

Editorial

Mea Culpa

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Last December, the *New England Journal of Medicine* published a provocative study concerning the views of practicing physicians and the public on medical errors. In this investigation, Blendon et al¹ conducted parallel national surveys of 831 practicing physicians and 1207 members of the public. Respondents were asked about the causes of and solutions to the problem of preventable medical errors. On the basis of a clinical vignette, respondents also were asked what the consequences of an error should be. The authors found that 35% of physicians said that either they or members of their families had experienced medical errors in the course of being treated, and most said the errors had “serious health consequences,” such as death, long-term disability, or severe pain. Three in 10 had seen an error that caused serious harm to patients outside their families in the past year. Forty-two percent of members of the public reported errors in their own or a family member’s care. Interestingly, neither group viewed medical errors as one of the most important problems in healthcare today. Physicians and the public disagreed on many of the underlying causes of errors and on effective strategies for reducing errors. The public and many physicians supported the use of sanctions against individual health professionals perceived as responsible for serious errors. The authors concluded that, although substantial proportions of the public and practicing physicians report that they have had personal experience with medical errors, neither group has the sense of urgency expressed by many national organizations.¹

On December 18, 2002, the lead editorial in the *New York Times*, titled “Errors That Kill Medical Patients,” focused on the report by Blendon et al¹ and noted that “the survey found troubling attitudes” and “disheartening evidence that the doctors themselves may be the biggest obstacle to effective reform.”² The editorial stated that “although studies have demonstrated that various technological and

procedural changes can cut the error rates in hospitals, the practicing physicians were lukewarm toward many reforms.”²

The *New York Times* continued with the following: “Less than a quarter of the doctors think it would be very effective to use computers instead of paper forms to order drugs or to include pharmacists on hospital rounds, approaches that have been shown to reduce medication errors in hospitals. Nor were the physicians enthusiastic about using only specially trained physicians on intensive care wards or about limiting high-risk medical procedures to hospitals that do a lot of them, despite evidence that expertise and frequent practice are key ingredients in successful medicine.”²

The conclusion of the piece was decidedly negative towards physicians: “With the evidence growing ever stronger that medical errors are a danger to many patients, it is disturbing to find such retrograde attitudes among physicians. Reform can succeed only if the medical profession gets behind changes that expert groups and plain common sense suggest could significantly reduce the harm caused by medical errors.”²

This portrayal of physicians’ attitudes is concerning, whether overstated or not, especially when presented in the media. In dermatology, medical errors are not generally of the caliber of those described above and most often do not have the same consequences. It is important, however, that we take findings such as these to heart, as representatives of the medical community as a whole. The prevention of medical errors begins in our offices with the maintenance of our high standards and in our communities as proponents of positive reform and constant quality improvement.

REFERENCES

1. Blendon RJ, DesRoches CM, Brodie M, et al. Views of practicing physicians and the public on medical errors. *N Engl J Med*. 2002;347:1933-1940.
2. Errors that kill medical patients [editorial]. *New York Times*. December 18, 2002: A34.

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