Avoiding Cheap Grace

Medical Harm, Patient Safety, and the Culture(s) of Forgiveness

by NANCY BERLINGER

Too often in a hospital setting, forgiveness is thought to be automatic—given if a physician makes the apology. But this is cheap grace: a forgiveness achieved without the participation of the injured party. We must remember that forgiveness must be *given*, and devise new practices to see that it can be.

The title of the Institute of Medicine's report on medical error, *To Err is Human: Building a Safer Health System*, is derived from Alexander Pope's "Essay on Criticism" (1711): "To err is human; to forgive, divine" (l. 525).[1] Given how familiar this proverb is in its entirety, it is striking that the IOM report itself contains no reference to forgiveness, divine or otherwise, in its treatment of medical error, even as its title hints that error and forgiveness are fundamentally related. A "systems approach" to medical error, the approach advocated by the IOM and the patient safety movement alike, may similarly "forget" to engage forgiveness as a tool for

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addressing the needs of all parties affected by medical error—patients, families, and clinicians.

Dena Davis defines the job of the religious ethicist working on clinical issues as describing what real people really believe and how they really act.[2] If so, then insights from religion and related aspects of culture may help hospital administrators charged with meeting new standards for patient safety to recognize the restorative role that forgiveness has long played between individuals and within communities and to incorporate forgiveness into their systems for dealing with medical mistakes that lead to injury, death, or other trauma.[3] What follows is a broad "religious studies" rather than a strictly "theological" or "doctrinal" perspective on forgiveness, one that incorporates insights from Jewish and Christian social ethics, ritual studies, sociology of medicine, and medical anthropology, as well as from clinicians themselves.

That said, several concepts borrowed from Christian theologian Dietrich Bonhoeffer—"cheap grace" among them—are integral to my argument against what might be termed "forgiveness as self-interpreting principle." What I mean here is a way of formulating forgiveness so that its relational character—the actions that various actors undertake in relation to one another so forgiveness can take place—is forgotten. This relational understanding of forgiveness may be replaced by a cheap grace that, in formulating forgiveness as automatic, either acknowledges no role for the injured person as agent of forgiveness, or assumes that this person should offer forgiveness in the absence of disclosure, apology, accountability, compensation, or other goods that we might place under the principle of justice. In cases of medical harm, a cheap grace approach on the part of professional caregivers, including clinicians, chaplains, social workers, or pastors, may also place pressure on a patient and family to forgive automatically—by reminding them that "good people are forgiving," or by assuring them that offering forgiveness will bring them "closure," or by telling them that, after all, nobody *meant* to harm them—even as the patient's and family's distress is prolonged because they do not know what really happened, or because there is no acknowledgment of their suffering by those directly responsible for it.

In avoiding non-relational approaches to forgiveness, we must keep in mind that "forgiveness" is a Janus-faced word. It holds contradictory meanings—to engage and to detach—that are often conflated or insufficiently distinguished in everyday conversation as well as scholarly discourse. In the Jewish and Christian traditions, the deepest meaning of forgiveness is *detachment*. Forgiveness as cheap grace, as entitlement rather than outcome, ignores this deep meaning by refusing to ask what those harmed through medical mistakes may need in order to achieve detachment, or by pressuring them into engagement or acquiescence, even into a divine, salvific role, instead of allowing detachment to take place over time—in what the Christian Bible refers to as *kairos*, the appropriate time, as opposed to *chronos*, chronological time—once justice has been secured.[4]

Arguing for a definition of forgiveness after medical harm that holds detachment as the ultimate goal of the process does not mean that injured patients—or clinicians who have made errors—should simply be encouraged to "detach" from incidents of medical harm, and from their feelings concerning these incidents. Forgiveness entails more than detachment. Even in mundane interpersonal situations, forgiveness-as-detachment can be unsatisfying: after we have succeeded in emotionally detaching ourselves from a painful situation, we may still hesitate to *say* "I forgive you" if we believe that, by doing so, we are excusing bad behavior rather than affirming changed behavior.

