

## Chapter 2

# Medical Errors: Impact on Health Care Quality

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### **ABSTRACT**

*The impact of medical errors on the delivery of health care is massive, and it significantly reduces health care quality. They could be largely attributed to system failures and not human weakness. Therefore improving health care quality and ensuring quality control in health care would mean making systems function in a better manner. In order to achieve this all sections of society as well as industry must be involved. Reporting of medical error needs to be encouraged and this may be ensured if health care professionals as well as administrators and health consumers come forward without fear of being blamed. To get to the root of the problem- literally and metaphorically- a root cause analysis and audit must be carried out whenever feasible. Persons outside the medical care establishment also need to work with medical service providers to set standards of performance, competence and excellence.*

DOI: 10.4018/978-1-5225-2337-6.ch002

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## **INTRODUCTION**

The objectives of this chapter are to recognize health as a basic human right, and to define the issues of quality and costs of health care in this context. It is not a luxury but a basic privilege of the poorest individual. Poor, sick and suffering citizens, besides being denied this basic human dignity, add considerably to the economic burden of a nation in terms of lack of productivity and the considerable drain on economic resources as well. On the other hand, poor health for the rich and affluent means a plethora of illnesses known as lifestyle disorders- again affecting both productivity and resources. Thus, quality in health care is not just about access to health care or limited by social and economic factors and problems of affordability. Publicly funded health care, insurance schemes and a robust primary health care infrastructure are the basic necessities for access and affordability. Safety and efficacy then determine whether the utilization of health services is optimum, and thereby cost- effective.

## **BACKGROUND**

While almost all manner of drugs or procedural intervention comes with the disclaimer of a 'side effect', the quantum and severity of this sees wide disparities across communities and societies. There are medical facilities where such side effects are virtually unheard of and others where the same are a perfectly acceptable part of medical treatment. So it is absolutely possible that side effects of medical therapy could be minimized and the quality of such therapy maximized.

These undesirable effects may be broadly classified into the known therapeutic extensions of drugs and interventions, adverse drug reactions or harmful effects of a drug given in therapeutic doses, medication errors, and the most serious of them all- medical malpractice and negligence (Grober & Bohnen, 2005; Keriell-Gascou, Figon, Letrilliart, Chanelière, & Colin, 2011). A new dimension has been added to this, such as when a potential or incipient undesirable effect of medical treatment has been identified and prevented- the near miss (Kessels-Habraken, Van der Schaaf, De Jonge, & Rutte, 2010).

What might be the reasons for medical error to occur and thereby negatively impact the quality of health care?

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