



Quarterly Letter

The Best Safety Value

HealthcarePapers has hit another home run! I read your latest journal “Making Patients Safer! Reducing Error in Canadian Healthcare” (Vol. 2 No. 1) cover to cover. I enjoyed it immensely; however, you forgot to ask a family doctor to contribute to the dialogue.

The best safety valve a patient – and the system – can have is a family doctor. The establishment of a trusting relationship between patient and physician takes time but the in-depth knowledge of the patient and mutual respect pays off in the long run. A family doctor, acting as the coordinator of care regardless of where the care is delivered, brings to the table knowledge about the patient’s past history, personal reaction to illness, including values and beliefs and family support systems. This knowledge often heads off problems before they occur. Mutual respect paves the way for open communication and decreased risk of liabilities.

In an article in a recent issue of the *Journal of the American Medical Association* (Vol. 284, No. 4) “Is U.S. Healthcare Really the Best in the World?” Dr. Barbara Starfield, an eminently respected researcher from Johns Hopkins in Baltimore notes that medical misadventure is the third leading cause of death in the country after cancer and heart disease. Dr. Starfield points out the following annual mortality statistics:

- 12,000 deaths from unnecessary surgeries and invasive procedures
- 7,000 deaths from in-hospital medication errors

- 20,000 deaths from other in-hospital errors
- 80,000 deaths from nosocomial infections
- 106,000 deaths from non-error adverse effects of medications

Dr. Starfield attributes the relatively poor health status of Americans, compared with other countries that spend substantially less on healthcare, to a weak and poorly organized primary care system. Dr. Starfield argues that the U.S. system promotes the overuse of diagnostic and therapeutic interventions with the harmful results seen above. She calls for research to better understand the consequences of intensive and aggressive healthcare delivery. Could it be that our struggling system with its line-ups for procedures and slow approval of new drugs is actually protecting the health of Canadians? The next time healthcare funders face a demand for a new cath lab or an addition to the drug formulary, they may want to invest the money more appropriately in primary care renewal instead.

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Letters to the Editor
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e-HealthcareRounds

Dr. David McCutcheon, CEO of Sunnybrook and Women’s College Health Sciences Centre will host the next eHealthcareRounds. The focus will be on Innovation Transforming Healthcare. Some of the subjects we will cover include:

- Plans for their own Centre for Applied Health Informatics, includes a focus on e-care telehealth utility
- Regional collaboration to transform thromboembolism care
- Resource centre for practice-based research
- Care maps for managing frailty - a focus on elder care
- The Institute for Strategic Leadership in Healthcare
- Innovations in electronic records - image generation and transmission
- Women’s Health: 1. Creating excellence in comprehensive multi-disciplinary maternal medicine, 2. Women’s pelvic health centre, 3. Antenatal care of multiple pregnancy
- Error Management – a model for implementation throughout the healthcare system

Learn about these innovation projects - and plans for more – funded directly by this hospital; an innovation in its own right.

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