How ‘Semmelweis Reflex’ prevents

Lessons in understanding customers, from a 19th Century hospital and two very different doctors

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You couldn’t get much closer to your customers than John Klein and his team of doctors at the recently named Wien Allgemeine Krankenhaus, the Vienna General Hospital. They were in the business of delivering new-born babies. The year was 1846 when Klein was appointed director of the hospital and he quickly got to work on a problem he had observed amongst the medical students. He perceived the knowledge of anatomy they demonstrated to be insufficient for the tasks they had to perform in the course of their hospital duties. Students studied the ins and outs of the human body, taught in a rather flamboyant way, by professors using live mannequins. Klein identified the students’ lack of detailed anatomical knowledge as deriving directly from this limited teaching method. Students were lesser physicians for it and Klein quickly implemented a programme where the use of cadavers in anatomy became customary at the Hospital.

Being close to their patients in both theory and practice was to be the cornerstone of Klein’s leadership and it gained the Wien Allgemeine Krankenhaus a reputation as an outstanding medical institution. Talented professionals began to leave their far-off hometowns to come and study there as its reputation spread. Though this happened more than 160 years ago, Klein knew that in order to provide a clear and demonstrated superior service to customers your team needs to have a several attributes:

- A profound first-hand knowledge of the area it is working in;
- The tools and education to be able to address the problems & faces;
- A deep passion for its work in order to provide the drive and motivation to keep working at the problems faced.

The challenges, however, for managers when they start getting those three elements synchronised and right is that they, as bosses, need to step back and let things happen. Because if you don’t do that, you may run the risk of not being qualified for the eternal “boss-from-Hell” award much as John Klein found. Early success humbled subsequent infirmity.

While Klein had instituted some progressive teaching methods, obstetrics was still an area of grave concern. Giving birth was still an extremely dangerous business and the maternity ward had the figures to prove it. While most women gave birth in their homes, some women were admitted to the maternity wards – either due to complications or because they were poor – and the mortality rate was high: between 25 and 30 percent of them ended up in the morgue. The single most frequent killer was childbirth fever – or puerperal sepsis – a little-understood illness reminiscent of blood poisoning that struck the new mothers. Nobody understood the etiology of the illness. Some blamed an imbalance of ‘humus’ in the body, referring to the prevailing theory of how disease developed. Others believed it was a natural by-product of the pregnancy itself, since it seemed only to strike new mothers. The majority of doctors believed the disease to be a facet of life, something that could not be avoided. He didn’t agree, and became obsessed with preventing childbirth fever. The hospital had two maternity wards – Division I and Division II. Although following the exact same methods, the two divisions’ mortality rates from childbirth fever were remarkably different. At Division I, where Semmelweis worked along with a number of male medical students, 13 percent – or one of every eight patients – would die from the disease. At Division II, run by female midwives and their students, the number of deaths from childbirth fever was as low as just 2 percent, or one death for every 50 patients.

Semmelweis was profoundly affected by the deaths caused by the fever. The remarkable difference in the survival rates was also noticed outside the hospital walls, among the general public. Sem-
The Semmelweis Reflex is one of the leading creativity killers in modern organizations. Empirical studies and common wisdom clearly agree on this one thing: bosses and colleagues tend to kill new ideas instinctively, judging them prematurely and often dispensing a death sentence based on the flimsiest of reasoning. Having implemented systems that work bosses tend to be ungrateful.

When facing innovators who challenge the status quo, few Semmelweiss suggest that contact with cachexia by professors and students in the anatomy class resulted in the transfer of the dudly cholesterol to the maternity wards. The implication was obvious—physicians were killing their own patients and Klein was having none of it. Even when the mortality rate in Division I mortality ward dropped from 15 per cent to 2 per cent because Semmelweiss insisted on doctors and nurses washing their hands in chlorine, Klein rejected the findings. Semmelweis had no theory for this phenomenon, said Klein, Semmelweiss could not explain how it happened and therefore had no basis for changing medical practice. History would show that a few of Semmelweiss’s colleagues supported him, but their attempts getting the medical authorities to set up a commission and examine the matter was thwarted because of political infighting. Johann Klein had been against Semmelweiss’s investigation from the beginning, not least because it could be perceived as a direct criticism of the way he had run the hospital. Klein rejected the findings, and when Semmelweiss’s employment contract came up for renewal, Klein didn’t renew it, but instead gave the post to a younger, less qualified doctor, Carl Bamber, who also didn’t believe in Semmelweiss’s ideas. Under Bamber’s tenure, the mortality rate from childbirth fever immediately jumped up to its previous high levels. Bamber would go on to publish an article in which he listed no less than 30 different causes of childbed fever, including chilliness, bad diets, and the state of being pregnant itself. Contact with cachexia material was number 29 on the list. Such a petty that Pover remain was not available because it would have made a fine presentation to his boss.

In 1861, when Semmelweis finally published a book of his findings, he was again rebuffed by the medical establishment. Over the next four years, worn out by the relentless criticism, Semmelweis started to become mentally unbalanced. Haunted visibly and occasionally weeping laging letters to prominent foreign obstetricians, calling them “firmly ineffective murderers.” In 1865, he was convinced by his few remaining friends to come to Vienna, where they then forced him into the care of a mental institution. Semmelweis fought the guards as he was admittted, and was severely beaten as a consequence. 44 days later, still in the insane asylum, he died from his wounds.

What is to be learned from Dr. Johann Klein and this tale of hand washing in our work with large global businesses? We find that those who get to understand customers the more likely innovation will be at the contact point between employees and customers is too often. This is how customers reject the idea of improvement at the lowest levels. The Semmelweiss Reflex is the barrier. Organisations such as Process & Gamble have worked hard to overcome this phenomenon and today more than 50 percent of all marketing innovations within P&G come from people like customers outside the organisation. Johann Klein would turn in his grave.