

Acknowledgements

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References

1. Sexton JB, Thomas EJ, Helmreich RL. Error, stress, and teamwork in medicine and aviation. *BMJ* 2000; 320: 745-749.
2. Ferner RE, Aronson JK. Medication errors, worse than a crime. *Lancet* 2000; 355: 947-948.
3. Sonderegger-Iseku K, Burger S, Muntwyler J, Salomon F. Diagnostic errors in three medical eras: a necropsy study. *Lancet* 2000; 355: 2027-2031.
4. Nightingale PG, Adu D, Richards NT, Peters M. Implementation of rules based computerised bedside prescribing and administration: intervention study. *BMJ* 2000; 320: 750-753.
5. Wilson RM, Runciman WB, Gibberd RW, et al. The Quality in Australian Health Care Study. *Med J Aust* 1995; 163: 458-471.
6. Kohn L, Corrigan J, Donaldson M, editors, for the Committee on Quality of Health Care in America, Institute of Medicine. To err is human: building a safer health system. Washington: National Academy Press, 2000.
7. Leape L. Error in medicine. *JAMA* 1994; 272: 1851-1857.
8. Helmreich RL. On error management: lessons from aviation. *BMJ* 2000; 320: 781-785.
9. Walton M. Anatomy of a complaint: error of judgement or professional misconduct. *Health Investigator* 1998; 1(3): 1-6.
10. Professional Standards Committee Hearings 1988. Dr W. In: Complaints Unit, NSW Department of Health. Annual report 1988. Sydney: NSW Department of Health, 1988: 31.
11. Hilfiker D. Facing our mistakes. In Rubin SB, Zoloth L, editors. Margin of error: the ethics of mistakes in the practice of medicine. Hagerstown, Maryland: University Publishing Group, 2000: 87-94.
12. Vincent C, Young M, Phillips A. Why do people sue doctors? A study of patients and relatives taking legal action. *Lancet* 1994; 343: 1609-1613.
13. Whitman AB, Park DM, Hardin SB. How do patients want physicians to handle mistakes? A survey of internal medicine patients in an academic setting. *Arch Intern Med* 1996; 156: 2565-2569.
14. Case 7. Uterus pulled out following childbirth. In: NSW Health Care Complaints Commission. Annual report 1995-96. Sydney: HCCC, 1996: 36.
15. Case 2. Side effects and informed consent. In: NSW Health Care Complaints Commission. Annual report 1995-96. Sydney: HCCC, 1996: 31.
16. Case 5. Dr EE. In: Complaints Unit, NSW Department of Health. Annual report 1993/94. Sydney: NSW Department of Health, 1994: 48-49.
17. Case 14. In: Complaints Unit, NSW Department of Health. Annual report 1993/94. Sydney: NSW Department of Health, 1994: 25-26.
18. Case 11. In: Complaints Unit, NSW Department of Health. Annual report 1988. Sydney: NSW Department of Health, 1988: 19. □

OBITUARY

Stephen Nicholas Hocking

MB BS, FANZCA

STEVE HOCKING was a respected anaesthetist in Perth who died at the age of just 39. He was born on 18 April 1962 and attended primary school at Jolimont in Perth and secondary school at Mentone Grammar School in Melbourne. He graduated in medicine from the University of Western Australia in 1986 and spent his internship and residency at Royal Perth Hospital.

On secondment from Royal Perth Hospital, Steve worked in Kalgoorlie as a Resident Medical Officer. While there he took up parachuting, until his fellow RMO broke his ankle participating in the same activity, forcing Steve to do the work of both of them. In 1995 he spent three months in Port Hedland working as Anaesthetic Registrar, and, after obtaining his Fellowship of the Australian and New Zealand College of Anaesthetists in 1996, he spent a year in Pittsburgh, Pennsylvania, as Associate Professor of Anaesthesiology. He returned to Western Australia in 1997, where he worked as a sessional anaesthetist at Royal Perth Hospital before moving solely to private practice.

As a doctor and anaesthetist, Steve's focus was always his patient. Woe betide any clipboard-carrying nurse who tried



to get in the way of his postoperative analgesia orders.

His fierce advocacy and compassion for his patients was perhaps partly a result of having been a surgical patient himself and having experienced a chronic illness. This was always something that he bore privately and without complaint. His attitude to his own illness was to accept it and just get on with life. In the operating theatre he was always calm and precise; the sort of anaesthetist that other doctors would want to be anaesthetised by. He was also funny, but his humour was delivered in a characteristically dry sort of way that people would miss if they didn't know him well.

Steve developed metastatic cholangiocarcinoma in October 2000 as a complication of ulcerative colitis, which had been diagnosed when he was only seven years old. He pursued active treatment for as long as this gave him the opportunity to return home to spend more time with his wife Jane and children Oscar and Rupert. He died on 6 October 2001.

Steve told his wife that the only regret of his life was his death. He will remain forever young. The measure of Steve's life should not be in its length but in its worth and in the legacy that he leaves. He was a good man.

Robert J Davies