



The Left Atrium

Good people in bad systems

To err is human: building a safer health system

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and Molla S. Donaldson, editors

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Aimed at the nontechnical reader, *To Err Is Human* deals openly and frankly with medical errors and their consequences, focusing primarily on the situation in the United States. The authors argue that human error in US health care is a leading cause of patient morbidity and mortality, and they provide evidence that “at least 44 000 and perhaps as many as 98 000 American die in hospitals each year as a result of medical errors.” This is more than the total number who die in the US every year as a result of traffic accidents, breast cancer and AIDS. No doubt, a similar problem exists in Canada.

Early on, the book provides alarming statistics about the frequency of medical errors and emphasizes the disparity between the true incidence of those errors and the public’s often optimistic perception of a health care delivery system that almost always

operates flawlessly. Later, the authors cover the conventional “human factors” issues in discussions of why errors occur, how they should be reported and what can be done to help prevent them. (Strangely, little emphasis is placed on long work shifts and sleep deprivation, problems that almost all resi-



dents will attest to.) The authors also discuss how the “forces of legislation, regulation, and market activity” influence the quality of clinical care.

However, the authors go beyond a conventional treatment of the problem of human error by offering a national agenda for designing a safer health care infrastructure that will reduce mistakes and improve patient safety. Such an initiative, they argue, will improve patient safety through

more effective health care leadership, better data collection and analysis and a higher level of safety awareness. The problem, they argue, “is not bad people in health care — it is that good people are working in bad systems that need to be made safer.”

Not everyone is happy with the methodology and conclusions of this book, as indicated by extensive commentaries and critiques published in *JAMA*, the *New England Journal of Medicine* and elsewhere. Still, if raising consciousness of the problem of human error in medicine was their main objective, the authors have succeeded admirably.

Easy to read and relatively free of jargon, this book can be covered at a single sitting. It is the first in a series of publications from the Committee on Quality of Health Care in America, an initiative of the Institute of Medicine of the US National Academy of Sciences. Many books from the National Academy can be read free online; readers can find this one at www.nap.edu/catalog/9728.html.

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Lifeworks

Bitter pills

Colleen Wolstenholme wears a simple silver pendant around her neck. At first glance, it looks like a small amulet or good-luck charm. It is, however, a provocative comment on the use of drugs and the treatment of women in contemporary society.

Wolstenholme, an artist now living in Hantsport, Nova Scotia, has created a line of jewellery — pendants, earrings, bracelets — that replicate the de-

sign of name-brand psychotropic medications such as Valium, Zoloft, Xanax, Dexedrine and Paxil. They make a fashion statement and a political one. Wearing the jewellery has become for some people, particularly women, a badge of honour. They no longer feel ashamed at taking antidepressants, says Wolstenholme. They no longer have to hide the fact from friends and coworkers. “For me,” she adds, “it’s about be-

ing honest. Society likes to sweep this under the rug.”

The 37-year-old artist, who majored in sculpture at The Nova Scotia College of Design and received a Master of Fine Arts in goldsmithing from New York State University, began her exploration of women’s issues as a reaction to images of rail-thin women in the media. She created a 12" × 8" wooden wardrobe that housed, instead of the dresses and shoes