

Essential to healing was the city's willingness to learn from its mistakes, to make corrections so that others would not be harmed, and to take steps so that the experience would not be forgotten but "indelibly etched in [the city's] history so that similar mistakes are not repeated and so that public trust can be restored." Learning happens in environments that encourage disclosure and transparency, not in systems in which the response is blame and punishment.

Of course, Powell's mistake is quantitatively different from errors made in medical situations. His mistake was apparently fueled by arrogance and an immature use of power. He was a rookie, a second-year cop out on a beat by himself. According to interviews, he joined the force right out of college because he had always wanted to be a police officer. Should his egregious error, which cost Moats a final moment with his mother-in-law, have cost Powell his career?

*Dallas News* columnist Mark Davis thought so. Davis called for Powell's resignation or termination, described him as a "complete idiot" and insinuated that he was a sadist and unrepentant lout. Davis would not consider the possibility of reassignment or retraining or Powell's return to the streets—ever. Instead, Davis wanted Powell to spend the rest of his life thinking about his poor judgment.

What happens when, as Davis suggested, there is no room for repentance? I believe that we have to accept that people make mistakes and allow them to account for the harm they cause. Even when a mistake is as egregious as Powell's, we have to create room for repentance. Powell could have been assigned to the department's chaplain, for example, who could have helped Powell develop empathy skills, or he could have been required to participate in community reconciliation processes so that he could learn firsthand how to repair the harm he caused. The Moats family should have been given an opportunity to describe what repentance would look like to them. If, after being given these kinds of opportunities, Powell proved to be an unrepentant lout, then would have been the time to call for his resignation, the time to end his career. Until then, he should have been given the chance to learn and grow.

Powell isn't the only one who should learn from this experience. The police academy, which has a responsibility to train its officers in empathic and creative problem-solving processes, should review its admissions processes and curricula. The department should have a process in place so that when one of its officers makes a mistake, the department is ready to guide the officer in demonstrating

accountability, rather than shaming and isolating the officer.

Those of us who observed this situation from afar can also learn. If we find ourselves responding with hostility toward the officer, we should ask ourselves why we're responding this way. Why are we more eager to seek vengeance than reconciliation? If Powell were our husband or son or father or brother, how would we want others to respond?