LETTER TO THE EDITOR

If failure is inevitable, shouldn't we teach it?

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Medical education continues to emphasise diagnostic accuracy, clinical competence and technical skills while almost completely ignoring one essential aspect of practice: failure. Disguised as a wrong diagnosis, an unanticipated complication or an undesirable outcome despite best efforts, failure is an unavoidable part of clinical practice. And yet, the emotional and professional readiness to confront and learn from failure remains largely absent from most undergraduate, postgraduate and continuing medical education programs.

Though reflective models such as narrative medicine exist to support clinicians after failure has occurred, interventions of this kind are necessarily reactive. We recommend a complementary proactive approach: a deliberate integration of controlled failure into medical training as a core pedagogic tool.

Purposely designed, simulated or supervised failure through uncertain clinical scenarios, ethical dilemmas or realistic simulations can be a potent formative learning tool. Psychologically safe environments allow learners to experience failure with non-catastrophic consequences, allowing them to reflect on their cognitive processes, emotional responses and professional identities. Such opportunities can cultivate resilience, humility and ethical reflexivity—qualities usually developed under challenging situations but less often nurtured in formal medical education curricula (Higgins et al., 2024).

This is not an argument to glorify errors but to face the reality that even the best clinicians will make an error at some point. Without preparatory training, students may learn to internalise such moments as shameful and isolating experiences (Monazam Tabrizi & Masri, 2021). To shift the prevailing culture of silence and stigma around failure requires a parallel shift in how we teach. It also shifts failure from being considered a marker of incompetence to being an inevitable, formative and teachable part of clinical life (Gemmete, 2024).

Therefore, failure should not only be reserved for reflection after it is confronted. Instead, it must be anticipated beforehand, intentionally encountered for learning and explored

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in contemplative terms—safe within the curricular embrace—before it is faced in the unpredictable world of clinical practice.

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