Patient Safety and Medical Errors – A Singapore Perspective

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INTRODUCTION

It is a perception that medical errors are dominating the newspapers these days, but there is as yet no available data as to the extent of the problem in Singapore. Nor is there a clear reason why we should expect our incidence to be any different from that of other countries. What is clear, however, is that the patient safety movement is catching up locally. The article on "Patient Safety: Review of the Contemporary American Experience" by Manasse et al[1] in this issue is both timely and pertinent in this respect. The authors mentioned the Harvard Medical Practice Study, which is the most extensive study on this issue, and which showed that adverse events occurred in 3.7% of hospitalisations, manifesting as prolonged hospital stay or disability at the time of discharge[2]. Of these adverse events 58% was attributable to medical errors and were therefore preventable. Extrapolation of the results to all US hospitals implies that at least 44,000 – 98,000 Americans die in hospital each year as a result of preventable medical errors. In Australia, the Quality of Australian Health Care Study reported an adverse event rate of 16.6% associated with hospital admissions. However, reanalysis of the study following the US methods found that the Australian and US studies had a virtually identical rate of serious adverse events[3].

MAN OR SYSTEM?

Going by what is reported in our newspaper headlines, there is always a tacit assumption that medical errors should never happen. The consequence is that the individual practitioners involved in the adverse events are invariably put in bad light. The article by Manasse et al stresses that errors are rarely due to personal failings, inadequacies or carelessness. Rather, they result from defects in system design and working conditions that steer careful and competent medical professionals into making mistakes. This stand represents a significant departure from the traditionally belief that bad errors are invariably made by bad people.

NAMING, BLAMING AND SHAMING

As care providers, many of us would have observed in the course of our career, that some of the worst medical mistakes are sometimes made by the best doctors. How then do we reconcile this observation with the widely held myth that bad mistakes are a product of bad doctors?

Perhaps many have chosen to overlook the fact that the most difficult tasks are being performed by the best people who are thus more liable to error. Following a disaster, the opportunity to blame is both tempting and pleasurable as well as legally convenient, so much so that few would hesitate letting go of it. After all, it is so easy to pin the responsibility for an accident on the perpetrator of the unsafe act that immediately impacted on the well-being of the patient. The connection between the possible actions by the doctor at the "sharp end" and the adverse patient outcome is far more easily proved than any possible links between prior management decisions ("blunt end") and the accident.

FUNDAMENTAL ATTRIBUTION ERROR

This tendency to blame can be partially explained by the phenomenon of fundamental attribution error. This refers to the fact that whenever people are making attributions about an action, they tend to over-emphasise dispositional factors about the actor, and under-emphasise situational factors[4]. By its readiness to over-attribute the behaviour of medical practitioners to dispositional causes, the profession has thus been ignoring the influence of situational factors such as role or context.

ILLUSION OF FREE WILL

A second explanation for the psychological tendency towards blaming is based on the illusion of free will. This frames the concept of a doctor as a freely willing agent who could have done otherwise in a given situation and is ultimately morally responsible for his actions. Our entire society is based upon the idea that we have a choice over how we behave. We think of this ability to make choices about our lives as a secular, universally

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accepted principle. We assume that human beings have a freedom of will. We assume that we have the ability to imagine a range of actions in any given moment and a freedom to choose from these actions one specific deed, and that we understand what consequences will follow as a result of having performed that deed. Hence, if a doctor makes an error and the mistake is revealed, a disciplinary party must step in to warn, reprimand or punish him in order to help him to choose to perform a safer act in future.

What is commonly assumed is that the conscious self is the sole determinant of our thoughts, decisions and our actions, the only constraints being the limits of our knowledge and imagination. No matter how we think, decide or act, we could have done so differently, or in other words, we possess the free will to perform differently. However, this argument is not compatible with our basic understanding of the physical brain and its relation to the conscious mind.

What is seldom appreciated is that our consciousness is a product of the physical activity in our brain, and there is no known way in which the former could influence the latter. Therefore the course of our conscious thoughts and decisions is dictated solely by physical events in the brain and not by the conscious self. The brain could have thought and decided other than how the laws of nature dictated it did at the time of the accident. The reality is that we do not and cannot possess free will. Why then is the illusion of free will so pervasive? Obviously part of the answer is that we are only aware of our conscious thoughts and decisions, and not the physical activity in the brain that underlies them. Therefore we are not aware of any reason, other than free will, why we thought how we did, and we therefore presume that we could have thought differently.

JUST WORLD HYPOTHESIS

The third reason for the tendency to blame lies with the belief that people have a strong desire or need to believe that the world is orderly, predictable and just. It is a place where people get what they deserve. Such a belief necessarily plays an important function in our lives. This is because in order to plan our lives or achieve our goals we need to assume that our actions will have predictable consequences. Moreover, when we encounter evidence suggesting that the world is not just, we quickly act to restore justice by helping the victim. We either lend assistance or we assume that the person who made the mistake must have asked for it. This attitude is continually reinforced in our culture by various fairy tales or cop shows, in which the bad guy is always punished and the good guy rewarded.

CONCLUSION

Locally we have an intense blame culture to grapple with, and this constitutes the greatest hurdle in developing our hospitals into high reliability organisations. Perhaps helping our medical professionals to understand the cognitive psychology underlying how we handle blame and punishment should be a logical first step towards developing a culture of safety.

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