Building Safer Healthcare Systems : A Case for Error-in-Medicine Curriculum in Medical Training

Dear Editor,

There is an abundance of literature on the nature and prevalence of adverse events among patients caused by preventable human error [1,2]. These have been documented in different settings within healthcare as well within different areas of activity such as radiology, laboratory, critical care etc. Human error in medicine has garnered wide attention in the media, among the healthcare professionals as well as human factor researchers. Various research and healthcare institutions as well as regulatory bodies have identified key thrust areas and interventions with the objectives of improving patient safety [3].

However, it is very likely that all these efforts may not be eventually successful unless the professionals at the heart of all these activities are provided with some insight into the psychological limitations of the human information processing abilities and the organizational characteristics that ensure safety in complex socio-technical systems such as medicine. A medical student can be visualized to transition through successive stages of a trainee, active medical practitioner, administrator and assuming command of an organization. He or she may be part of decision making in providing the organisation with complex healthcare equipment such as CT scanners or anaesthesia machines. An error-in-medicine curriculum based on human factors principles can equip the healthcare professional with a critical insight into building safer healthcare systems at each stage of his or her medical career. Extrapolated, such a curriculum can be tailored for paramedical professions, too.

A valuable benefit that will accrue to medical students who continue to serve the Armed Forces Medical Services is the 'human factor thinking' that can be applied to various activities both within and outside the healthcare profession. It will enable the

Regimental Medical Officer (RMO) to develop an understanding of the equipment and the task performed by the unit personnel. He could provide insight into the psychological demands placed by complex machines and tasks on the human operator. Similarly, the Air Force and Navy medical officers can develop a better understanding of the human aspects of the equipment utilized by their respective units and become an integral part in enhancing human performance.

What should be the form, duration and training methodology or even administrative implication of such a curriculum? These are areas worth debating and may need tailoring to each individual organization. However, fundamentals from the realms of human factors, engineering discipline, explaining the complex nature of human error in medicine, will certainly form the core of such a curriculum. While there certainly is a room for debate on the nature and contents of the training curriculum, there can be no debate on one issue : The time for introducing such a curriculum is now.

References

1. Vincent C, Adams TS, Stanhope N. Framework for analyzing risk and safety in clinical medicine. *BMJ* 1998;316:1154-7.
2. Bates DW, Gawande AA. Error in medicine : What have we learned. *Annals of Internal Medicine* 2000;132(9):763-7.
3. VA National centre for Patient Safety. <http://www.patient.safety.gov> accessed 10 Oct 02.

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Common Medicolegal Problems Faced by Medical Officers of Armed Forces

Dear Editor,

This is in reference to the contemporary issue on the subject published in *MJAFI* 2002;58:234-40. The authors have brought out nicely the solution to the common problems faced by the medical officers while performing medicolegal duties.

I shall like to bring to the knowledge of authors that the latest order available on the subject on police clearance for the disposal of dead body has been issued by the office of DGMS vide AHQ letter No 11952/Pol DGMS-5(A) dt 13 Sep 90 and not 31303/Pol/DGMS-5(a) dt 06 Jul 87 as mentioned in your article. Secondly, Appx 'A' to this latest letter on police clearance does not have the

pertinent contents emphasised by the authors i.e. on receiving the information of death of ----- the case has been investigated by the police and found that there is no reasonable suspicion of foul play involved in the death.

Would the authors like to take up the matter with the higher HQ to obtain clarification on the subject and communicate to the readers?

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