Editorial

The Debt We Owe

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It is often said that scientific experiments are performed to confirm a hypothesis. In fact, the vast majority of scientific experiments end up confirming what we don't know. As scientifically valid and valuable as this information may be, it is often impossible to publish. After all, "negative" knowledge isn't really considered a success and, therefore, worthy of publication; more often, it is considered an abject failure, to be filed away and forgotten.

Publishing an entire issue of *Seminars in Interventional Radiology* devoted entirely to complications is an intellectually and editorially courageous undertaking. It is akin to another scientific journal that publishes studies that demonstrate "negative" knowledge, or "failed" experiments. But as any reasonably experienced practitioner would say, the most valuable educational experiences are the ones when things went wrong.

Evidence-based medicine is the idea of optimizing medical practice based on well-designed, rigorous, validated studies. Learning about complications is seemingly the polar opposite: learning from anecdotal, unvalidated case reports and applying the lessons learned to daily practice. It is the conversation around how these complications arise that can lead to deeper understanding. Whether the critical factor that caused a complication is technical, systemic, personal,

device-related, or a combination thereof, the issues often transcend a simple case report. It is the process and effort by which we try to understand how these things happen and, more importantly, how we can avoid them in the future and serve our patients better.

Perhaps more than anything, I want to acknowledge the patients who have inadvertently suffered from unanticipated complications and medical errors. We should be mindful of the outward appearances that complications and "extreme" cases could engender among others outside of our specialty; at all times, we would do well to remember that a fellow human being has suffered. We should also remember that the person under the drape is someone's mother, or cousin, or brother, or beloved friend and they all deserve our utmost respect, compassion, and, in these cases, gratitude for allowing us to learn at their expense.

In honor of their humility and kindness, I thank the authors and editor-in-chief for their courage in sharing these cases, in the interest of improving patient care and safety. These cases have taken their toll, both from the patient and physician perspectives. As a community of grateful beneficiaries of other's suffering, I sincerely hope you find them as thoughtful, illuminating, and deeply educational as I do.

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