"Indian medical community must come out of denial"

26 February 2014 | Features | By BioSpectrum Bureau

Indian medical community must come out of denial

For competent engineers, each error in their design, be it a system or a human error, is a potential treasure for a new invention, and therefore design improvements. The highest order of human safety in Aviation and Nuclear industries is the result of this process of improvement based on errors. Although these engineering industries have inspired patient safety systems in many other countries, India is yet to take even first baby steps.

"Patient Safety First" has become a new mantra in the western medical society. It is more than just rhetoric and it has become the national mission for many countries. They have identified and adopted patient safety practices and strategies and shown huge improvements. WHO has even suggested step-by-step processes towards incremental patient-safety. Countries have gone ahead in ensuring patient safety.

Indian Medical Community is still in denial mode. Medical error cannot be denied, it is inherent in the design of medical education and practice. The trial-error method, the fundamental method of medical skills learning - diagnosing or treating, is fatally flawed. The doctor or trainee repeats their attempts,with some supervision, until success, or until he or she stops trying. There is no trainee doctor who has not made errors. Same is true for budding engineers, however the way the errors are given importance is different in each system of learning. A smart engineering student or researcher makes a theory behind the error and publishes in reputed journals so that others can avoid it.

Â

Added to this error-prone system of medical learning and practice, the dependence of current paradigm of medical care on the electronics instruments and Information Technology makes it even more erroneous. This sophisticated medical learning is challenged by the increasing requirements for knowledge by both patients and doctors.

Medical errors in India could be more than the global average. Deliberate Errors due to rampant unethical malpractices specific to India such as accepting bribes from pharmaceutical companies for pushing their drugs or undertaking stealthy clinical trials are burdening the Indian patients further. India is apparently one of the most corrupt medical systems in the world. Inefficient implementation of the primary care projects has stressed the patients in the bottom of the social hierarchical pyramid most.

If errors are to be avoided they have to be measured first. Simple record of medical negligence is a fundamental step towards the measure of patient safety. Measurement, in turn, is the fundamental step towards improvement. It is a universal truth that unless we measure, we cannot improve.

One of the major problems in ensuring patient safety in India is the resistance of the Indian medical community opening themselves for the first step - measurement of errors. Countries have found solution to this pathological problem by linking every medical decision to information in an Electronic Medical Record (EMR). However, this solution will not serve its purpose in India. Due to rampant corruption and low medical ethics, baring few, in India, a solution unique to India is the need of hour. Centrally maintained EMR (CEMR), which can not be tampered, could be a solution and insistence on all hospitals, private or public, to record all the decisions in CEMR could be one way to ensure patient safety. Connecting every doctor and patient information through standardized CEMRs will only be a starting point of a real paradigm shift towards patient safety. Big data collected through CEMR will then be a boon for policy makers for patient safety.

Once we ensure that the full and accurate reporting of medical errors in CEMR, then error-reduction programs can be designed and implemented, and the efficacy of each such efforts on error-reduction can also be monitored. Such centrally maintained EMRs could also prevent medical crimes such as distorting medical reports in medico-legal cases, providing false certificates to protect criminals and trading human organs. Each patient could digitally sign their record for the further protection.

Although awareness of EMR among Indian medical fraternity has increased recently, its adaptation is still in its infancy. A government policy to make it mandatory will be giving back the patient their right to medical information. India with its strength in software and services exports could quickly harness its resources to implement the CEMRs. Already existing central records such as Adhaar Card could find new uses in patient safety if the government is serious about it.