

Chapter 46

Medical Errors: Impact on Health Care Quality

Jayita Poduval

Pondicherry Institute of Medical Sciences, India

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.

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.

DOI: 10.4018/978-1-5225-2237-9.ch046

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; Keriél-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?

The two most common reasons, and also the easiest to explain, are the twin effects of the speed of scientific technology and the rising perceptions and expectations of health care consumers. Technology brings with it more gadgetry and less human interaction. While computerized systems might seem to offer errorless functioning, one must appreciate that at some point human presence might be required, and this is where room for error might exist. The same argument could be extended to patient expectations- more advanced technology does raise the hopes of the consumers of health, even though serious limitations of this technology might exist, and these would be by and large unknown to the end user. Thus health and medical care are very often compromised even when all infrastructure and technology exist to deliver high quality medical care.

MAIN FOCUS OF THE CHAPTER

Issues, Controversies, Problems

The process of making the diagnosis itself is a highly variable one- with a disproportional higher component being the human factor. In fact, all of it could be considered entirely dependent on the human factor- what is better known as the doctor’s clinical acumen. Much could go wrong right at this very first step. The doctor’s ability to assess the patient’s illness in a precise manner by skilful history taking and examination, and then making a probable diagnosis and following it up with the relevant tests and investigations, rests entirely on the professional competence of the doctor. And this in itself could be fraught with almost every kind of error possible. The worst form of medical error is therefore one in which the incompetence of the medical professional becomes highly obvious, and forms the crux of a claim of medical negligence or malpractice. The glut of technology has further complicated the situation, with the common belief or assumption that what the doctor cannot diagnose, the machine will.

It is not difficult to understand why making a diagnosis could be such an onerous task. History taking as a science and art is paid scant attention to in modern times, but something every doctor is expected to possess in the finest degree. It is, or should be, ingrained in the training of every medical professional until it becomes second nature and gives the medical profession the tag of ‘noble’ (Aronson, Henderson,

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