

## 2500 may die from mistakes

Around 2500 people a year probably die in New Zealand hospitals from preventable errors, a landmark Australian study indicates.

Both the Ministry of Health and the Medical Association have acknowledged that the study, based on Australian hospital admissions, is probably comparable to New Zealand conditions, although the ministry has cautioned it may overstate how many of the deaths are preventable.

The Crown Company Monitoring and Advisory Unit, has refused requests under the Official Information Act to release the clinical safety data, understood to be embarrassing for some major hospitals.

The Australian Hospital Care Study released this month estimates there are 10,000 to 14,000 preventable deaths among hospital admissions in Australia and 25,000 to 30,000 people permanently disabled every year.

Applying those findings to the 506,000 hospital admissions in New Zealand each year, that means there were 2500 preventable deaths and 5000 cases of preventable injury a year.

20 NZ Herald, Monday, June 26, 1995 \* SECTION 1

# Private clinics death worry

By DONNA CHISHOLM

UP TO 10 people may have died unnecessarily in the past two years through misdiagnoses at private after-hours medical centres, a forensic pathologist suspects.

"The more I see the more critical I get of medical education and medical care in the community," said Dr Jane Vuletic.

The Auckland-based pathologist took issue with Medical Practitioners Disciplinary Committee chairman Dr Dean Williams who, while recently telling private clinics to sharpen up after several cases of inadequate patient care, said no patients had died as a result.

"A number of people have died and we need to know how often it is happening," said Dr Vuletic.

Last Tuesday a doctor at a private after-hours clinic was charged with unbecoming conduct for his treatment of a 59-year-old woman with a history of

high blood pressure who came to him with nausea, vomiting and shortness of breath but died of a heart attack at home a few hours later. The committee has reserved its decision.

Dr Vuletic believed the case was not isolated, and diagnoses of heart problems were frequently missed when patients presented "in an atypical way".

"We need to figure out whether these are acceptable misses or not."

Dr Paul Smedley, medical director of Southern Cross' accident and medical centres, said he was concerned at the lack of accreditation procedures for private clinics.

"You can have a box of Elastoplast, a stethoscope and a medical qualification and stick up a sign which says accident and emergency clinic," he said.

People needed to know the resources and equipment available at each

TURN TO A 2 →

## Clinic deaths concern

FROM A 1

centre and the levels of care they offered.

Southern Cross had rigorous staff audits and required permanent staff to have at least four years' experience since qualifying, and to have completed post-graduate accident and emergency training.

Dr Peter Rodwell, an emergency care physician at one of the country's busiest accident and emergency departments at Middlemore Hospital, said the most common problem was private clinics failing to recognise the seriousness of some illnesses.

"We all make misdiagnoses because medicine is an art, not a science. Community clinics don't have the technology — the immediate access to radiology and lab reporting that we have," he said.

He criticised a lack of funding for emergency care education which meant too few specialists were being trained.

## Medical slips highlighted

One in four New Zealanders with serious health problems has been the victim of medical error, according to a report made public yesterday.

The study, made by the Harvard School of Medicine on behalf of the Commonwealth Fund, surveyed 750 New Zealand patients and compared them with similar groups in Australia, Britain and the United States.

The study revealed "disturbing rates of medical error".

About a third of those surveyed had seen five or more physicians, and it was this group that suffered the most problems, particularly with conflicting advice. Others had been subjected to duplicate tests and poor

co-ordination of care.

Some patients taking multiple prescription drugs said their doctors had not reviewed their treatment or even discussed it with them recently.

Ministry of Health spokesman Andrew Greenwood said the ministry was aware of the issues and was taking steps to improve co-ordination of care.

"This report is based on data we supplied," he said.

Health and Disability Commissioner Ron Paterson said the fact that New Zealand had similar error rates to the other countries surveyed (Australia, Britain, the US and Canada) was "no comfort". — NZPA