



The Left Atrium

Errors of our ways

Medical nightmares: the human face of errors

Susan B. McIver

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This book of 33 clinical vignettes deals primarily with medical error. The stories range from one-page accounts of doctors who simply didn't listen to their patients to complex "system failures" such as occurred in Winnipeg's pediatric cardiac surgery program in 1994. Some examples:

An 18-month-old boy who has fallen on his head almost dies of a subdural hematoma because the doctor insists, despite his mother's claims to the contrary, that the child is probably suffering from a leg injury, as evidenced by his unsteady stance.

A 29-year-old woman presents to hospital with overwhelming chest pain. She is told that she is too young to be having a heart attack, and a viral cause is presumed. As a result of this "clinical tunnel vision" she dies of her myocardial infarct.

A 56-year-old hypertensive woman who is allergic to sulfamethoxazole experiences severe bladder pain after therapy with hydrochlorothiazide. During the next four years she sees five different specialists without resolution of her pain, which no one imagines might be related to a common drug like hydrochlorothiazide. No one bothers to check the product monograph, where the following warning is written for all to see: "Do not use in patients known to be sensitive to thiazides or other sulfonamide-derived drugs."

Susan McIver, a community coroner in British Columbia, was previously an academic at the University of Toronto and the University of Guelph. Each year, McIver estimates, some 10 000 Canadians die as a result of medical errors in hospitals alone. As a coroner, she has seen many distressed families

try to find out what went wrong, only to be frustrated by unanswered questions and a system that all too often shrouds itself in secrecy.

Although the stories are told from the victim's perspective and frequently have an undertone of anger and betrayal, there is still much that clinicians can learn from them. The lessons are not new: listen compassionately to your patients; document everything carefully; remember that common drugs can have uncommon side effects; avoid tunnel vision, and so on.

Most of the stories are based on victims' accounts solicited by the author through advertisements, word of mouth and other means. Some describe the complexities that arise when medical misadventures reach the complaints process, either informally through a hospital's patient relations office or formally through the College of Physicians and Surgeons. As such, the book serves to educate patients and health care providers alike about the medical complaints process.

However, this is more than a collection of tragic stories. McIver makes recommendations about how medical errors might be prevented, discusses how a national registry of medical errors and a national information centre on physician backgrounds might be established, and comments on how one can use the media to promote the cause of medical safety. She also makes a case for establishing a legal aid fund to make it easier for victims of medical error to match the enormous resources of the Canadian Medical Protective Association.

McIver proposes "transformative justice" as a means of handling cases involving medical error. The aim of

transformative justice, a form of dispute resolution not unlike Native healing circles, is to bring together the various parties — victim, offender and others — to find the best possible solution to the conflict. Emphasis is placed on meeting the needs of all participants and on identifying ways to prevent a recurrence of the event:

In my opinion our adversarial, retributive form of justice is a major deterrent to open acknowledgement and discussion of medical errors. All too often the possibility of a lawsuit prevents medical and hospital people from acknowledging that something untoward has occurred, let alone accepting responsibility. As shown in stories in this book, sometimes lawsuits could have been avoided if hospitals and doctors accepted responsibility, apologized to the victim or victim's family, and took steps to prevent recurrence of the error. To help alleviate this situation I strongly recommend that the principles of transformative justice be used wherever possible.

Many readers will find some of McIver's suggestions expensive, impractical or naïve, but I do think they are worthy of debate. Still, her recommendations are not as well developed as they might be, and only the "nucleus" of each is presented. However, in fairness, the emphasis of the book is on clinical stories, not on medicolegal reform.

The book is easy to read and can be covered in a single sitting. It lacks an index and uses only a minimum of scholarly references. Medically and legally nontechnical, it is accessible to physicians and nonphysicians alike, but would be particularly valuable as an easily completed resource to help sensitize medical students and residents to medical error issues early in their formative years.

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