

Reducing Medical Accidents and Improving Patient Information

SMA recognises the importance of promoting patient safety and patient consent. In the work of the SMA Ethics and Complaints Committees, it is clear that many of the complaints arose out of the fact that patients were not clear about what was being done for them and these then led to disputes of the results. Indeed, promoting patient safety has always been a big issue and this has attracted attention all over the world. With the release of the two reports, "To Err is Human: Building a Safer Health System" in 1999, and "Crossing the Quality Chasm – A New Health System for the 21st Century" in 2001 (reviews for both reports are available in the SMA News August 2000 and January 2002 issues respectively) by the Institute of Medicine in the United States, it is clear that promoting patient safety must be seriously looked into.

In Singapore, the idea of a workgroup to look into the promoting of both patient safety and understanding for a truly informed consent was mooted at the Medical-Legal Society's annual seminar, which was held from 27 to 28 October 2001. The credit for such a workgroup must go to the different stakeholders who share a common vision. Members of the workgroup include SMA, the medical defence organisations (MDOs),

TABLE I

TERMS OF REFERENCE OF THE WORKGROUP ON REDUCING MEDICAL ACCIDENTS AND IMPROVING PATIENT INFORMATION

1) To review:

- the situation in Singapore and worldwide (US, UK, Malaysia, New Zealand and Australia) with regard to patient dissatisfaction, adverse outcomes, complaints and medical litigation in Singapore;
- the quantum of award for damages in the medical legal cases in Singapore and worldwide, as well as to explore the place of mediation;
- how medical risks and accidents can be reduced; and
- the place of a satisfying doctor-patient relationship, doctor-patient communication and adequate information provision, in the reduction of complaints and medical litigation.

2) To recommend:

- a practice guideline that could be introduced to healthcare providers to promote adequate information provision and a satisfying doctor-patient relationship as measures to reduce medical litigation; and
- the quantum of award for damages in the medical legal cases, as well as to explore the place of mediation in Singapore.

and various lawyers from the Law Society and legal firms. Clearly this issue will be of great interest to the public, users and providers of healthcare in Singapore.

In the workgroup that is being set up, the SMA Council has also invited representations from the medical defence organisations, the Medico-Legal Society, the Law Society, and various legal firms. The terms of reference for this workgroup are given in Table I. The workgroup hopes

to be able to complete and submit a private report to the SMA Council and MOH, as well as to the Attorney General Chambers and other interested organisations, such as CASE.

This workgroup will look at patient safety and informed consent from the provider's perspective. We also understand that MOH will be setting up a separate workgroup to examine the subject from the user's and public's perspective. ■

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non-pharmacological measures can be illustrated by a real case in point. I have a patient who complained at first of disabling vertigo, then splitting headaches (CAT scan negative), and more recently, a severe epigastric pain (scope showed some inflammation, H pylori negative, and no ulcer). This patient has some problems of living. So my prescription to her husband is this: drugs are not the answer nor are expensive consultations, for that matter. She needs to sit down with him and the step-daughter to talk about many things in their lives.

EDUCATION ON MEDICATIONS

In America, the de-classifying drugs movement was actually initiated by drug manufacturers to get a bigger market share and they won FDA approval to do so. This move of de-classifying drugs is also given a cryptic synonym of "Rx-to-OTC Switch". It has spawned a whole book industry on educational materials for medications. More sound education on medications is needed in Singapore.

TAKE HOME MESSAGES FOR THE PATIENT

Every doctor in Singapore has a duty to

disseminate three take-home messages to the patients whom they see:

- The reason for seeing the doctor is more than just to obtain drugs, it is also namely, to find a diagnosis, opinion on investigations and how to manage the problem;
- It may be penny wise and pound foolish to buy medications instead of seeing the doctor; and
- It is a *caveat emptor* – the patient needs to make sure he or she is properly educated, by self-reading or asking knowledgeable people, about medications before trying to self-medicate. ■