Margaret Heffernan: how can we combat wilful blindness to ensure a culture of quality?

Wilful blindness came about when the banks started to collapse and everybody said they couldn't possibly have seen this coming, and I thought actually, don't be so stupid, everybody could see it coming. Everybody did see it coming. There is a mountain of evidence that everybody saw it coming.

And that argument that I was having with Radio 4 and myself kind of prompted a thought, which was that actually when you think of almost any catastrophe it turns out that it wasn't caused because of things that are secret and unseen and unknowable. It comes about because of things that are public, that are absolutely knowable and that somehow we failed to respond to appropriately.

Wilful blindness is a legal concept which says that if there are things that you could know and should know and somehow manage not to know, the law holds you responsible.

I first encountered it when I wrote two plays for the BBC about Enron. And as a former Chief Executive myself, it kind of sent chills down my spine.

And essentially the thesis that I put forward in my book is that we are all highly driven to develop and to protect a positive image of ourselves. And one way that we do is not to see anything that threatens to undermine that self-esteem. We are pretty much hard wired to be obedient. Milgrim's research, and all the subsequent imitations of it, have shown that on the whole if you ask somebody to do something wildly unethical, the chances are extremely high that they will.

And we know from much more recent research that if you ask any kind of organisation, if you ask the people in it: are there issues and concerns that they have at work that they don't voice, 85 per cent of them will say yes. Steep hierarchies make it worse. They make the people at the bottom feel that they're never going to be heard and they make the people at the top feel if they can get away with just about anything with impunity. Whistle blowers do not start out as cranky difficult outsiders. They overwhelmingly are passionate committed loyalists who only ever go outside and often do become a little strange, because of the way that they are ignored and treated.

I would say this is the number one leadership challenge in any organisation, to create the conditions in which if something is going wrong, someone's going to stand up and say so.

So how do you do that? Well, with a lot of the organisations that I've been working with lately we've done it fundamentally through mediation training. We have taught people, one by one, how to have courageous conversations. And what's really striking about that work is that once people have even one small experience of speaking up and articulating a concern and discovering that contrary to their expectation they don't get their heads blown off, they feel much more courageous in doing it again and again and again. And when the people around them see that that's what happens, they take courage from that and feel that they might be able to do it too.

Sharing mistakes publicly means that not only do people learn from the mistakes, but they also learn that mistakes are natural and okay as long as we use them as learning and we don't just bury them.

One of the heroes, actually in both of my books, is a physician at Mass. General Hospital, David Ring, and David did something which all physicians do which is one day he made a mistake. In this case it was a whopper. He did the wrong operation on the wrong arm of a patient. And only writing up the notes did he realise, in fact, what had occurred.

David did something really powerful. He tracked down every single tiny slip that had led to the mistake and then he published it in the New England Journal of Medicine. That's the moment at which David went from being thought a really good physician to being a really great man.

Technology is going to solve many of the expertise issues we face in Medicine. We may not like to think that, but we know, looking at the research and the data, that it is going to be true in many, many areas of Medicine. But the technology is never going to replace the importance in quality of human interaction.

So I think it's really fundamental that we understand that some of the problems and challenges and scandals that we've all confronted here don't have a technology answer. They have a social answer, but it has to start with recognising that we don't want to see the stuff that's most dangerous. We have to start with a default assumption that we are blind and create the conditions in which it's safe to see.

Thank you very much.