



Quack Tracks By A. E. Miller, MD

Medical Mistakes, Revisited

I really don't understand it: Physicians love to nit-pick the printed word. In fact, we thrive upon it. When someone publishes a study on diabetes, thousands of doctors will tear it apart, mercilessly, word by word, and line by line. That's what keeps the science valid. On the other hand, when a "scientific report" incriminated MDs for the untimely deaths of thousands of patients, the medical profession reacted with a collective yawn. Never – not once – did we ask "where's the beef?"

It was back in November of 1999 that the "prestigious" Institute of Medicine (IOM) proclaimed that up to 98,000 citizens are killed annually by avoidable medical errors. By the IOM's accounting, that made MDs the country's eighth leading cause of death. The reaction was prompt and predictable. Trembling with shock and outrage, the media trumpeted the story across the land. And on December 1 – scarcely two weeks later – President Clinton demanded new laws to combat the runaway epidemic of fatal mistakes.

It's been said that nothing comes closer to immortality than an unchallenged number on the printed page – even when that number is unmitigated baloney. Nearly ten years have passed since the IOM report, and nary a week goes by that doctors aren't tarnished by the specter of 98,000 preventable deaths. Could we possibly, just this one time, follow this number upstream to its origins?

The IOM report was presented in book form: *To Err is Human: Building a Safer Health System* (National Academy Press, 2000). The printed volume, however, wasn't available for scrutiny until March of 2000, a full four months after the media firestorm and the presidential call to action. Meanwhile, the report's principal spokesman, Lucian L. Leape, MD, expounded in hourly interviews about the IOM's grim conclusions. But Dr. Leape wore two hats. Nine years earlier this same Dr. Leape was the principal investigator in the Harvard Medical Practice Study, from which the number 98,000 was first conceived. (N. Engl. J. Med. 324[6]:370-376, 1991.) The findings of the 1991 Harvard study were based solely upon a review of 1984 hospital charts from New York State. The conclusion that any particular patient died from medical errors was reached by a handful of trained physician chart reviewers. The decision was based entirely on the paperwork; the reviewers never saw nor touched the living, breathing patients. And nobody questioned the use of 1984 hospital charts in the condemnation of 21st century medical practices.

But here, finally, comes the real beef. The Harvard Medical Practice Study mentions – almost as an afterthought – that some of those patients (whose deaths were attributed to iatrogenic errors) were critically ill with terminal disease. The study itself describes one example, and this is a direct quotation:

"Many patients who died after an adverse event had very serious underlying disease, and several surely had shortened life expectancies independent of their iatrogenic injury. [The reviewers] could not, and were not asked to, estimate the number of days of life lost as a result of the adverse event. This is a critical issue, particularly in the case of a terminally ill person. For instance, a pneumothorax injury sustained during the insertion of a central venous catheter may have been the immediate cause of death in a comatose patient with metastatic lung cancer who was undergoing mechanical ventilation because of respiratory failure. Although this patient might have lived only a few more hours or days had the adverse event not occurred, the death was judged to have resulted from the medical injury."

(Continued on Page 2)

Quack Tracks

Page 2

Any honest-to-God physician who actually treats sick folks will need to read no farther. To imply that a patient with metastatic cancer – comatose, and on a ventilator – died because of his doctor's mistakes is like saying the Titanic sank because someone dropped an oar from one of the lifeboats. I know not how things are done at prestigious Ivy League medical centers, but those of us in the western territories, when faced with the unpleasant task of filling out death certificates, recognize the subtle difference between a "cause of death" and a "terminal event."

The IOM conclusions are now carved deeply into the stone of public perception. But why do we allow a double standard, giving a free pass to those who criticize our profession so loudly, so smugly, and so publicly? Reducing errors is indeed a laudable goal, but overstating the problem only drives further the wedge of mistrust between doctors and their patients, ultimately paving the way for continued government intervention into the practice of medicine. Then again, perhaps that's what the folks at the Institute of Medicine intended in the first place.

[Quack Tracks is a commentary column written by retired Idaho family physician, A. E. Miller, MD. The opinions voiced by Dr. Miller are his own. He may be reached at AMiller670@aol.com.]