

Avoiding Common Mistakes in Dialysis Access Intervention

It is said that good judgment comes from experience, and experience comes from bad judgment. However, in the modern practice of medicine, bad judgment and medical errors aren't tolerated. We now know that medical errors occur frequently and hurt patients, cost millions, and pose great liability to physicians and hospitals. The age-old method of learning from experience flies against the prevailing wind of eradicating medical errors.

While contemplating how to structure this year's Dialysis Access edition of *Endovascular Today*, I wanted to find a way to provide sound guidance from a panel of experts on a variety of challenging scenarios, as we have in previous years. However, I was stumped on how to make the edition unique both from our previous editions on this topic, and in the general presentation of this material at meetings and in print. I went through a series of ideas and identified more than enough topics and great choices for potential authors. But I was still stuck on what would make the issue both useful and memorable. Then, one day, as I paged through a magazine bought to pass the time waiting for a flight, I enjoyed an article on "How not to nip a crisis in the bud."¹

I liked that approach, focusing on how to avoid problems and complications rather than just how to achieve good outcomes.

So that became our goal with every cover story this month: Let's find out what *not* to do from the experts who have plenty of experience. Medicine is still ripe with open manholes, unmarked obstacles, and plenty of sharp objects. Can we avoid them? Anyone with some cash can start an outpatient access center, but when would you not venture into one? We often see patients who have an immature arteriovenous fistula, but what should we not do when asked to evaluate it? We think we know how to train the upcoming generation of dialysis access physicians, but how should training not be done?

I hope that you'll find this edition of *Endovascular Today* insightful, useful, and interesting. The "how not to" approach seemed to offer an engaging way to provide an update on dialysis access. But if this format doesn't work for you, I'll take my lumps and chalk it up to experience, and next year advise you how not to develop an issue of *Endovascular Today*! ■



A handwritten signature in black ink that reads "Bart Dolmatch".

Bart Dolmatch, MD
Guest Chief Medical Editor

1. Tabaka M. How not to nip a crisis in the bud: Target's bad news keeps coming. *Inc.* January 2014.