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The Tragic Toll Exacted by Medical Errors

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Medical errors are a significant global issue, with the World Health Organization estimating they cause 2.6 million deaths annually worldwide. In the U.S., this number could be as high as 440,000, making it the third leading cause of death

10% of all deaths in the U.S. are attributable to some kind of medical error, and it continues to be a leading cause of death today, ranking somewhere between third and first place, depending on the scope of medical mistakes you include in the equation

The documentary "Medical Errors: Why Doctors Make Mistakes" underscored a crucial issue in the medical community: the reluctance to openly discuss mistakes, which can hinder learning and improvement, contributing to ongoing errors

A mix of inexperience, fatigue and diagnostic challenges contributes significantly to medical errors, complicating the efforts to reduce these mistakes

To minimize your risk of harm from medical errors, consider creating a "Caregivers and Consent" document that spells out what your doctor may or may not do to you while you're hospitalized. Also be sure to always bring family member or friend who can act as your advocate and keep track of what's being done to you

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The documentary above, "Medical Errors: Why Doctors Make Mistakes," explores the causes behind medical errors, which according to the World Health Organization claim 2.6 million deaths each year, worldwide, with at least 250,000 of those in the U.S.[1]

In July 2022, the National Institutes of Health updated their library on medical errors, saying

that number could be as high as 440,000 — and possibly even higher due to poor reporting — making it the third leading cause of death in the U.S.[2]

A Historical Look at Statistical Data on Medical Errors

In July 2010, Dr. Barbara Starfield published an article in JAMA titled "Is U.S. Health Really the Best in the World?"[3] Buried in the tables of that article were data showing that physicians were the third leading cause of death in the United States. I created that headline 24 years ago and it has been a meme ever since.

For over 15 years, when you typed in "doctors are the third leading cause of death," my article from 2000 came up first. Of course, those days are now long gone, since Google began censoring me from its search engine eight years ago. Sadly, the claim that "doctors are the third leading cause of death" remains true to this day.

One of the first indications that medical errors were a significant problem emerged in 1989, when professor Lucian Leape from the Harvard Medical School — a pioneer in patient safety who is featured in the documentary — published a study on medical errors. (He also published the book "Making Healthcare Safe: The Story of the Patient Safety Movement"[4] in 2021, which you can read and download for free here.)

Leape analyzed 30,000 medical records from 50 New York hospitals, concluding that nearly 4% had suffered an injury caused by treatment, and of those, two-thirds "were caused by an error in care and therefore are potentially preventable," Leape said.

Extrapolating from that data, Leape estimated that 1.3 million American patients are injured each year due to medical mistakes and 180,000 die — the equivalent of three jumbo-jet crashes every two days. In the UK, according to statistics cited in the documentary, medical mistakes claim the lives of an estimated 40,000 Britons each year.

Properly Prescribed Drugs Are the Fourth Leading Cause of Death

In 1998, another eye-opening study was published. Researchers at the University of Toronto, led by professor Bruce Pomeranz, concluded that properly prescribed and correctly taken pharmaceutical drugs were the fourth leading cause of death in the U.S.[5,6]

Pomeranz's analysis was the largest and most complete of its kind at that time. In all, they calculated that somewhere between 76,000 and 137,000 American patients died each year from correctly administered drugs.

Might Doctors Be the No. 1 Cause of Death?

In a 2003 article aptly titled, "Death by Medicine,"[7] Dr. Carolyn Dean, Gary Null, Ph.D., Dr. Martin Feldman, Dr. Debora Rasio and Dorothy Smith, Ph.D., described in excruciating detail how the modern conventional American medical system has bumbled its way into becoming the LEADING cause of death and injury in the United States, claiming the lives of nearly 784,000 people annually.