One caution about the Jewish and Christian traditions is in order: while they are powerful if not always acknowledged influences upon Western culture and Western medicine, they are not universal. Conversations with clinicians and scholars from non-Western traditions have provided an essential corrective to any notion that forgiveness, in particular, is universally understood as a principle, norm, or religious or secular practice.[5] Recalling Arthur Kleinman's "category fallacy"—the "imposition of a classification scheme onto members of societies for whom it holds no validity"—is instructive.[6] It would not be appropriate to talk about the "Buddhist" or "Hindu" understanding of forgiveness, not because these traditions are "unforgiving," but because forgiveness as a metaphor for a relationship between autonomous persons might not be valid in traditions in which a concept of the self as independent

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from other persons or one's past lives is not the norm.

Similarly, in traditions in which suffering is understood to be inevitable, compassion (literally, "suffering with"), not forgiveness, is the predominant metaphor for a right relationship between persons. At a time when one in five physicians practicing in the United States was born and raised in Asia, as was one in four of the country's foreign-born residents, it is ever more important to be aware of the extent to which allegedly "universal" norms and rituals concerning error and forgiveness are grounded in Western culture, Western religions, and Western ideas about the self.[7]

Forgiveness in Theo-ethical Context

The root word *het'* appears 595 times in the Hebrew Bible, more than four times more often than its nearest synonym.[8] While this word is usually translated into English simply as "sin," its oldest meaning—a meaning that has parallels in other ancient Near Eastern cultures—is to "miss the mark," like an archer who takes aims at a target and misses it, or a traveler who misses the correct turn.[9] *Het'* is also used to describe breaches of social ethics, as when someone misses an opportunity to assist another. It has a theological dimension when one misses with respect to one's relationship with God, or in the performance of religious rites.

What is interesting about *het'* is that because it means "missing the mark"—that is, error, not necessarily "sin" in the post-Augustinian sense of original sin or moral taint—the reader must pay close attention to context to determine if a given error was intentional, unconscious, or avoidable, a matter of judgment, skill, experience, or character. As such, the word and its associated images may make a hermeneutical contribution to understanding how different actors understand medical error. The same incident of "missing the mark" may be framed as technical error by medical culture, as risk management by hospital administrators, as moral error, injustice, perhaps even sin, by patients, and as spiritual and psychological devastation by the clinicians involved. By appreciating the different ways in which a medical mistake may be interpreted, we may better comprehend how the expectations of stakeholders concerning the resolution of such cases may differ and conflict.

Within the Jewish and Christian traditions, forgiveness works roughly like this: God forgives the error itself, while the injured party forgives the individual who has made the error. Thus forgiveness has both a divine and a human component and encompasses two relationships, one between a human being and God, the other between human beings. Furthermore, forgiveness is a response to two discrete actions or series of actions: an acknowledgment of the error by the person who has made it, a practice often called confession, which is inclusive of disclosure and accountability; and an effort by this person to make amends for the harm he or she has done, a practice often called *repentance* or *atonement*. In these traditions, therefore, forgiveness is properly understood as the outcome of a relational ethical process.

Jewish traditions concerning forgiveness emphasize human agency to a somewhat greater extent than do Christian traditions, in which divine agency, often represented by clergy, may be more prominent. For example, the Hebrew word for atonement, *kapparah*, refers to the reconciliation of the person who has committed an error with the person he or she has injured.[10] The error is forgiven only when the injured person has been sufficiently appeased, a process that may involve concrete restitution—the word *kapparah* comes from a legal term for compensation—and that is ritually enacted by observant Jews each year prior to Yom Kippur.[11] The traditional Jewish understanding of atonement as the reconciliation of *persons* thus requires the injured party, as human agent of forgiveness, to play an active role in the repentance of the person responsible for his injury. If taken literally, this expectation may be oppressive to the injured party, who may wish neither to engage directly with this person nor to be held to her timeframe for atonement. In recent years, the Kabbalist concept of *tikkun olam*, or "repairing the world" through acts that promote social justice, has come to be associated with the traditional rituals of Yom Kippur, extending the idea of atonement beyond the reconciliation of individuals and toward communal responsibility for addressing injustice and the needs of the most vulnerable members of society.[12]

