REVIEWS

Medical errors: Fighting on the same side

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***Understanding medical error,* Publisher: Karachi Bioethics Group. pp 53.**

Movie version - *To err is human,* Producer: Centre of Biomedical Ethics and Culture, SIUT, Pakistan. 12 minutes. Available from: https://vimeo.com/153865932

This handbook on *Understanding medical error* by the Karachi Bioethics Group addresses an important but taboo topic in healthcare. It is a slim manual of 53 pages intended to shed light on identifying, managing and minimising medical error. The dictum oft quoted in medicine '*primum non nocere*' is just the beginning. The complexity and demands of the current healthcare system make this dictum grossly inadequate to describe what is expected of a physician today. The booklet is especially relevant in the current atmosphere of distrust which surrounds the medical profession.

The book starts with the statement "Errors must be accepted as evidence of system flaws, not character flaws". With this statement, the battle lines are drawn. The patient and the doctor are NOT adversaries. The initial chapter strives to shed more light on the subject. The authors describe in detail, with apt examples, the difference between "medical error", "medical negligence", and "malpractice". Negligence is the failure to meet a standard of care whereas medical error is a system error due to the human factor. They describe the nuance in the meaning of the words "adverse event", "near miss", and "complication". For example, an adverse event is the harm caused to a patient due to medical care rather than an underlying disease. Complication is an adverse event caused by a pre-existing factor outside a doctor's control. The book explains how missing the difference between these words can lead to a lot of avoidable mistrust between the doctor and the patient.

In November 2000, a 3-year-old girl died in a hospital in London when she was administered pure nitrous oxide instead of oxygen from an anaesthetic machine during an emergency resuscitation. Learning from that system error, a practice of mandatory minimum oxygen is maintained in a gas mixture in modern anaesthetic work stations.

The strength of the book is that the authors maintain an objective and neutral point of view throughout. First and foremost, they describe in simple terms why the field of medicine is prone to errors. Then, they look at the doctor's point of view and explore the reasons why doctors remain reluctant to report medical errors. They look at the patient's point of view to see how it benefits them to have medical errors reported.

They offer practical suggestions like providing a drop box facility for reporting medical error, having a blame-free reporting system, having a system that allows both juniors and seniors to report errors etc, as a means to increase error reporting. Once an error is reported, they explain how the analysis would be done. This part of the book falters a bit, as the methods of analysis described are unclear. The booklet remains vague on how the errors would be analysed and how it can help to prevent future errors. The legal implications covered at the end describe what happens in case of a medical error, but offer no suggestions for changes that can be made in the system.

The book is relevant to medical practitioners and patients, in that it raises the issue of medical errors. It provides a platform for an open discussion on the reporting medical errors between healthcare workers and patients. The suggestions offered in the book, though few in number, are practical and applicable in any healthcare setting. The tools that the authors offer as a way to minimise errors, like the use of checklists, digitalisation of data, departmental audits, mortality conferences etc, are indispensable.

A short 12-minute movie *To err is human,* accompanies this booklet and gives further examples of common medical errors. It depicts a case scenario in a hospital where a senior surgeon gets reprimanded by the hospital administration. A patient she operated on has had a swab left behind in his abdomen leading to a post-operative infection. The doctor defends herself by saying that the operation was gruelling and the entire team had worked hard for the patient. The administrator reminds her that if protocol was followed, such a thing would not have happened. The doctor pulls up another example of a medical error in the hospital which the administration has not noted. She explains that the wrong medication was administered to a patient but as it did not cause any problem to the patient, it went unnoticed. The administrator

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reacts saying that he will fire the people involved. The doctor concludes that due to this kind of response, many errors never get reported. The movie is thought-provoking as the scenario described could happen anywhere. Despite the flow of the movie being jerky, the message comes through in the end. Part of a series of bioethics educational videos presented by the Center of Biomedical Ethics and Culture, Pakistan, the movie is available from: https://vimeo.com/153865932

Dr Atul Gawande, in his book *Complications,* notes that although medical errors are thought to be confined to a subset of bad doctors, in fact they follow a uniform bell-shaped curve. Honest reporting of errors remains a crucial first step in preventing them from occurring in the future.

No simple redemption

NIKHIL GOVIND

Arjun Nath*, White magic: a story of heartbreak, hard drugs and hope*, Harper Collins India: 2016. 296 pp, Rs 204 (Paperback). ISBN: 9789351777168.

Arjun Nath's *White Magic: A Story of Heartbreak, Hard Drugs and Hope* is one of those rare, honest, intelligently reflective accounts about the long engagement ("struggle" seems too clichéd) with drugs. It is illuminating to finally read a scrappy, hard-bitten account. The value lies less in the survivor rhetoric – though in this case it is a happy ending, and Nath fulfills his dream of publishing a memoir. The impatience with which the reader (but also the parent, the friend, the therapist) wishes to know success or failure (which could mean life or death) is part of the difficulty of dealing with issues relating to substance abuse. One quickly wants to know the end—and that end will determine how we perceive the journey. If there is life, the journey was good, beneficial, on-track—and conversely, if there was death, the journey was a failure. However, this is not true, as Nath reminds us. One of the great learnings, to all, is that life cannot be measured by stability (of employment, of partners, of health, of content children) but simply by the quality and insights of that journey itself.

The book begins with a section called "Junkie Journal: June 2010", and every alternate chapter is a continuation of that journal. There is no single, magic moment of transformation. In the alternate chapters to the Journal is the story of Doc, the charismatic founder of the organisation that helps people with substance issues—the one who "cures" Nath. The figure of the Doc is what is complex and necessarily indeterminate in the book—this is not a story of simple redemption and cure by an impersonal method (be it Freudian analysis or Cognitive-Behaviour Therapy (CBT)). Rather, the cure/relief is intrinsically tied to the personality of Doc. The lavish love given to this figure might fill many readers/therapists with unease—yet, there is no doubt that this sort of figure may be needed by many to get through to the other side. In his Author's Note, Nath explicitly writes: "lastly, and with full awareness that the idea troubles a lot of people, I want to make clear that for me this is a story of God; of finding a voice within that makes you kinder and stronger and helps you through the difficult days." (p 280). One of the rules within the programme was to pray, though to a personal, non-institutional god who both held you to absolute abstinence within the programme, but who was encouraging of a non-puritan life afterward. The book speaks of the many who admit they need a good father figure—so here we have the father/Doc/guru/God ensemble. No doubt the masculinism of this will trouble many, but it remains an open question whether cure can ever entirely belong to the impersonalised discourse of the aforementioned CBT etc. This remains a thorny problem—and maybe it is fair that the afflicted person should choose whatever mode will get them out of their melancholy.

Perhaps such unorthodox spaces can only exist in a state of quasi-legitimacy in India—the home that Nath goes to has many who are there as depressives, and who have not touched drugs. Perhaps there is a greater layer of melancholia, but more conventional centres would not mix up such different problems as addiction and depression. Yet it is the unconventionalism of everything that gives the narrative power. One sees Doc emerge from a Bombay of the eighties—with its utter ignorance of the drug problem (barred windows in grey underground hospitals, dextropropoxyphene, involuntary admissions, shock therapy, bilateral electrodes and medieval sine-wave ECT, while on the street college kids thought they were smoking hash from Afghanistan when they were actually hooked on smack from Burma). Perhaps our ignorance is less today, our technology more—but who can deny the denial of serious addiction issues even today in middle class, engineering-school-going India of 2017?

The charisma of Doc also helps contextualise him as different from the generic, disembodied therapist—he is a man struggling with his many grim divorces, his own demons of father and family. The naked patient demands a naked

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