

# EAGLE FEATHER RESEARCH INSTITUTE



## LATEST NEWS

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### Hospitals: Health at Risk

More and more these days we continue to hear about medical issues at hospitals. It has been many years since the filming of *The Hospital* with George C. Scott which exposed questionable procedures in hospitals. The following question appears to still be valid: "Isn't a sick person always safer in the hospital than at home?" According to Dr. Ranit Mishori the answer is an emphatic 'no.' From hospital acquired infections to medication errors to surgical mistakes, being a hospital patient carries a risk of its own, known as "preventable complications." Millions of these occur every year. I addressed this issue back in the 80's in my *Mestizo* book. It is also called Iatrogenic illness which means doctor caused.

An Institute of Medicine study estimated that nearly 98,000 Americans die each year due to medical errors. It is a very serious problem according to Joe McCannon, vice president of the Institute for Healthcare Improvement. These medical errors are moreover, costing the Health-care system billions of dollars so much so that Medicare stopped paying hospitals for their errors in October. The problem is not that we have an epidemic of negligent doctors and nurses but one that points to a deficient Health-care system. One example is fatigue. Forcing nurses to work long hours often double shifts and doctors not limiting their patient load along with being "quick at the draw" when it comes to operations are a few of the examples of a system that needs radical regulation and transparency. Sometimes being understaffed can contribute to bedsores in patients that in turn lead to infections. Another problem is that hospitals produce massive amounts of data making it easier than ever for critical communications to get lost, and hospitals often do not have thorough backup systems. Dr. Carolyn Clancy, a health-care quality expert warns "Almost nothing in health care has that much built-in checking." Let us sum up on the risks and what you can do:

## **SURGICAL ERRORS**

**The Risk:** About 1300 times a year, surgeon operates on the wrong person or removes the wrong organ or limb. Also doctors leave surgical instruments inside the body once in every 5000 surgeries. More common preventable problems are stitches coming loose, blood clots forming during or after surgery and infections. These can lead to very serious complications.

**What You Can Do:** Inquire about taking antibiotics before or immediately after surgery. Make sure your surgeon has a plan for prevention of blood clotting. Ask the surgeon to mark the surgical side with a pen in front of you while still awake. Speak up if you sense something is wrong.

## **MEDICATION ERRORS**

**The Risk:** Giving the wrong drug, administering the wrong dose, mixing drugs that interact badly, or giving a medication to which a patient is allergic—all can be deadly. These mistakes are not rare. Adverse drug events cause one out of five injuries or deaths to hospital patients in the U.S.

**What You Can Do:** Always inform your doctor of drug allergies. Make list of drugs you were taking before going to the hospital. When staff is giving you a drug, ask what it is to see if you are getting the right one. Before leaving, ask for a list of all medications given and new ones you are expected to take. Compare the list with the one before going into the hospital to make sure you are not taking the same drug twice (with a different name).

## **HOSPITAL-ACQUIRED INFECTIONS**

**The Risk:** The Centers for Disease Control and Prevention report that 99,000 patients a year die from hospital borne infections. Germs are everywhere on surfaces, doorknobs—even your doctor’s necktie.

**What You Can Do:** Ask anyone who examines you to wash his or her hands. Ask your doctor or nurse to clean her stethoscope before it comes in contact with your skin. If you need a urinary catheter, make sure it is kept in the shortest possible time. If you need a “central line” (an IV tube going into a major blood vessel, ask if they have tubes that are coated with antibiotics. If you have an IV make sure it does not stay in place for more than a week. Let the nurses know if it comes loose. Every time a line or regular IV needs to be inserted, ask whether the hospital staff follows sterile procedures before inserting the tube or needle.

## **BEDSORES**

**The Risk:** In 2006, more than a quarter of a million cases of these pressure ulcers was reported to Medicare. These are not only painful but also highly prone to infections that can be spread to the bones or blood. The cost of these preventable complications was about \$11 billion last year alone.

**What You Can Do:** Change position every two hours. Check for redness or sores on the skin to help find the ulcers as early as possible. Keep the skin dry as possible. Keep your knees and ankles from touching. Use small pillows or pads to keep them separated. Ask about special mattresses and pressure reducing devices. Most hospitals have them.

Remember your doctor does not have the knowledge of countless of drugs that are brought to him or her by the salesman. While they can read about the side effects, most think that side effects are normal. When your body reacts adversely, it does so because

chemicals that are harming your body are invading your body. The larger problem is that doctors do not know what is to happen when three to eight drugs are mixed. This is a very serious problem. The day will come when natural nutraceuticals will replace artificial chemicals or drugs.

Happy and Insightful Reading,

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Executive Officer