

In the end, you have to answer to yourself and no one else

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"Quality of life is having the freedom to make choices that are not fear based."

The line belongs to Danielle Colding, an interior designer, in Grace Bonney's *In the Company of Women*. It wasn't written about medicine, which is exactly why it is worth holding up against medicine – because we fail her test at every level and have organised ourselves not to notice.

I'll grant fear its due first, because it has one. Medicine's fear of harm is well-placed and hard-won: checklists, mortality audits, and the discipline of the second read all exist because the cost of complacency is paid by patients, not by us. That fear sharpens care; and I want more of it, not less.

But that is not the fear that runs most clinical decisions. The fear that runs them is fear for ourselves – the complaint, the lawyer's letter, the coroner, the consultant's question tomorrow morning – and it distorts care instead of sharpening it.

Defensive medicine is fear-based decision-making at industrial scale: costed in the United States at roughly US$46 billion a year as far back as 2010 (Mello et al, *Health Affairs*) – comfortably more than Medicare pays out for every service, for every Australian, in a year. And every radiologist can describe its local signature – the scan ordered not because it will change management, but because *not* ordering it would one day have to be defended.

The working test is simple enough to use at the point of decision – fear for the patient improves the choice; fear for yourself degrades it. Who is the decision protecting?

"The junior doctor who over-orders is not timid, but is responding rationally to a system in which the personal cost of one missed finding is catastrophic; and the system cost of a thousand unnecessary scans is invisible. You do not audit that out with a policy reminding people to be brave. You remove it structurally, and that is what clinical governance is actually for.

The same test applies to careers. The salaried professional's self-talk is familiar – do what is asked or lose what you have – and I am not exempt from it. Fear is quiet, and it decides by subtraction: the project you don't put your hand up for; the question you don't ask in the meeting; the idea that stays in the drawer. In my experience what changes this is not courage, it is arithmetic.

Work out what you actually need – not what the title-and-mortgage version of success says you need – and the threat surface shrinks; decisions stop auditioning for an imagined disciplinary panel. There is real freedom in holding little that must be defended: no incumbent position to protect; no sunk empire; nothing an adverse outcome can take that you haven't already priced.

Colding's own measures of freedom translate directly into a clinical career – choose the projects you work on; choose work by how much it teaches you; and be able to step away without a permission slip.

Where I part company with the personal-finance version of this idea is that it treats fear as an individual problem with an individual solution – save harder, need less, back yourself. In a health system that answer is incomplete, in my considered view, because most clinicians' fear is manufactured upstream of them.

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Dr Karolina Brook and colleagues have shown what this looks like in practice, rebuilding the morbidity and mortality conference around 'just-culture' principles – cases selected for their system lessons rather than to prosecute individual error, discussed in psychological safety and peer-review protection, closing with concrete assigned follow-up (Brook, Agarwala & Tewfik, *J Patient Saf*, 2024). Her work on transparency after adverse events lands on the same mechanism – reporting and disclosure are products of freedom from fear, not substitutes for it (Wilde et al, *Curr Opin Anaesthesiol*, 2025).

References available on request.

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> **What has your institution made expensive to say out loud?**

This is where a 'just-safety' culture comes from, and how it is bred – one person at a time, not by decree. A system is well-governed precisely to the degree that the people inside it can make choices that are not fear-based.

So, one question, run as two audits.

Personally: *Of your last 10 significant decisions, how many protected the work, and how many protected you?*

> **A 'just-safety' culture is bred one person at a time, not by decree. A system is well-governed precisely to the degree that the people inside it can make choices that are not fear-based.**

Institutionally: *What has your organisation made expensive to say out loud?*

The answers to the second are your governance risk register, whether or not they are written in it.

Philadelphia soul got there before the governance literature did. Double Exposure's *Everyman (Ten Percent*, Salsoul, 1976) gives this article its title: *In the end, you have to answer to yourself and no one else*.

This sounds heretical in a regulated profession where we answer to our patients, Colleges, Coroners and Boards. But consider what the lyrics truly measure. Each of these bodies questions whether your decision is defensible.

Only the mirror asks who it was protecting. A 'just safety' culture ensures the two answers – the one you give the system and the one you give yourself – are the same. In the end, you have to answer to yourself and no one else. ■