

Studying iatrogenesis in hospitals

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Recently, a series of six patients who had severe adverse effects after an ophthalmologic treatment carried out in a central hospital brought to light the rather forgotten or almost ignored phenomenon of hospital iatrogenesis. At the time I am writing, the causes and mechanisms of the damaging sequence of undesirable phenomena remain undetermined. However, several hypotheses have been raised by different people in the health sector, in statements to the media. Among several views, it came to my attention the one from the Chairman of the Medical Association who classified as “a great exaggeration” the official estimate of occurring adverse effects in 10 percent of hospital patients.

Personally, I think that the only reliable way of assessing the prevalence of iatrogenic situations is its continual research.

The studies and statistics of retrospective character (1) often omitted entities which were not considered relating to the discharge diagnosis, base of this kind of study.

I do not know prospective studies vocated to detecting iatrogenesis in the Portuguese medical literature and I think they are well necessary.

Some years ago, more precisely in the years 1998-2001, I came up with the idea of recording iatrogenic occurrences in admitted patients to a small section of Hospital Santa Maria Internal Medicine ward, at the time under my care and this was done cooperating with two colleagues who were resident then.

A specific record of adverse phenomena experienced by 632 patients admitted in the ward in the mentioned period of time has revealed the occurrence of undesirable effects in 17.7% of such admissions. By causal groups the most relevant causes were drugs (coumarin hypoprothrombinaemia and diuretic hypokalaemia heading the list) and with less importance, infections and physical causes (lesions by invasive procedures and mainly falling from the bed or stretcher).

Worth highlighting that most iatrogenic situations were already present on admission and were a result, in general, of therapeutic procedures carried out in

out patients. If the account of iatrogenic situations was limited to those started already in hospital, its prevalence would lower from 17.7 to 4.9%.

Maybe this is due to a similar methodology differentiation that in foreign literature so different iatrogenic prevalences are found. The extreme values I found were of 16.6% admissions, in a study by Australian sanitation authorities ¹ and 3.7% in the “II Study of Medical Practice in Harvard”. ²

Our work³ will not prove any thesis, due to the limited value of small and medium size series. It is however suggestive of its importance the considerable incidence of iatrogenic phenomena. Such limitation of the statistics universe, together with the low circulation of the journal in which it was published, an internal publication of that very hospital ³ made such work to go unnoticed. As this kind of studies are easily feasible, without interfering with the duty of care and have a formative value for residents, I leave here the suggestion for colleagues following a hospital career, with an interest in such subject, to start a wider prospective investigation, able to provide us with precise elements on the frequency and nature of iatrogenic occurrences in our hospitals, whether in a wider sense of all what happens to in-patients, whether inconvenient or severe, whether in the restrict sense of the scientific or technical error by physicians.

I strongly believe that benefits can only be reached after a better and more precise clinical knowledge of hospital iatrogenesis as we fight better an enemy which we have been studying and knowing. It seems to me that there is no reason to keep this troubling enemy of the purposes of Medicine, partially hidden by a veil of lack of knowledge or mystery.⁴ ■

References

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