

Reducing medical error: "People doing their best is not enough"

Fear of legal action is the biggest barrier to increased reporting of adverse events, says a coauthor of a new report aimed at reducing medical error. And increased reporting is the key to reducing medical errors that account for 10 000 lives annually in Canada, states the report.

Building a Safer System, released Sept. 26 by the National Steering Committee on Patient Safety, recommends changing evidence acts so that "data and opinions associated with patient-safety and quality-improvement discussions, related documents and reports are protected from disclosure." (Canada has a federal evidence act for criminal matters and provincial acts for civil matters. They set eligibility and disclosure rules. — Ed.)

A member of the committee, University of Toronto professor Ross Baker, says fear of lawsuits is the "biggest barrier" to change. "People doing their best is not enough. We need a system that allows them to do their best."

Dr. John Wade, chair of the steering committee, emphasized that "people who have committed a criminal act have to be held accountable," but less than 1% of adverse events involve criminal negligence.

The report calls for a new National Patient Safety Institute at an initial cost of \$10 million annually for 5 years. It would promote changes to enhance reporting, recommend new practices or technologies, and identify necessary research.

The report has been endorsed by 24 national groups, including the CMA and Canadian Medical Protective Association. Dr. Peter Fraser, a CMA vice-president, says physicians should encourage governments to change evidence acts, which currently "discourage people from fulfilling their professional responsibility."

The report was written by a steering committee formed during last year's Royal College meeting. The committee's 1-year mandate has ended, but members have formed a working group to ensure the report isn't shelved. Results from a 22-site study of adverse events at Canadian hospitals (*CMAJ* 2002;167[2]:181) are expected in 2004.

— *Barbara Sibbald, CMAJ*

PULSE

Almost 1 in 5 MDs now have Web sites

The CMA's 2002 Physician Resource Questionnaire (PRQ) has determined that the once yawning gap between physicians' personal computer use and personal Internet use has disappeared. In 1997, only 41% of physicians reported using the Internet even though 74% were using computers; today, both computer and Internet use by MDs stands at 89%. Among those who do not currently use the Internet, 31% plan to do so within the next year.

Physicians in the youngest age groups are most likely to be online, with 96% of those under 35 and 94% of those aged 35–44 reporting that they use the Internet, compared with 82% of those aged 55–64 and 72% of those 65 and older. Female physicians are slightly less likely than males to use the Internet (87% vs. 89%), and urban physicians are slightly more likely to be online than their rural colleagues (89% vs. 85%).

This year marked the first time the PRQ asked physicians if their practice has a Web site, and almost 1 in 5 (17%) do. Among those who do not, 7% plan to create one in the coming year. Medical specialists were much more likely to have Web sites (23%) than GP/FPs (13%) and surgical specialists (15%).

Almost all physicians (90%) have had patients present them with medical information obtained on the Internet, up from 84% in 2000, and 20% refer their patients to medical Web sites weekly or daily, up from 14% in 2001; another 42% refer patients to the Web monthly or occasionally, up from 34% a year ago. This referral pattern is not restricted to physicians who use the Internet: of PRQ respondents who do not personally use the Internet, 27% still referred patients to medical Web sites.

The PRQ is Canada's largest annual survey of the professional activities of physicians. The 2002 survey was mailed to a random sample of 7693 doctors, and the response rate was 38%. Results at the national level are considered accurate to within $\pm 1.9\%$, 19 times out of 20. Tables from the 2002 PRQ are available at www.ecmaj.com/cgi/content/full/167/5/521/DC1. — *Shelley Martin*, Senior Analyst, Research, Policy and Planning Directorate, CMA