The extensive use of the Lord's Prayer in Christian worship makes it a useful window through which to glimpse how individual perspectives on error and forgiveness may be grounded in formative religious influences and internalized norms. The best-known version of this prayer comes from the Gospel according to Matthew and includes the phrase, "forgive us our debts, as we also have forgiven our debtors" (Mt 6:12, New Revised Standard Version). The "debt" language, which has many antecedents in the Hebrew Bible, means God forgives sin by releasing the believer from the error that is holding him captive, and that one human being forgives another by detaching from that person—and the harm that person has caused—as a source of pain, anger, and injustice. The underlying metaphor is the cancellation of a financial debt that can never be repaid; the metaphor itself is grounded in a culture in which debt-servitude was common. The shorter, probably older version of this prayer found in Luke's Gospel makes even clearer the extent to which these early Christian texts are grounded in the Jewish understanding of how forgiveness works: "forgive us our sins, for we ourselves forgive everyone indebted to us" (Lk 11:4, NRSV). God forgives the error, but people must first forgive one another.

Christian paradigms of error and forgiveness may stress personal salvation—the repair of one's relationship with God—over the concrete making of amends to the injured party—the repair of one's relationship with another human being. These tendencies can lead to a truncation, even a perversion, of the process of forgiveness that Bonhoeffer memorably characterizes in *Discipleship* as "cheap grace . . . cut-rate forgiveness . . . grace as doctrine, as principle, as system."[13] In this "system," disclosure, accountability, and repentance—all of the traditional, specific responsibilities of the person who has harmed another—are eliminated, as forgiveness is elevated to a "general truth."[14] Tough, even shocking words, coming from a Lutheran pastor whose tradition taught that Christians did not earn forgiveness through their own deeds but had it freely bestowed upon them by God, as Luther himself famously wrote, "Everything is forgiven through grace."[15]

Yet what is free is not without value, and Bonhoeffer lambastes his church for treating a divine gift as though it were "bargain-basement goods": "The world finds in this church a cheap cover-up for its sins, for which it shows no remorse and from which it has even less desire to be set free."[16] Bonhoeffer's "world" is Nazi Germany, and "this church" is one that, by and large, acquiesced to evil rather than defying it, allowed itself to be used by the regime rather than working on behalf of the regime's victims. In Bonhoeffer's analysis, the Nazi-affiliated Reich church is the ultimate failed system.

Bonhoeffer's cheap grace formulation has been used by Christian feminist ethicists to criticize what Pamela Cooper-White calls "an ethic of instant forgiveness" among well-intentioned pastors and other counselors who encourage trauma survivors to forgive abusers who refuse to acknowledge or repent of their actions, and to do so even before "uncovering enough of the factual story to know what really happened."[17] It is also useful for discussions on the ethics of patient safety, given its criticism of forgiveness understood in terms of a "principle" or "system" that reflexively protects those who cause harm, even inadvertently, at the expense of those who suffer as the result of harm. When forgiveness is embraced, unexamined, as a self-evident principle—something that good people do because it's the right thing to do—rather as the outcome of a process that requires something of the one whose actions have caused harm, it may be misunderstood as a surrogate for the ethical principle of justice: the right thing to do after I have harmed you is for *you* to forgive *me*. And when discourse on medical error misuses the language of "systems" to dodge the issue of individual responsibility, or when the "factual story" about a patient's health, including injury resulting from error, is withheld from that patient, the ethical principle of respect for persons is undermined. In either case, what is ignored is what Bonhoeffer elsewhere calls the "concrete place" of ethics—here, the reality of human suffering resulting from harm—and its attendant responsibilities.[18]

In recent years, forgiveness has captured the attention of science. A Campaign for Forgiveness Research, an initiative of the John Marks Templeton Foundation that promotes the scientific study of forgiveness, seeks to support sixty research projects on "the power of forgiveness and reconciliation" in four categories: forgiveness among individuals, among families, and among nations; and the biology and human evolution of forgiveness.[19] While none of the projects funded to date focuses on forgiveness after medical harm, information published online by several projects focusing on "forgiveness among individuals" appears to suggest that responsibility for repairing damaged interpersonal relationships lies with the person whose place it is to extend or withhold forgiveness.