Using those figures, that would put the health care system as the No. 1 cause of death in

the U.S., bypassing cardiovascular disease. These iatrogenic deaths (meaning deaths resulting from the activity of physicians) include everything from adverse drug reactions and avoidable medical errors to hospital-acquired infections, surgeries gone bad and deaths from unnecessary medical procedures.

The authors took statistics straight from the most respected medical and scientific journals and investigative reports by the IOM, showing that overall, American medicine is causing more harm than good. For clarity, the reason Dean et. al. came up with a much higher number than anyone else, even in later years, is likely because they included a broader range of mistakes.

Medicine Is Still a Leading Cause of Death

In 2010, a report in The New England Journal of Medicine,[8] and another in the Journal of General Internal Medicine,[9] revealed just how little things had changed since 2003.

Out of 62 million death certificates dated between 1976 and 2006, nearly 250,000 deaths were coded as having occurred in a hospital setting due to medication errors,[10] and an estimated 450,000 preventable medication-related adverse events occurred every year.

Three years later, in 2013, a Journal of Patient Safety study[11,12,13,14] concluded preventable medical errors kill anywhere from 210,000 to 440,000 patients a year. In 2016, Johns Hopkins patient safety experts, led by Dr. Martin Makary, calculated that more than 250,000 patients died each year from medical errors — the same death count found by Starfield in 2010.

Then, in 2022, the WHO announced that unsafe care by medical professionals and hospitals result in a "horrifying" 2.6 million deaths annually, worldwide, with at least 250,000 of those deaths occurring in the U.S.[15] And, as mentioned, that summer the NIH stated the death toll might be closer to 440,000, or more.[16]

So, medical errors have been the third leading cause of death for years, with 10% of all deaths being attributable to some kind of medical error,[17,18] and it continues to be a leading cause of death today, ranking somewhere between third and first place, depending on the scope of medical mistakes you include in your equation.

Misdiagnosis Rates Are on the Rise

Death isn't the only outcome of medical mistakes. Permanent disability is another. When permanent disability and death are lumped together, the toll from medical mistakes reaches as high as 795,000 annually in the U.S. alone, according to data published in 2023.[19]

Researchers at Johns Hopkins School of Medicine have described diagnostic errors as "the most under-resourced public health crisis we face."[20] When you visit a doctor, whether you're at a doctor's office or hospital, you depend on getting expert care, including a correct diagnosis. But about 11% of the time, medical conditions are misdiagnosed.[21,22]

The likelihood of misdiagnosis varies widely, however, depending on the type of medical problem and the symptoms presented. For instance, only about 1.5% of heart attacks are misdiagnosed, compared to 62% of spinal abscesses, a rarer condition.

But even among strokes, a leading cause of disability in the U.S., misdiagnosis occurs more than 17.5% of the time.[23] When a stroke occurs, some patients may experience only dizziness or headaches, which can easily be confused with other conditions. In all, 15 diseases account for 50.7% of the serious harms due to misdiagnosis while just five — stroke, sepsis, pneumonia, venous thromboembolism and lung cancer — account for 38.7%.[24]

A 2023 review[25] of nearly 300 studies by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality also found that a startling number of patients who visit U.S. emergency rooms get an incorrect diagnosis.

Overall, their research showed about 1 in 18 people who visit an emergency room will be misdiagnosed, 1 in 50 will suffer an adverse event as a result, and 1 in 350 will suffer from permanent disability or death. Out of the 130 million visits to emergency departments (EDs) that occur every year in the U.S., this amounts to 7.4 million misdiagnoses, 2.6 million related adverse events and 370,000 serious harms from diagnostic error. According to the authors:[26]

> "Put in terms of an average ED [emergency department] with 25,000 visits annually and average diagnostic performance, each year this would be over 1,400 diagnostic errors, 500 diagnostic adverse events, and 75 serious harms, including 50 deaths per ED …
>
> The strongest, most consistent predictors of ED diagnostic error were individual case factors that increased the cognitive challenge of identifying the underlying disorder, with nonspecific, mild, transient, or 'atypical' symptoms being the most frequent."

