



# The Left Atrium

## Good people in bad systems

### To err is human: building a safer health system

Linda T. Kohn, Janet M. Corrigan

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](http://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



Colleen Wolstenholme, photo sketch for *Daisies*, 1999

one might expect, fabric female genitals. From here, Wolstenholme created a seven-foot, five-sided padded cell reminiscent of a confessional. Locking women away within the confines of religion or in a mental institution was the old way of treating women, she explains. The new way is drugs.

From wardrobes and padded cells, Wolstenholme moved to oversize reproductions of pills weighing as much as 150 pounds, reflecting the weight they carry in our society. The giant plaster sculptures — blindingly white, evoking sterility and pallor — made

their first public appearance at “grunt,” a gallery of contemporary art in Vancouver, as part of a show called *Desire*, a travelling exhibition that recently had its last show in Halifax.

Wolstenholme is now expanding her pharmacologic theme in a new show slated to open at the SAW Gallery in Ottawa in April 2002. The centerpiece of this work is, again, giant pills, this time arranged to look like daisies. The centre of each daisy is a yellow amitriptyline; the petals are white Buspar.

“I like people to be able to look at my work and ‘get’ it,” Wolstenholme says. “I’m not into the ivory tower approach to art.”



Colleen Wolstenholme, *Valium*, 1997. Carved plaster, 28" diameter x 10"



Colleen Wolstenholme, *Paxil*, 1997. Carved plaster, 27" x 16" x 9"

There doesn't seem to be any doubt that Wolstenholme is getting her message across. She has toured with Lilith Fair, the premiere rock festival for women musicians, selling her jewellery, and her exhibitions have been well received.

Empathy is at the core of her work, Wolstenholme says. Having received medical treatment for depression several years ago, she empathizes with women who need to discuss their mental health openly and without embarrassment. She understands their desire to feel valued in a world that, historically, has been dismissive of their needs.

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### *Illness and metaphor*

## Office visit

Dr. Helmcken's office was a tiny two-room cottage on the lower end of Fort Street near Wharf Street. It sat in a hummocky field; you walked along two planks and came to three steps and the door. The outer room had a big table in the centre filled with bottles of all sizes and shapes. All were empty and all dusty. Round the walls of the room were shelves with more bottles, all full, and lots of musty old books. The inner office had a stove and was very higgledy-piggledy. He would

allow no one to go in and tidy it up.

The Doctor sat in a round-backed wooden chair before a table; there were three kitchen chairs against the wall for invalids. He took you over to a very dirty, uncurtained window, jerked up the blind and said, "Tongue!" Then he poked you round the middle so hard that things fell out of your pockets. He put a wooden trumpet bang down on your chest and stuck his ear to the other end. After listening and grunting he went into the bottle room, took a bottle,

blew the dust off it, and emptied out the dead flies. Then he went to the shelves and filled it from several other bottles, corked it, gave it to Mother and sent you home to get well on it. He stood on the step and lit a new cigar after every patient as if he was burning up your symptoms to make room for the next sick person.

**Emily Carr**

From Emily Carr, "Doctor and Dentist," in *The Book of Small*, Clarke, Irwin & Company, 1942