

Medical Errors: Who is to be blamed?

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Medical errors do occur daily in almost every part of the world. The significant errors are: misdiagnosis, administration of a wrong drug, improper dose of a given medication, wrong route of administration, retained surgical instruments, transplanting organs of the wrong blood type and incorrect record keeping etc. Approximately 1.3 million people are injured annually in the United States following so-called "medication errors".¹ According to the CBC News,² nearly a quarter of Canadian adults or their family members have experienced a preventable medical error. Quoting a study, the report mentions the magnitude of such errors led to between 9,000 and 24,000 deaths in Canada in a year. One in nine adults with health problems reported receiving wrong medication or dose.² According to a survey³ by European Commission (EC), the highest number of medical errors related incidents in hospitals are found in Latvia (32%), Denmark (29%) and Poland (28%) while errors in medication prescribed by a doctor are most frequent again in Latvia (23%) and Denmark (21%) but also in Estonia and Malta (18% each). Austria tops the ranking having both the fewest medical errors in hospitals (11%) and in medical prescriptions (7%). Incidents are reported to be fairly rare also in Germany and Hungary. Men, young, those with a longer education time, managers, other white collars and students appear to have somewhat more confidence in medical professionals than their fellow respondents. There is always an effort made by institutions to prevent medical errors. A study concluded that substantial proportions of the public and practicing physicians report that they have had personal experience with medical errors; neither group has the sense of urgency expressed by many national organizations.⁴

A study⁵ done in a tertiary hospital of Karachi revealed a 100% compliance with a computerized physician order entry system by physicians, nurses and pharmacists. The main error rate was 5.5% and pharmacists contributed a higher error rate of 2.6% followed by nurses (1.1%) and physicians (1%). Another local study⁶ on a small number of patients revealed prescribing error of 39.28%. This included polypharmacy, dose, not specifying maximum dose, ambiguous medication order and dosage form error. Medical negligence⁷ has widely been reported by the media in Pakistan. Two such cases where a doctor administered anaesthesia to a young man leading to partial brain damage

and administration of a lethal injection to an engineer by another doctor caused a stir in the country.⁷ A local newspaper⁸ reported that medical errors are the eighth leading cause of death in this country and about 7,000 people per year are estimated to die from medication errors alone.

A number of factors seem responsible for this in Pakistan but the foremost reason is the lack of accountability. Like the government, Pakistan Medical and Dental Council (PMDC) have show-case rules and regulations that are not implemented properly. The lack of career structure for doctors is another reason that leads them to work for hours and hours resulting in medical errors. The corruption in hospitals is another major factor that is highlighted multiple times in the media. A recent example in which more than a 100 patients died in a Punjab hospital because of a spurious medication should be an eye-opener. A number of suggestions will go a long way in addressing the local issue. The role of PMDC is of paramount importance only if it is ready to enforce its authority. Pakistan Medical Association (PMA) can also play an important part in at least starting CME programmes on medical errors more robustly. An effective regulation by the government and surveillance process in place for all health care facilities is a matter of utmost importance. Keeping in view a huge number of cases that are periodically reported by media is alarming. Many cases go unreported and undetected adding further to existing huge burden in terms of both morbidity and mortality. Like the advocacy for reporting adverse drug events, it should also be made mandatory to report any medical errors. Every hospital should have a protocol in place to address this matter and put forward preventive plans.

Despite all discussions and suggestions, there are a number of human factors that would remain in scenario and be responsible for unabated medical errors and their cover ups. It is difficult to find a target to blame on in the existing circumstances. What to do?

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