

## Reducing Diagnostic Errors – A Practical Perspective

We were glad to read the recent article on diagnostic errors [1]. It is a problem that affects doctors and their patients all over the world – unfortunately the error may have grave consequences and the improvement curve is very shallow.

To complement their suggested interventions, we would like to add the perspective of the practicing pediatrician based on our experience:

1. Give adequate time and undivided attention to your patient. Be alert and absorb all that is being told by the patient.
2. Be a good listener.
3. Write down the diagnosis on your prescription — this in itself makes one think before ordering tests or medications.
4. While interviewing the patient, examining and coming back to history if required, and while reviewing all previous laboratory results, keep your mind open as every patient is different [2]. Verify for yourself. Once the patient is with you, it is your responsibility to confirm all the findings and collate them.
5. If the patient is not fitting into a common diagnosis or responding to therapy as expected, think out-of-the box and consider various possibilities again. Keep a checklist if required [3].
6. If you are not sure of the diagnosis, go back to the

history again and re-examine your patient head-to-toe. Review the case with your colleague or senior, if required. In the modern era of networking, various platforms allow rapid dissemination of clinical queries and feedback while maintaining patient confidentiality.

7. Ensuring follow-up is very important, particularly when there is non-resolution of symptoms and signs.
8. Do not treat laboratory reports without correlating with the patients' condition. In other words, the clinical picture is paramount.
9. One important way to learn is to get feedback about a patient who was lost to follow-up with you and went to another colleague. In that case, you need to also give feedback to the doctor from whom the patient came to you — this is critical in learning from one another as well as from patients.
10. The continuous training of teachers and a feedback mechanism must be developed.

The focus has to remain on delivering quality service. Rewards and recognition will follow.

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### REFERENCES

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2. Gropman J. *How Doctors Think.* Byword Books Private Limited.
3. Ely JW, Graber ML. Preventing diagnostic errors in primary care. *Am Fam Physician.* 2016;94:426-32.

## Acquired Hypothyroidism in a Newborn Treated with Amiodarone in the First Week of Life

The amiodarone molecule contains iodine. An overload of this element (“Wolff-Chaikoff” effect) can cause hypothyroidism at all ages; newborn infants are especially susceptible [1].

We describe a case of early-onset acquired hypothyroidism in a premature newborn who received

amiodarone after a week of life. Fetal tachycardia was diagnosed at 24th week of gestation and the mother was treated with digoxin until cesarean section at 34th week. Junctional ectopic tachycardia was confirmed by an electrocardiogram at birth, and amiodarone infusion was administered to the infant from the first day of life. Thyroid function was normal in sample collected for universal screening on the third day. However, on the 14<sup>th</sup> day thyrotropin increased to 109 mU/L, with low free thyroxine levels (0.83 ng/dL). We started levothyroxine (10 µg/kg/day). The thyroid imaging was normal, antithyroglobulin and antiperoxidase antibodies were negative, and urinary iodine was very high (969 µg/L). Levothyroxine