Effort to Reduce Medical Mistakes in the UK

As noted in the documentary, the UK has implemented something called "League tables" in an effort to cut down on medical mistakes. League tables are rankings that compare the performance of National Health Service (NHS) hospitals based on various quality and performance metrics such as patient satisfaction, clinical outcomes, waiting times and efficiency measures, among others.

The purpose of these tables is to provide transparency, stimulate improvements in healthcare delivery, and reduce medical mistakes by:

Enhancing transparency — By publicly reporting on the performance of hospitals and healthcare providers, league tables aim to make information about healthcare quality more accessible to patients and the public. This transparency encourages hospitals to maintain or improve their standards of care.
Promoting competition — The publication of league tables fosters a sense of competition among hospitals and Trusts. The desire to be ranked favorably can drive healthcare providers to enhance their services, adopt best practices, and strive for higher standards of patient care.
Identifying best practices — League tables can highlight hospitals and Trusts that perform exceptionally well in certain areas. This can help other institutions identify and adopt best practices from high performers, leading to overall improvements in the healthcare system.
Facilitating informed choices — For patients, league tables provide valuable information that can help them make informed decisions about where to seek care. This patient-driven demand for high-quality services incentivizes healthcare providers to improve their performance.
Targeting improvements — By breaking down performance into specific metrics, league tables help healthcare providers identify areas needing improvement. Hospitals can focus their efforts on these areas, whether it's reducing waiting times, improving surgical outcomes, or enhancing patient satisfaction.
Reducing medical mistakes — By emphasizing performance metrics that relate to patient safety and clinical outcomes, league tables incentivize healthcare providers to adopt practices that reduce medical errors. For example, hospitals might implement more rigorous surgical checklists or improve their infection control practices to improve their rankings.
Enhancing accountability — League tables hold hospitals and healthcare providers accountable for their performance. Poorly performing institutions may face scrutiny from regulators, the public, and the media, which can prompt immediate efforts to address deficiencies.

While league tables can drive improvements in healthcare quality and patient outcomes, they are not without criticism. Concerns have been raised about the potential for these rankings to oversimplify complex issues, penalize hospitals serving disadvantaged populations, or encourage gaming of the system. Nevertheless, they remain a key tool in the NHS's strategy to improve healthcare quality and reduce medical mistakes in England.

How Is the US Tackling Medical Mistakes?

In the U.S., several mechanisms and tools parallel the concept of league tables in England, aiming to improve medical care quality and reduce medical mistakes. These tools include hospital rankings, reporting systems and quality improvement programs, which serve to enhance transparency, promote best practices, and ensure accountability in healthcare.

For example, the U.S. News & World Report Hospital Rankings is a publication that ranks hospitals nationally in various specialties, conditions, and procedures. The rankings are based on several factors, including patient outcomes, patient experience, nurse staffing levels, and expert opinions.

The Leapfrog Group also assigns letter grades to hospitals based on their performance in preventing medical errors, injuries, accidents, and infections. Leapfrog's Hospital Safety Grade is intended to help consumers choose the safest hospital for their care.

There are also a variety of quality improvement organization (QIOs) that work with healthcare providers, including hospitals and physicians, to help them improve the care they provide to Medicare beneficiaries, as well as reporting and surveillance systems that track data on things like hospital-acquired infections.

Patient safety organizations also exist, as do clinical practice guidelines intended to help healthcare providers make consistent, evidence-based decisions to reduce variability in care and prevent medical errors. The electronic health records system is also intended to help prevent medication errors, ensure timely follow-ups, and support adherence to clinical guidelines.

Why Do Doctors Make So Many Mistakes?

Yet despite all these tools, the rates of medical mistakes aren't dropping. According to the film, there are many potential reasons for this, including the taboo among doctors to discuss their mistakes openly.

