

ERRORS IN FAMILY PRACTICE

We read about doctors' errors in the newspapers almost on a daily basis. Rightly so one may add, because doctors are dealing with human lives and their errors may be costly in terms of suffering and even loss of life. Society places a heavy demand on doctors. If engineers can place a man on the moon, and doctors do organ transplants as a matter of routine and provide new miracle cures for formerly incurable diseases, then errors are seemingly becoming inexcusable.

But then there are disasters in space for engineers and of course HIV/AIDS for doctors, bringing greater realism to the subject (for a while, one may add). Engineers and doctors are human and they make mistakes and science do not have the answer to everything.

One of the basic ethical principles in medicine is to do no harm (*primum non nocere*), and doctors should live and practice by that rule. Yet errors do happen and society has to deal with it. The usual way is to crucify the culprit in the media and demand an explanation from the government and the regulatory body. The profession tries to deal with the problem away from the media through the peer review committees of the associations, but on the whole these committees are toothless, and often cases have to be referred to the Health Professions Council (HPC). The general public of course also has direct access to the HPC by lodging a complaint.

During the years 2000 and 2001 the HPC received 2000 complaints, of which 150 formal professional conduct inquiries by the HPC were held. It yielded 108 guilty findings (72%). Of the guilty findings the largest percentage (51%) belonged to the clinical service domain. The rest were transgressions in the domain of dishonesty or administrative regulations relating to dispensing of medicines or facilities.

Not every act of unprofessional conduct in the clinical domain result from errors and not all clinical errors equate unprofessional conduct, but there will be a substantial overlap, and only a small number of incidents of unprofessional conduct ever land with the HPC as a complaint to be investigated.

We are clearly dealing with an iceberg phenomenon with regard to errors in medical practice, and most of the reported errors probably result from hospital practice. But most contact with patients happens outside hospitals in clinics, community health centres and family practices. How many errors happen every day in these situations and what can we do to prevent them?

Errors in family practice can range from administrative errors to clinical errors. A recent pilot research project conducted in general practice in 6 countries looked at the errors deliberately reported in a number of research practices.¹ They found that 79% of errors could be classified as "Process errors", with the remaining 21% classified as "Knowledge and Skills errors". Only 12% of all errors were indeed errors in diagnosis, and only 6% errors in making the wrong treatment decision for the right diagnosis. Although this is a preliminary study it raises the issue of the importance of process errors such as misfiling a laboratory result or a specialist report not communicated to the primary care physician.

Errors can be also be of a very serious nature. It is reported that an estimated 98,000 patients die in US hospitals every year as result of medical errors.² But how many serious errors occur in South African family practice every day?

There is a clear challenge for family medicine to research errors in primary care in South Africa in order to reach a better understanding of the problem and to develop ways end means to reduce the number of errors to a "tolerable" level.

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Editor

¹ Makeham MAB, Dovey SM, Kidd M. An international taxonomy for errors in general practice: a pilot study. *MJA* 2002;177:68-72

² Rivo ML. Can we avoid Errors in Family Practice? (editorial). *Family Practice Management* 2002 July/August. Available from: URL: <http://www.aafp.org/fpm/20020700/15canw.html> [accessed 20/02/2003]