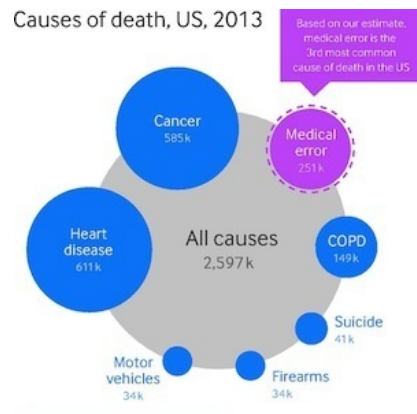




Medical Error US: Third Leading Cause of Death



If medical error was a cause of death, in the U.S. it would rank third after heart disease and cancer, say researchers.

In *BMJ*, Martin Makary and Michael Daniel of Johns Hopkins University School of Medicine in Baltimore say that better death certificate reporting is necessary to understand how widespread the problem is.

Death certificates in the U.S. currently do not include a medical error facility and instead depend on assigning an International Classification of Disease (ICD) code. This means that human and system error factors go unidentified.

According to the World Health Organization, 117 countries code their mortality statistics using the ICD system, including the UK and Canada.

This has led to accurate medical error deaths data passing under the radar although estimates suggest that 210, 000 to 400, 000 deaths annually in the U.S. can be attributed to this.

The researchers used studies from 1999 onwards calculating an average annual rate of death from medical error of 251, 454.

This places it third in the list of most common causes of death compiled by the Centres for Disease Control and Prevention (CDC).

While acknowledging that human error is inevitable, Makary and Daniel say that better measurement and recognition of the problem would lead to improved safety, training and mitigation.

“Strategies to reduce death from medical care should include three steps: making errors more visible when they occur so their effects can be intercepted; having remedies at hand to rescue patients; and making errors less frequent by following principles that take human limitations into account. This multitier approach necessitates guidance from reliable data,” they said.

The measurement of impact of medical care on patient outcomes is critical to

Developing a culture of learning from errors and “advancing the science of safety”.

The researchers also call for better recording of death from medical error to “heighten awareness and guide both collaborations and capital investments in research and prevention.”

Source: [BMJ](#)

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