Thus the Heartland Forgiveness Project at the University of Kansas describes "persons who are stuck in unforgiving, unproductive patterns of interacting with themselves, other people, or situations" as those who may benefit from "forgiveness interventions."[20] The Stanford Forgiveness Project asserts that " [a]ll major religious traditions and wisdoms extol the value of forgiveness," describes its focus as "training forgiveness to ameliorate the anger and distress involved in feeling hurt," asserts that "the need for forgiveness emerges from a body of work demonstrating harmful effects of unmanaged anger and hostility on health," and offers its "unique and practical definition of forgiveness," which "consists primarily of taking less personal offense, reducing anger and the blaming of the offender, and developing increased understanding of situations that often lead to feeling hurt and angry."[21]

Clinical research by developmental psychologist Robert Enright and others strongly suggests that the ability to

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error

forgive is a marker of psychological health and may be indispensable to the healing of relationships.[22] However, identifying forgiveness as a norm or virtue characteristic of a physically, emotionally, and morally healthy person without closely examining the roles that disclosure, accountability, and repentance play in allowing one person to forgive another potentially conflates someone who has been injured through medical harm or other trauma with someone who has a tendency to "feel hurt" and "take offense." As the sole agent of forgiveness in this scenario, the injured person must both be good *and* be God, responsible for saving herself and other people from her own unhealthy, "unproductive" anger.

Forgiveness Rituals in Western Medical Culture

Forgiveness after medical error—of certain persons, by certain persons—is built into the culture of Western medicine. Charles L. Bosk's classic sociological study, *Forgive and Remember: Managing Medical Failure*, provides detailed descriptions of forgiveness norms and practices among surgeons.[23] Bosk reports that among his subjects, the practice of forgiving errors "operates as a deterrence" to future errors because the "subordinate" who is forgiven by his or her superior "becomes more vigilant" in patient care and more likely to ask for help when confronted by complications.[24] And because what these surgeons describe as the "'hair-shirt' ritual" of "self-criticism, confession, and forgiveness" is enacted before one's peers during the Mortality and Morbidity Conference, the ritual "also serves to reintegrate offenders into the group" and to reaffirm group norms: "Since in time all make errors in techniques, all are obliged in time to go before the group and humble themselves. Through this practice of confession and forgiveness, the group exacts the allegiance of all its members to its standards."[25]

Bosk's richly descriptive account of the hair-shirt ritual allows readers to identify vestiges of ancient Jewish and Christian practices concerning forgiveness.[26] Both Jewish and Christian communities have long incorporated ritualized confession into their most solemn rites, most notably on Yom Kippur in the Jewish tradition and on Ash Wednesday in the Roman Catholic and other Christian traditions; Bosk notes that such practices are common in monasteries.[27] The "hair-shirt" that functions here as a metaphor for "self-criticism" was (and is) a real garment, woven of animal

From the Perspective of Those Who Suffer: *A Theory of Forgiveness after Medical Error*

The following proposals for improving the way hospitals address the needs of injured patients and their families, as well as the needs of clinicians whose mistakes harm patients, draw upon the Jewish and Christian traditions that have helped to shape Western cultural norms and expectations surrounding error and forgiveness, while looking critically at these traditions, their limits, and the ways they can be used against the interests of those who suffer.

Practices that could be described as falling into the traditional heading of *confession* include:

- promptly acknowledging error and offering the injured patient a cogent and complete narrative of what happened;
- apologizing and expressing remorse to injured patients—and allowing oneself to feel remorse after harming a patient;
- being personally accountable even in cases of systems error, bearing in mind that some patients may comprehend error in all cases as an individual rather than a collective or systemic failure;
- providing opportunities for clinicians to process incidents and receive counseling in an environment that is neither punitive nor demeaning;
- nurturing a commitment, as a communal principle within health care institutions, that withholding the truth violates patient autonomy and has a corrupting effect upon care providers;
- avoiding the scapegoating of subordinates; and
- avoiding the abuse of the unequal distribution of power between a physician and an injured patient, which may be further skewed by gender, race, income, age, culture, disability, or other factors. Relevant abuses of authority would include making a patient complicit in error by labeling her "noncompliant"; conflating error with "complications"; or taking advantage of a patient's religious beliefs—"It was God's will"—to conceal or minimize error.

hair and worn as an act of penance during religious rites and as an ascetic practice.[28] We can even see, in the sequence of ritual actions—confession, forgiveness, then repentance through professional vigilance—a parallel with the reordering of Christian penitential rites in the late medieval period, when the practice of individual confession, followed by absolution and then by the performance of penitential acts assigned by one's parish priest, took hold.[29] Viewed through the lens of Western religious tradition, the M&M hair-shirt ritual and related penitential practices are neither modern nor wholly secular, whether or not contemporary participants recognize the ancient cultural roots of their professional ritual.

