Non-Medical Errors: Time to Act
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ABSTRACT
People are in a habit of blaming that health care facilities are inadequate or unavailable and death is unavoidable at any time. Do we think this is the truth? The answer to this question is No. Most of the deaths in children in the hospital settings are preventable in present era of science and medicine (depending on type of problem or etiology). Sick children including newborns have better and effective outcome if timely help or intervention is provided to them. Parents/family bring their child to health care facility with the hope that Doctor is God and can save their hope and it is true to great extent. We also understand that treatment is matter of faith and doctors are most trust worthy in the eyes of parents, patients, family or society.

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LETTER TO EDITOR

Doctor’s primary responsibility is to serve humanity and Nation but tends to forget and run after other aspects of duty and responsibility. In present scenario most of the doctors performs duty to save themselves rather than taking care patient/child’s health or life, so that they are not caught by any person or law. If a child dies in the hospital we usually blame the family for not reporting to health care facility at appropriate time, disease was of serious nature and not treatable or curable, facilities not adequate, poverty is an issue or Government is not providing adequate facility to health care providers, and material and equipment's are not sufficient. We tend to believe that all these inadequacies can lead to morbidity and mortality. Some of the errors which are human made include infrastructure and equipment, transportation issues include facility and transportation without stabilization, lack of knowledge and skills, negligence, unethical practice, indifferent attitude, aptitude and behavior, etc. However, the definition of non-medical error varies and poorly determined, but all these non-medical errors are preventable and manageable. Hospital errors are third leading cause of deaths in United States [1]. European data also suggests adverse events in 8-12% hospital admission.
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Non-medical errors are as a result of multiple reasons like inadequate and inexperienced health care personnel's, new treatment procedures, complicated technologies, prolonged hospital stay, poor communication and counselling and improper documentation practices beside other factors mentioned above. Human errors have been implicated in nearly 80 percent of adverse events that occur in complex healthcare system. India accounts for the highest number of child deaths under the age of 5 years, in the world. A study finds that most of these deaths are preventable, with the right interventions at the right time. According to WHO, 50% of medical equipment in developing countries is only partly usable due to lack of skilled operators or parts. As a result, diagnostic procedures or treatments cannot be performed many times thus leading to substandard care [2].

Poverty and inflation also determines the occurrence rates of non-medical errors. A review of the literature also reveals that very less focus has been given towards non-medical errors in the context of examining poverty, inflation, self-reported illness. Vicious circle of poverty, caused due to healthcare needs is a bitter truth of society. Job uncertainty, low wages, and deplorable lack of basic necessities add to the burden of diseases push people towards medical
poverty. A whopping 63 million people are faced with poverty every year due to large expenditure over healthcare which neutralizes the gains of rising income and other benefits intended through developmental interventions.

Society is also not fully informed and aware of available health care facilities e.g. such as an emergency communication system if available at doorstep in case of acute care can save many lives. Negligence, ignorance and unethical practices (deliberate or knowingly) also contribute towards morbidity and mortality. Other possible contributors of children morbidity and mortality due to non-medical errors could be summarized as; preparation to accept the sick child, gaps in identification of sickness (triage), partial knowledge of methods and technology in use, delay in execution of treatment, lack of effective counselling, communication and team work, poor staffing, hospital associated infections, less trained and less dedicated health provider staff, lack of accountability, and lack of standard guidelines or protocol [3,4]. All these non-medical errors need immediate attention. These factors manageable and controllable without much financial burden, provided each stakeholder at every level (provider level, system level, and client level) hold due responsibility and accountability. Also high time to assess, identify and develop solutions for managing these non-medical errors in the healthcare settings at a policy level.

REFERENCES