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Congress Report

First World Congress on Safety in Medical Practice

Helsingör, Denmark, May 28–31, 1990

There is no such thing in the world as complete safety, and the world of health care is no exception. Human beings have always hoped for, and relied upon, the benefits of medical treatment but not as readily accepted that there are risks involved in it. Adverse effects, untoward effects, mishaps, misadventure – these are terms one would hope not to encounter in connection with health care, but it would be deceiving oneself to deny that there is an element of risk involved in any intervention, no matter whether the intention is to cure, prevent or detect human illness. As a pharmacist, working in the field of adverse reactions to medicines, I am daily confronted with the risks of medication and its sometimes disastrous effects. It is only if one acknowledges that such problems exist, and sets out to identify and analyze them, that ways will be found to reduce their occurrence and consequences.

The first world congress on "Safety in Medical Practice" in May of this year was organized by the newly founded International Society for the Prevention of Iatrogenic Complications (ISPIC) in collaboration with the World Health Organization's Regional Office for Europe, and there was multidisciplinary participation from 23 countries. The congress covered a wide range of iatrogenic complications, their causes and consequences. Particularly because the participants had such widely varying backgrounds and opinions it was an excellent opportunity for fruitful discussion.

The scope of the problem of "iatrogenic complications" is clearly, in the light of the evidence presented, large enough to cause concern, both public and professional. Data came from a range of different fields of health care, including intensive care, radiology, general practice and dentistry, the use of medicines and medical equipment, diagnostic procedures, vaccinations and blood transfusion (with its risk of transferring HIV infection). Although most of the figures presented revealed anything but encouraging situations in many areas, there was at least one concrete example of how a serious problem can be successfully tackled: an Irish study showed that the frequency of diuretic-induced hypokalaemia, often causing hospital admissions, was lowered after preventable causes of the hypokalaemia were identified, the doctors informed accordingly, and hospital policy changed.

The principle of "informed consent" was covered from various perspectives, its advantages and limitations being analyzed. It was concluded that an open and mutually trustful relationship between patient and doctor must be striven for but it was stressed that not all patients can or will take part in decisions regarding their

treatment. Some of the participants felt that an approach reflecting "benign paternalism" on the doctor's part will be helpful in deciding what to tell the patient, yet others considered that such an attitude may imply an underestimation or denial of the patient's chances of participating to the full in working out an appropriate treatment, and that the ideal would be to establish a partnership between doctor and patient.

There is no lack of theories as to what causes or triggers iatrogenic complications; social, psychological and technological factors were examined as contributing to the occurrence and frequency of iatrogenic disease; lack of communication, the existence of incompetent and (or) negligent doctors, deficiencies in the training of health personnel, problems in handling sophisticated new techniques and equipment all came to the fore. It became very clear that the reasons for iatrogenic illness are complex and that further studies are needed if they are to be better understood.

Ways of compensating iatrogenic injuries were discussed. The attitudes and approaches to compensation vary from country to country depending on political and cultural differences and fundamental variations in legal tradition; the massive litigation against health providers in the U.S.A. stands in sharp contrast to the no-fault compensation schemes introduced in a small number of other countries.

More fundamental is the question as to society's overall approach to iatrogenic illness. One speaker stressed that many of the policies and decisions relating to health care are made without much public influence; for a fundamental improvement in the situation, in his view, one needs an open and constructive debate, and not only among professionals. The Congress did conclude that safer health care can be achieved that such things are feasible, and its final declaration formulated a duty incumbent upon all those concerned to seek to reduce iatrogenic complications, as well as a duty upon society to provide appropriate relief when injury occurs.

To participate in this pioneer meeting was a fascinating and educational experience, and I would strongly recommend anyone who is concerned about safety in health care but did not participate to study the proceedings from the Congress when they appear; they will be at the same time informative and alarming, but they will serve as a source of inspiration and encouragement to continue working for the achievement of better and safer health care.

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