

Patient safety: Respublica non grata in the less developed Eastern European countries

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Objective:

To present patient safety emerging in the less developed state.

Methods:

Patient safety is an issue in the developed countries and it is not in the less developed or developing states. The majority of Eastern European Countries is still in the pre-awareness stage. The culture of secrecy, professional protectionism, defensiveness, deference to authority, hierarchy and victimization prevail, with neither public nor policy attention to the issue of patient harm.

The reluctance to address patient safety is partly a result of the long isolation from new healthcare developments and lack of knowledge on the science of change in systems' culture in the post-communist Central and Eastern Europe, brought to an end only with the last century incremental political transformations of the 80s. Such retarded healthcare systems with widespread corruption, difficulties with access and the political decision making at all levels, have already acquired a low social reputation, which is often mentioned as one of the reasons determining the introduction of patient safety programs.

Also circumstances such as continuous, yet unsustainable reforms produce the frustration and disempowerment of healthcare professionals: underpaid and lacking the adequate leadership. Media coverage of patient safety is limited to publications on the news' basis and no healthcare industry „airplane crashes" have been so far used as levers for change.

Since malpractice litigation is only starting to emerge as a big issue, with patient empowerment still in its infancy, patient safety is slowly rising on the agenda of the less developed countries, lacking the indispensable leadership, urge and awareness.

Though there are some patient safety-oriented initiatives in some of these countries, let us not be easily led: there is a lot of faked, illusory performance on both, the national and international level, resulting from inadequate, right local and time-wise interpretation of the reality and improper choice of adequate tools. Having them right, is an essence of doing the right thing right.

Polish Society for Quality Promotion in Healthcare (TPJ) has been collecting data on reporting adverse events (JCAHO definition) in 8 different medical specialties (general surgery; neurosurgery; plastic surgery; gynaecology; ophthalmology; cardiosurgery and children cardiosurgery; urology) in 2004 and 2005.

Results:

The results provide quantitative evidence confirming the thesis, i.e. that developing countries still need a long journey to change their medical culture and national priorities.

Conclusions:

The analysis provides invaluable information on the attitudes and opinions of medical professionals from surgical departments relating to adverse events in clinical care; reporting and collecting of patient safety incidents.

The project is the second attempt to probe and define the format of culture in medical environment with the respect of patient safety in Poland, pointing to the necessity of creating a comprehensive framework for patient safety at the national and international level.