Medical Errors – The Elephant in the Room

Martin A Makary's article in the BMJ has again reopened many dreaded skeletons in the medical closet. He is a surgical oncologist at the Johns Hopkins, and is famous for developing the operating room checklist which is the precursor of the WHO surgery checklist made to reduce mistakes in surgical procedures. He is also the author of 'Unaccountable' – a book on transparency in healthcare He and his research scholar analyzed data over 8 years, and calculated that medical errors contributed to more than 250,000 deaths a year in the United States (US). This would mean that medical errors are the third biggest cause of death in the US after heart disease and cancer. This is probably a considerable underestimation of the problem. As human- and system-malfunctions are not captured on an ICD code, currently death due to human errors are unmeasured, and discussions are limited to confidential meetings due to understandable fears of legal backlash.

Human error is inevitable. How do we surmount the problem and mitigate its effects? A root cause analysis approach would enable local learning while using medicolegal protections to maintain anonymity. Standardized data collection and reporting processes are needed to build up an accurate national picture of the problem. Medical errors abound, it would be myopic to ignore the elephant in the room or plead nescience about a problem which needs to be addressed head on. Safety is not accidental. It must be a deliberate decision. (*BMJ 3 May 2016*).

The World is Getting Fatter

A pooled study of adults from 200 countries has shown that since 1975, the proportion of obese men has more than tripled, and of obese women has more than doubled. Obese women outnumbered underweight women by 2004; for men, the changeover occurred in 2011. By 2025, the authors predict, roughly one-fifth of the population will be obese.

The NCD Risk Factor Collaboration collected data from 1698 population-based studies, with more than 19 million participants. Between 1975 and 2014, the mean age-corrected body mass index (BMI) increased from 21·7 kg/m^2 to 24·2 kg/m^2 in men, and from 22·1 kg/m^2 to 24·4 kg/m^2 in women. During the same period, life expectancy has increased from 59 to 71 years. Further, the absolute proportion of underweight individuals has decreased by only 4·9% in women and 5·0% in men. This suggests that inequities abound. South Asia had the highest prevalence of underweight in 2014; 23·4% in men and 24·0% in women. But obesity surpassed undernourishment globally, as the world's population grew 1.5 kilograms heavier per person on average with each passing decade. *(The Lancet 2 April 2016)*

E-visa for Medical Tourists

Medical tourism in India is all set to get a shot in the arm. The Government is soon to announce that foreign patients requiring prolonged treatment in recognized hospitals in the country can apply for e-visas. Applicants from nearly 150 countries will be able to send online applications for medical visas with scanned copies of medical prescriptions from a government-accredited hospital of the country of origin. The applicant's biometric details will be recorded on arrival. The short term visa will be for one month which can subsequently be prolonged for upto a year. So far, the procedure has been quite onerous. Online appointments with Indian missions often take weeks to months, and most difficult is the requirement for compulsory presence of the patient in the embassy interaction.

Medical tourism is listed as one of the seven boosters by *Niti Aayog* to ensure a 10% growth rate in the country. Medical tourism in India is currently estimated to be worth 3 billion dollars, and may soar to $8 billion by 2020. The visa relaxation is aimed at bringing India at par with other competing countries like Thailand, Indonesia, Dubai and Singapore. (*Indian Express 4 May 2016*).

Why Villages are Bereft of Doctors

According to official statistics, around 27% of the sanctioned posts of doctors in Indian primary health centers are vacant presently. In the case of community health centers, 68% posts for specialist doctors (63% for pediatricians) remain vacant. In states where rural posting is mandatory, students often prefer to seek exemption by paying money that often runs into lakhs. A study in Orissa – where the state government has made rural service compulsory for medical graduates, but in return has promised reserved seats for postgraduate training – revealed interesting findings. Despite the bait, students still preferred to directly go for postgraduation studies. Even students from rural backgrounds preferred urban postings.

Poor living and working conditions (including security for female doctors/students and nurses), poorly equipped centers, and lack of opportunities to interact with senior professionals to hone technological skills are the oft quoted reasons to shun rural postings. A comprehensive and sensitive analysis and discussion with all stakeholders will go a long way in solving this challenging problem. (*Economic and Political Weekly 7 May 2016*).

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