



Teheran University of Medical Sciences

School of Medicine

Title:

**The status of medical errors of physicians, and suggestion a model
for recording and reporting of medical errors and prepare a
preliminary version of ethical guideline for medical errors**

**A dissertation submitted as partial fulfillment of the requirements for Doctor of
Philosophy (PhD) Degree
in
Medical Ethics**

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**Year: ۲۰۱۹
Register number: ۲۱**

Abstract:

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Introduction: Error is an integral part of human life and medical errors are among the major challenges to patients' health worldwide. A medical error has been defined as an act of omission or commission, which is either a failure to fully implement the planned measures or to use of a wrong method to achieve a goal, with or without any harm to the patient. Recent studies have indicated an increase in the rank of mortality due to medical errors in the United States. It is estimated that more than 200,000 deaths every year are due to medical error, which has risen in rank from the eighth cause of death in 1999 to the third in 2013. In this research, the medical, ethical, islamic jurisprudence, and legal aspects of medical errors, and its features have been evaluated, and finally a preliminary version of ethical guideline for medical errors has been supposed for beneficiaries.

Materials and methods: The research consists of theoretical, qualitative and quantitative studies which eventually led to compilation of a preliminary version of ethical guideline for medical errors. The theoretical study was done using a series of MESH keywords and search engines in order to find out the relevant articles. In the qualitative study, 10 general practitioners and specialists, experts and healthcare managers, ethicists, jurists and Lawyers were interviewed. In the quantitative study, self-constructed questionnaire have been used. The validity and reliability of questionnaire was investigated and confirmed.

Results: The results of the theoretical study showed that there are differences between the concepts of medical error and other terms include negligence, malpractice, and complications of diseases. Also, there are diffrents aspects to error in perspective of diffrents religions. The results of the qualitative study identified five categories, including the nature of medical error, the theoretical foundations of medical error, transparency in managing their medical error and colleagues, and the ethical guideline of medical error with 30 subcategories. The results of the quantitative study showed that, although the most of the physicians consider transparency, disclosing, recording, and reporting of medical error and its features as moral acts but the few number of physicians have taken such actions. From the physicians' perspective legal issues and fears from loss of reputation were the most important reason for not doing that. It also had been shown that harming the trust in the physicians-patients relationship and damage to the status of the medical community, increase unnecessary costs to patients, and endure more suffering were the most important consequences of non disclosing of medical error. Finally, based on the results of this study, a draft of the Medical Error Guidelines was developed in three

parts. Part One: Insights and Values, Part Two: Concepts and Words, and Part Three: Fields. There are four fields in Part Three: Medical Error Recording, Medical Error Reporting, Dealing with Colleagues' Errors, and Medical Error Reporting.

Conclusion: We should try to eradicate causative factors of medical errors and its features, the most important of which is the system errors. Also, there are three steps to deal with the medical errors that we should do. recording of medical errors in patients' records, disclosing of medical errors to patients, and reporting of medical errors. On the other hand with the development of ethical guidelines for physicians, which the thesis is achieved to, and to show unmoral issues of medical errors to the medical staff, we may be able to develop an ethical action and behavior in the future. A model for recording medical error and a model for reporting medical error were also developed. A policy brief was also developed for health policy-makers and planners to suitably execute the ethical plans and activities.

Key words: Medical Ethics, Medical Error, Adverse Event, Recording of Medical Errors, Disclosing of Medical Errors, and Reporting of Medical Errors.