

What I've Learned About Medical Errors

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#1

The Systemic Nature of Medical Error

The Willie King Wrong Leg
Amputation Case

But sometimes the
gods smile on
erring health
providers ...



Smile (Get embarrassed?)

The physician had prescribed penicillin G sodium 20 million units IV via a continuous infusion every 24 hours (the patient was hyperkalemic). The first mistake occurred when the nurse entered the order into a computer system as an IVPB (intravenous piggyback) solution. The pharmacist who reviewed the electronic order noticed the error and reentered the order as an IV infusion. But he selected the wrong salt and entered an order for penicillin G potassium, not sodium.

Keep smiling

A technician prepared the penicillin G potassium solution. Both the pharmacist who checked the solution and the nurse who hung the solution failed to notice that the salt listed on the label was different than prescribed. A clinical pharmacist discovered the error the next day ... (but upon investigation, the solution turned out to be sodium, not potassium)... It appears the pharmacy did not have penicillin G potassium in stock. The solution was made, in what seemed an error at the time, using penicillin G sodium.

ISMP Medication Safety Alert, April 4, 2003.

Medication errors are very common, very scary, and underreported

Abbreviations:

- 10U (10 units)
- QOD (every other day)
- X 3d (for 3 days)
- Levo (Levofloxacin)
- $MgSO_4$ (Magnesium Sulfate)
- Nitro/SNP (Nitroprusside)
- PIT (Pitressin—Vasopressin)

Misread as:

- 100
- QD or QID
- For 3 doses
- Levodopa or Levothyroxine
- MSO_4 (Morphine Sulfate)
- Nitroglycerin
- Pitocin (Oxytocin)

Other sources of medication error

- Sound-alike drugs (e.g., Zetia and Zestril)
- Look-alike packaging
- Illegible handwriting
- Omitted drug
- Allergy
- Wrong: drug, route, diluent, dose, concentration, time, flow rate, patient

#2

Spin, spin, spin

The VHA research study

A Scenario

A 56 year old woman has a lumpectomy and lymph node biopsy for suspected breast cancer. Pathology examination of the lump confirms the cancer diagnosis and three lymph nodes are also found to be positive for cancer. She decides to have a mastectomy because of the positive lymph nodes and plans to have chemotherapy afterward. The mastectomy is performed without complications, but it is postoperatively discovered that the pathologist's interpretation of the lymph nodes was incorrect and that the patient's lymph nodes were normal.

What would your institution recommend telling the patient?

- That additional findings indicate her prognosis is excellent and she might not need chemotherapy;
- That on further review, it was found that her lymph nodes were normal, meaning that her prognosis is better than previously thought, etc.
- That there was an error in the interpretation of the lymph nodes and her prognosis is better etc.
- That there was an error in the interpretation of the lymph node biopsies, and that this may have resulted in an unnecessary mastectomy

#3:

NARCISSISM!!!

#3

The Narcissistic Regression

The Wrong Side
Endarterectomy



Medical Errors and
Medical Narcissism

John Banja

Situationally Induced Narcissism

■ FROM

- Early idealism (3rd year) to self-protectiveness
- Self-care to masochism
- Empathy to emotional distancing (aloofness)
- Performance anxiety to over-confidence
- Objective self-criticism to smugness
- Objective self-appraisal to hyperdefensiveness
- Being human to compulsive perfectionism
- Enjoying patients' gratitude to demanding patients' compliance and respect

The Extreme Medical Narcissist

The Physician 12 Step Plan

- Learned that we could handle everything, that we had total control
- Came to believe there was no higher power than Medical Knowledge, that we ARE what we DO
- Made a decision to turn our lives and our wills over to Medicine, resisting all need for self care
- Made a searching and thorough inventory of Medical knowledge, committing it all to memory
- Recognized that our discomforts are the faults of other people, places, and things and admitted no personal weaknesses
- Denied our own negative feelings, doubts and misgivings

12 Steps

- Never let our mistakes, fears, or feelings of inadequacy show and made pre-emptive strikes whenever possible
- Made a list of all people, places, and things that upset us
- Refused to resolve these tensions
- Continued to act as if we were fine
- Refused to accept new ideas, seeking only to live life on OUR TERMS
- Rigidly cling to our original attitudes and ideas, recommending them to all aspiring Medical Professionals

When you add to this personality structure

- The advice physicians have been getting from their legal counsel, hospital risk managers, etc.:
 - Do not say "error" or "mistake"
 - Do not apologize
 - Do not admit liability
 - Remember: The burden of proof is on the plaintiff

#4

Bad, bad advice:

- Don't say "error" or "mistake"
- Don't apologize
- Plaintiffs must prove everything

Disclosure problems for non-physicians

For nonphysicians

- All health professionals must advocate for clients
- Patient is wronged by harm-causing error; disclosure is the right thing to do; aggressive error management helps to diminish future errors

Codes of Professional Ethics

- “The primary obligation of “Xs” is to their clients...”
- “Fidelity: to be loyal, honest, and keep promises”
- “Xs will provide the client with appropriate information and will support their efforts at self-advocacy.”
- “Xs will not engage in any act or omission of a dishonest, deceitful or fraudulent nature.”

Important Considerations

- Was there an error? (How to find out?)
- Did the error cause harm? (How to find out?)
- Was the harm significant? (Judgment call)
- Whose fault?
- How far can you go in your client advocacy, given the requirement to practice within the boundaries of one's competence?

#5

The Disclosure

- Acknowledge the error
- Apologize profusely
- Describe institutional changes made
- Cost of error to be removed
- “Please forgive us”

#6

Forgiveness

- Brings closure
- Changes the moral identity of the victim
- Immensely empathic
- Changes the identity of the HCP

#7

Future Educational Needs

- How to break bad news
- Refrain from character slurs or blaming
- Realize the nature of your defenses
- Effect of disclosure on claim frequency and severity

Thank you.