What is perhaps most striking in Bosk's account is the role of the erring physician's superior, who combines religious and secular roles, functioning as deity, high priest, judge, pastor, peer group representative, and injured party, forgiving both the error itself and the person who makes the error. According to a taxonomy devised by moral philosopher J.L. Austin, who catalogued the ways rituals can fail to fulfill their cultural, religious, or psychological functions through "infelicitous performances," this conflation of roles constitutes a "ritual misapplication": a legitimate ceremony that fails because of the involvement of inappropriate persons.[30] The hair-shirt ritual, qua ritual, fails because it excludes the patient, whose roles as injured party and as human agent of forgiveness are usurped by the erring physician's superior. (The clinicians who participate in this ritual do not perceive this failure, as they would not expect patients to be part of their community and its professional rites.[31]) The patient has no role, no voice, and no representation within this private ritual, and cannot rely upon it for justice, nor for the possibility of being able to forgive and to heal. This is *not* to say that injured patients should be included in M&M. Rather, it is to say that the ritual of confession, repentance, and forgiveness may be as culturally important to patients as it is already understood to be among physicians, and should be available to them in an appropriate venue.

The hair-shirt ritual may be infelicitous in another way. In conversations I have had with clinicians and hospital chaplains on the topic of forgiveness after medical error, *self*-forgiveness has emerged as a constant theme. All stressed that some form of self-forgiveness (their phrase) was essential in restoring confidence and morale after incidents of medical harm, even as one physician acknowledged that while self-forgiveness is "something we all have to face when we make an error that harms some-

Practices that could described as *repentance* include:

- not forcing the patient to interact with the person responsible for her injury if the patient does not wish to do so;
- appreciating the difference between appropriate feelings of guilt ("I made a mistake") and destructive feelings of shame ("I am a mistake");
- offering injured patients and their families access to pastoral care or other counseling services should they desire them;
- covering the cost of treating injuries resulting from error and meeting other concrete needs resulting from loss of income due to injury or death resulting from error;
- recognizing that directly asking an injured patient for "forgiveness" may be oppressive to or culturally inappropriate for that patient; yet also
- working to create conditions that may allow that patient, in her own time, to detach from the incident as a continuing source of pain, anger, and injustice.

Practices designed to promote *forgiveness* could include:

- inviting injured patients to be part of the hospital's quality improvement (QI) process, allowing them to work with clinicians and administrators to create a patient-centered culture of safety by sharing their experiences of medical harm and their perspectives on hospital culture (although injured patients should not be made to feel responsible for participating in QI to prevent other patients from being harmed or to solve systemic problems);
- using ethics education opportunities to help clinicians, chaplains, patient advocates, clinical ethicists, counselors, and local pastoral care providers explore the psychological and spiritual aspects of medical error; develop their capacity to understand medical harm from the patient's perspective; learn how to frame human forgiveness as detachment predicated upon justice; recognize non-Western paradigms of reconciliation; and work toward making justice for injured patients;
- offering a ritual or other forum for hospital staff to explore their emotions and responsibilities concerning medical error; and
- identifying and challenging any aspects of institutional culture that deny the fallibility, and therefore the humanity, of health care providers, or that work against truth-telling, accountability, compassion, and justice in dealing with medical error and promoting patient safety.

one . . . It is hard to get physicians to think in these terms."[32] None described any existing institutional process, such as the hair-shirt ritual, as capable, in and of itself, of helping clinicians who have made errors to forgive themselves. Instead, the single most important factor in the clinicians' ability to forgive themselves appeared to be the opportunity to have private, unguarded conversations with colleagues (what one physician called a "cadre of friends") or chaplains (described as a "safe space") about incidents of medical error and their own roles in and emotions concerning these incidents.[33]