Junior doctors also make mistakes due to inexperience. As noted in the film, doctors fresh out of medical school are literally "practicing" medicine on their patients, performing procedures they've never done before without oversight. Other factors include fatigue, as hospital doctors typically work very long shifts, and the fact that many conditions share symptoms.

In short, diagnosis isn't necessarily easy, even with advanced medical tests. The same goes for treatment. Even with a correct diagnosis, choosing the best treatment isn't black-and-white.

Experience comes into play and, I would say, a certain level of intuition, which requires your doctor to have a strong connection to his or her consciousness or Spirit. Unfortunately, that's rare these days, as solid intuition requires a certain level of biological optimization that few have, even if they're doctors.

How to Reduce Your Risk of Misdiagnosis

As a patient, taking an active role in your health care may help you receive the best care possible and reduce your risk of getting an incorrect diagnosis. This starts with choosing healthcare providers who listen to your concerns and have a holistic view of health.

Seek a healthcare practitioner who will help you understand the foundational causes of your health challenges, and create a customized and comprehensive — i.e., holistic — treatment plan for you.

What's more, you can have an impact on your doctor's tendency to recommend natural alternatives, as when you inquire about them, some do in fact listen. If they don't, then keep shopping. Further, if something doesn't sound right about the diagnosis you're given, ask questions and get a second, or third, opinion if needed.

Remember, your doctor works for you, not the other way around. Ideally, health care should

be a partnership, where you work together with your providers to identify the best solutions. Either way, if you're not satisfied with their know-how or the tools in their toolbox, find another doctor. If you're hospitalized or in an emergency situation, this is more challenging since you can't always choose who's providing your care.

There are many cases when it's in your best interest to avoid hospitals, particularly for elective procedures or chronic conditions, but if you're hospitalized due to a life-threatening emergency, be sure to have an advocate with you who can manage your care and act as a power of attorney if necessary.

If you're seriously ill, it can be very difficult to explain what's wrong while keeping tabs on what they're asking you to sign and the medications and treatments they're giving you, so having someone there who can double-check everything and advocate for you is essential. And no matter where you're receiving medical care, be sure to explain all symptoms you're experiencing thoroughly. The more information you provide, theoretically the better the outcome should be.

Create a Caregivers and Consent Document

Last but not least, I strongly recommend creating a "Caregivers and Consent" document, as detailed in "How to Save Your Life and Those You Love When Hospitalized." A template for this was created by Laura Bartlett and Greta Crawford in response to the abhorrent medical mistreatment experienced by patients during the COVID pandemic.

Bartlett and Crawford have founded an organization to address the lethal and, in many cases, forced treatments patients receive when they're hospitalized for COVID-19, but the same strategy can be used to protect yourself against other medical hazards as well.

When you enter a hospital, you must sign a general consent authorization form. This is basically a contract between you and the hospital. Since you have bodily autonomy, they need your consent before they can do anything to you.

Typically, the general consent form authorizes hospital staff to test, treat and care for you in whatever way they see fit — and when a patient signs the general consent authorization, physicians feel justified that they can implement a hospital protocol without further explaining the risks, benefits or alternatives of that protocol to the patient.

Now, if you're well enough to read the entire document, and see something in there that you don't agree with, you can strike the sentence or paragraph and initial it, to indicate that you do not consent to that specific detail. However, that still doesn't offer you much protection.

What you need is a much more specific document where you detail the types of treatments you consent to and the ones you don't.

You need to carve out a niche from the general consent form that specifies exactly what you do (and do not) consent to. And you need to be clear. Fortunately, the Caregivers and Consent document carves out that niche to communicate clearly to all physicians your exact consent wishes. And, they are legally required to respect your written directives.

A template Caregivers and Consent document can be found on OurPatientRights.com. Also be sure to read through "How to Save Your Life and Those You Love When Hospitalized," as

there are specific procedures that must be followed to make the document binding.

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Notes

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