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Patients' Involvement in Reducing Medical Errors

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Patients' Involvement in Reducing Medical Errors

In its report regarding medical error, the Institute of Medicine (IOM) pointed to patient safety as the next step in promoting quality health care and reducing the estimated 44,000 to 98,000 annual cases of hospital mortality caused by preventable medical errors.¹ As the ultimate benefactors of a safe health care environment, patients should play an active role in improving patient safety; however, the evidence that patients actively participate in their care is less clear.

Much research has been conducted on the role of the patient in health care.² Books, Web sites, and consumer groups have flooded the market place with consumer-oriented information to facilitate the patient in his role to protect himself and improve patient safety. For example, Paul and Julie Lerner lead consumers through the complexities of healthcare in their book, *Lerner's Consumer Guide to Health Care*, and advise consumers on what questions to ask doctors and how to avoid medical mistakes.³ In *The Best Medicine: How to Choose the Top Doctors, the Top Hospitals, and the Top Treatments*, Bob Arnot provides advice to individual consumers about doctors, hospitals, and treatment strategies for different medical services. He includes outcomes data for a range of medical treatments, from coronary artery bypass graft (CABG) and hysterectomy surgical procedures to management of chronic diseases such as diabetes.⁴

A vast number of health-related web sites also provide consumer-friendly information about choices that impact patient safety. The Foundation for Accountability (FACCT) has undergone an extensive multi-year project to examine, measure and produce information of interest to consumers at www.facct.org; however, this web-based consumer tool is still in process. The Agency for Healthcare Research and Quality (AHRQ) posts a patient fact sheet with "20 Tips to Help Prevent Medical Errors" at www.ahrq.gov/consumer/20tips.htm. The site encourages consumers to be active members of their health care team. Patients are advised to bring a "brown bag" with all of their medications to office visits. For surgical procedures, the Web site recommends choosing a hospital with a high volume of the needed procedure. Patients are reminded to communicate clearly with their surgeon and personal doctor about what surgery will be conducted prior to the surgery. The AHRQ also suggests patients bring a friend or a family member to act as an advocate while they are in the hospital. At the Web site, patients may also read consumer versions of clinical practice guidelines and information on prescriptions.

Despite the growing body of consumer-oriented information, evidence suggests that patients' understanding of health care decisions is limited. For example, public report cards have been published regarding the outcomes of coronary artery bypass graft (CABG) surgery for hospitals and individual surgeons in Pennsylvania since 1992. However, the results of the data were rarely examined or used by patients. Of patients surveyed, only 12% were aware of the report cards prior to surgery and less than 1% knew the rating of their surgeon or hospital and claimed that it had some impact on their decision making.⁵ Other evidence indicates that patients value anecdotal information from family and friends over hard evidence. Several reasons for the lack of patient interest in information have been suggested; these include "difficulty in understanding the information, disinterest in the nature of the information available, lack of trust in the data, problems with timely access to the information, and lack of choice."⁶ Evidently, a gap exists between patients'

knowledge of the health care environment and their willingness to make decisions that protect themselves in the healthcare environment.

A 1997 public opinion poll on patient safety conducted by Louis Harris & Associates on behalf of the National Patient Safety Foundation at the American Medical Association also points to a disconnect between the public's perception of health care and the reality of healthcare.⁷ Answers regarding patient safety from a nationwide representative sample of 1,513 respondents indicated that the public perceives health care as "moderately safe," acquires knowledge through anecdote, and blames individuals, not processes for mistakes. Of the 84% of respondents that had heard about a medical mistake, most heard anecdotally. The most common sources of information regarding a medical mistake were a friend or relative (42%) or a television (22%). In contrast, 42% of respondents had been personally involved with a medical mistake, either through their own experience or through a close friend or relative. One in three respondents reported that the mistake negatively impacted their health.

In terms of sources of medical errors, respondents were most likely to perceive carelessness or negligence of individual providers as the source of medical errors (29%). Seventy-five percent of respondents believed that the most effective means of preventing injuries caused by medical errors would be to prevent "bad" health care workers from practicing. Surprisingly, as a result of an experience with a medical mistake, only a small minority of respondents would become actively involved in future care: less than a third (28%) would ask questions, 20% would research the hospital, physician, or treatment, and 18% would get a second opinion. Nine percent of respondents would do nothing at all to ensure their own safety. Based on this data, we can expect a vocal minority of patients to take an active role in their care; however, the majority of patients will not take a large role in improving patient safety.

To date, the evidence regarding patients' role in promoting patient safety is mixed. However, as the majority of mistakes are caused by underlying processes of care rather than by individuals, one proposed solution has been to increase patients' roles in processes of care with which they are directly involved. For example, medications, operations, and lab results are three common sources of medical errors that involve processes that directly relate to patients. Health care professionals familiar with the process of renewing medications may encourage patients to verify that they are receiving the same type and dose of medication as previously prescribed. Those familiar with a patient's surgery may confirm with the patient the nature of a procedure and the body part to be involved prior to surgery. Patients may also be encouraged to ask about test results; this may help confirm that lab tests were received and examined.

Nearly a quarter century ago, Norman Cousins elevated the role of the patient in health care in a *New England Journal of Medicine* article titled, "Anatomy of an Illness (as Perceived by the Patient)."⁸ He received letters from more than 3,000 doctors; many of these doctors were supportive of greater patient involvement. Yet, decades later, we continue to struggle with the role of the patient. Although there is no clear answer as to whether or not patient activism will improve patient safety, one area worth investigating is patients' participation in processes of care. As the ultimate recipients of care, it is in patients' best interest to be active participants in their care if patient safety is to be improved.

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