One physician even questioned the appropriateness of the term "self-forgiveness," and the theological premise underlying it—that one could be the agent of one's own salvation. Taken literally, self-forgiveness would be another example of cheap grace, in which "the other"—both the injured party and God—is pushed out of the frame, while the person who has made the error is forgiven without any assurance that the relational actions traditionally described as confession and repentance have taken or will take place. This physician suggested an alternative definition for so-called self-forgiveness—"freedom from guilt and self-hatred"—while arguing that forgiveness itself must be understood to be relational: "there must be a self-transcending aspect to forgiveness—or it does not occur."[34]

Among clinicians, the need for self-forgiveness was held in tension with the belief that there was not "much of a possibility" of being forgiven by a patient or a patient's family following medical harm.[35] There is in these words a poignant echo of Christopher Marlowe's version of the Faust legend: in his despair, Dr. Faustus believes—incorrectly—that his "offense can never be pardoned" (*Dr. Faustus* [1604], Scene 14). Lest the contemporary reader imagine spiritual despair to be a quaintly "religious" notion or literary conceit, here are some of the words that clinicians used to describe their responses to their own mistakes: "devastated," "heartsick . . . demoralized, worthless."[36]

These clinicians also reported that even peripheral involvement in an error—referring a patient for a procedure, then learning that the patient was injured while being moved, or knowing a patient by sight, then learning that this patient committed suicide—can result in feelings of "devastation" and "failure" among many staff members.[37] The word "devastating" also came up with respect to legal liability, both in terms of what being sued can do to one's career, and in terms of "the folk wisdom" among physicians concerning the percentage of patients who sue.[38] Given this snapshot of the psychological and spiritual dimensions of how medical harm is experienced by clinicians, it is not surprising to learn that, according to a director of pastoral care who also serves as a medical school instructor and chaplain, "theological concepts can be useful even if you don't use [theological] language" when counseling clinicians following critical incidents.[39]

While there is virtually no literature on the role of pastoral care in dealing with medical harm and promoting patient safety, my preliminary research on this topic suggests that some professional chaplains are regularly involved in counseling clinicians after medical mistakes, and that chaplains in general view the provision of pastoral care to hospital staff as a "recognized part of [their] ministry."[40] One chaplain, who had previously worked as a nurse for over thirty years, said she could imagine creating a "ritual of forgiveness" on her unit to help hospital staff come to terms with their own errors: "I could picture me doing it—I don't think it's far-fetched at all."[41] However, what is true for the M&M hair-shirt ritual is also true for the alternative rituals that are practiced or being developed elsewhere within hospital culture: the injured patient is not a member of these "congregations." As such, these rituals do not provide the patient with an opportunity to forgive if he chooses to do so, because they do not ensure that the patient has first received justice.

Those involved in providing patient safety must be attentive to the view from below—the harmed patient and family.

learn

The View from Below

And what might the justice-making project encompass following medical harm? Recalling the recovered Jewish tradition of *tikkun olam*, with its image of repairing a shattered world and its attentiveness to the social context of justice, I have put forward some preliminary suggestions derived from the concerns and cautions I have identified (see the box). The list is not intended as an all-or-nothing set, but I have sought to describe practices that can be incorporated into the cultures of community hospitals and university medical centers alike, and that, for the most part, do not cost anything to implement.

(Even the proposal that hospitals provide fair compensation to injured patients is cost-effective. In their frequently cited analysis of the financial impact of the disclosure policy at the Veterans Affairs Medical Center in Lexington, Kentucky, Steve S. Kraman and Ginny Hamm observed that the policy had "resulted in unanticipated financial benefits" due to the decrease in legal and administrative costs incurred in defending malpractice suits, and concluded that "an honest and forthright risk management policy that puts the patient's interests first may be relatively inexpensive."[42])

My assignment of suggested practices into the traditional Western religious categories of "confession," "repentance," and "forgiveness" is necessarily subjective. In general, practices listed under "confession" involve truth-telling, apology, and other communications between those held accountable for medical harm and those who have suffered as the result of medical harm. Practices listed under "repentance" include actions that those held accountable may take following the disclosure of medical harm to ensure that the immediate physical, financial, psychological, and spiritual needs of injured patients and families are addressed. Practices listed under "forgiveness" may be thought of as existing in *kairos* time, in that they are envisioned as taking place whenever appropriate, which may mean "often," "all the time," or "before the next patient is injured."

