



COVID-19 and Medical Error

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Abstract

Medical errors are an important concern in medical practice and may occur throughout the processes of diagnosis, treatment, prevention, and rehabilitation. Despite the use of modern technology in health care, these errors remain one of the most challenging issues that medical management seeks to minimize.

Keywords: COVID-19, Health policy, Medical error, Medical law

Introduction

In the U.S. alone, up to 440,000 deaths are reported to be caused by medical errors each year (1,2). “Recognizing the importance of patient safety worldwide is something that strikes right at the philosophical heart of health care”. Protecting patients from errors, injuries, accidents, and infections is an essential goal for every health system (3). With the ongoing pandemic, medical error has become a more heated topic than ever due to the extraordinary circumstances caused by the spread of the virus. Here, we explore different definitions of ‘medical error’, explain why we believe that our previous understanding of this topic may not apply to the current situation with COVID-19, and why health laws with regards to medical errors need to be reconsidered at this point in time. There is no definite previous study in this area in Covid19.

Materials and Methods

We investigated most popular search engines such as PubMed/MEDLINE, Science Direct, Scopus, Google Scholar and Iranian databases; SID, Magiran, and IRAN MEDEX. Our investigated key words were induced Covid19, medical error, medical law, and health policy.

Results

The results of the present study showed that during 19 pandemics, we need to revise our law and regulations based on principle of medical ethics. We have demonstrated it in figure 1.

Discussion

There are several definitions for medical error; in one, it is defined as an unintended action (including act or omission) or an action that does not lead to an acceptable result (4). In another definition, medical error is considered a preventable complication of medical treatment (5). It may also be considered an act or omission that can potentially lead to negative consequences for the patient, and may occur as a result of misdiagnosis by health professionals (6). Moreover, medication or prescription errors may occur when weak health systems and/or human factors such as fatigue or poor working conditions are present, and can result in severe patient harm, disability, and even death

(7). Also important to note, when prompt treatment can return a patient to full health, diagnostic errors are devastating. However, in the event that no effective treatment is available, accurate diagnosis can only provide professionals with prognostic information and cannot be used for improving patients’ health (8). There is no definite previous study in this area.

Considering COVID-19, lack of standard treatment(s) and increased levels of work-related stress are distancing and reshaping healthcare practices and their outcomes from what we know as norms in the field, and thus, the previously established definitions for ‘medical error’ are not applicable in the context of the COVID-19 pandemic. The pandemic was unprecedented, and although the virus keeps spreading rapidly, there has not been clinical improvement, and standard care does not exist in the world yet. Trial and error has been replacing standard treatment, and at this time, the health care system considers two types of care for this disease: home-based care and hospital-based care, both of which are prone to medical malpractice and lawsuits. The healthcare system is under tremendous stress to diagnose and treat infected individuals, leading to anxiety and depression for healthcare workers, which can result in medical errors (based on our previous understanding of what medical errors are). Briefly, non-standard treatments accompanied by heightened levels of work-related stress are increasing the risk of medical error and are making healthcare professionals more susceptible to malpractice lawsuits. As such, the COVID-19 emergency is not only pushing governments to strengthen their healthcare systems, but also to reconsider their health laws (9). With regard to healthcare, an undertaking by governments has been the adoption of telehealth consultations for those in home isolation and quarantine. However, improvements in health law are also required. Specifically, medical insurances need clarifications for indemnity of medical malpractice in these new situations.

Currently, the overwhelming majority of expenditures go toward litigation over error and their costs; indeed, the overhead costs of malpractice litigation are exorbitant. “If frivolous claims are common and costly, they may be a substantial source of waste in the healthcare and legal systems” (10).

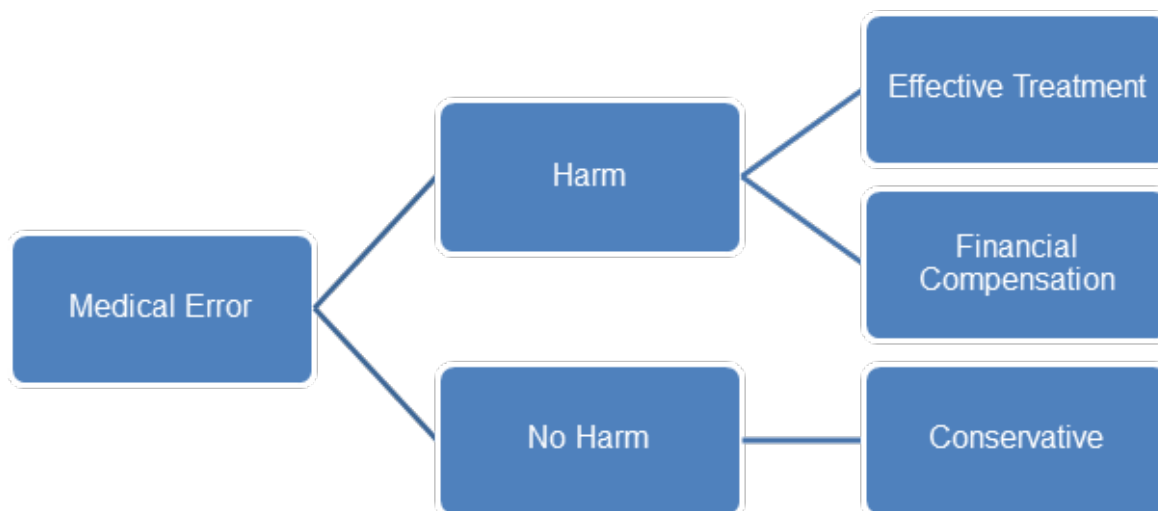


Figure 1. Medical ethics and medical error.

Conclusion

In this global pandemic, there is an absolute need for modification of current laws to protect medical professionals from different extraordinary pressures.

Ethical Considerations

Ethical considerations were observed in all stages of research, codes of research ethics and publication.

Conflict of Interest

None of the authors has any known competing interests.

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Authors' contributions

All of the authors contributed towards the study concept and design or acquisition, analysis, or interpretation of data, drafting the article or revising it critically for important intellectual content, final approval of the version to be published, writing the manuscript and having read and approved the manuscript for publication.

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