In the cheap grace material that introduces *Discipleship*, Bonhoeffer excoriates institutions that seek to protect themselves at the expense of justice. In a later work dating from the early 1940s, when he was heavily involved in wartime efforts to overthrow Hitler, Bonhoeffer writes that he and his fellow resisters had come to recognize that an essential perspective in assessing a moral question is the "view from below," which is the perspective of "those who suffer," and which those who seek to "do justice to life in all its dimensions" can learn to appreciate.[43] To create patient safety systems that acknowledge the suffering and protect the interests of injured patients and their families, allowing them to detach and to forgive, administrators, clinicians, and others involved in patient safety efforts within institutions must be attentive to the view from below, which is always in the first instance the perspective of the harmed patient and family. In so doing, they may avoid the cheap grace of presuming that it is enough for the institution to confess to and forgive itself for harms done to those in its care.

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19. In addition to sponsoring A Campaign for Forgiveness Research, the Templeton Foundation's Program to Encourage the Scientific Study of Forgiveness has commissioned an annotated bibliography of social science research on forgiveness, which is available on the foundation's website (http://www.templeton.org), and has published several collections of essays. The website of A Campaign for Forgiveness Re-

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20. See http://www.ukans.edu/~forgive/. Website accessed 8 December 2001.

21. See http://www.stanford.edu/~alexsox/forgiveness_article.htm. Website accessed 8 December 2001.

22. Clinical studies of forgiveness include S.R. Freedman and R.D. Enright, "Forgiveness as an Intervention Goal with Incest Survivors," *Journal of Consulting and Clinical Psychology* 64, no. 5 (1996): 983-92, and D. Kaminer, D. J. Stein, I. Mbanga, and N. Zungu-Dirwayi, "The Truth and Reconciliation Commission in South Africa: Relation to Psychiatric Status and Forgiveness Among Survivors of Human Rights Abuses," *British Journal of Psychiatry* 178 (2001): 373-77. Enright is also the founder and director of the International Forgiveness Institute (http://www.forgiveness-institute.org). Website accessed 12 December 2001.

23. C.L. Bosk, *Forgive and Remember: Managing Medical Failure* (Chicago and London: University of Chicago Press, 1979).

24. Ibid., 178.

25. Ibid., 178-79.

26. See C.L. Bosk, 127-46, for additional description and analysis of this ritual.

27. Ibid., 178.

28. F.L. Cross, ed., *The New Oxford Dictionary of the Christian Church* (New York and Oxford: Oxford University Press, 1997), s.v. "hair-shirt."

29. M.J. Hatchett, *Commentary on the American Prayer Book* (New York: Seabury Press, 1980), 449-50.

30. For a discussion of Austin's taxonomy, see R.L. Grimes, "Ritual Criticism and Infelicitous Performances," in *Readings in Ritual Studies*, ed. R.L. Grimes (Upper Saddle River, N. J.: Prentice Hall, 1996), 279-92, at 285, 288.

31. I am grateful to the anonymous reviewer of this article for this observation.

32. Albert Dreisbach, Department of Internal Medicine, Tulane University School of Medicine, New Orleans, L. A., personal communication.

33. Lyla Correoso, attending physician, Calvary Hospital, Bronx, N.Y., personal communication; staff chaplain, personal communication.

34. A. Dreisbach, personal communication.

35. A. Dreisbach, personal communication.

36. L. Correoso, personal communication; student chaplain, personal communication.

37. L. Correoso, personal communication; student chaplain, personal communication.

38. A. Dreisbach, personal communication; Curtis Hart, Director of Pastoral Care, New York-Presbyterian Hospital and Lecturer, Division of Medical Ethics, Weill-Cornell Medical College, New York, N.Y., personal communication.

39. C. Hart, personal communication.

40. Student chaplain, personal communication.

41. Staff chaplain, personal communication.

42. S.S. Kraman and G. Hamm, "Risk Management: Extreme Honesty May Be The Best Policy," *Annals of Internal Medicine* 131(1999): 963-67, at 964.

43. D. Bonhoeffer, "After Ten Years," in *Letters and Papers from Prison*, ed. E. Bethge, tr. R. Fuller, F. Clark, and J. Bowden (New York: Simon & Schuster; [1951] 1997), 17.