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Doctor: Huge number of medical 'fumbles'

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(CNN) -- Every year, the government estimates tens of thousands of Americans die from mistakes by doctors or nurses -- operating on wrong patients, prescribing incorrect drugs or even leaving surgical instruments inside patients.

CNN anchor Bill Hemmer and medical correspondent Dr. Sanjay Gupta spoke with "Internal Bleeding" author Dr. Robert Wachter about these mistakes and what can be done to prevent them.

HEMMER: First, this came to your attention because you made a mistake. What happened?

WACHTER: That's right, Bill. As a medical student, now 20 years ago, I saw a patient who looked very ill, and I really didn't know what was going on, and I didn't know enough to ask the right questions, and he died in front of me. And it was after that, I began to realize that there was a problem here. I thought I was a good and competent doctor, and I have seen there are many good and competent doctors who make these kinds of mistakes.

HEMMER: To be frank with you, this book can scare a lot of people. Those numbers, tens of thousands of deaths every year from mistakes -- legitimate?

WACHTER: They're the best data we have. And if the numbers are right, they would [mean that] in the next 15 minutes, an American will die from a medical error.

It is a terrible problem, and I think as doctors -- I know Sanjay probably feels the same way -- our tendency is to say this is not so bad, we don't want to scare people. And yet, I think until we as a profession own up to a fact that medical care is not as safe as it could be, we are never going to put in the time and attention and resources we need to fix it.

HEMMER: Take me inside the hospital -- mistakes such as what?

WACHTER: Wrong dose, wrong medicine, huge numbers of fumbles. And by



Dr. Robert Wachter

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fumbles, I mean, I know something about you, and I am transitioning you as a patient to Dr. Gupta, who is going to take care of you, and the information doesn't make it to him seamlessly. Or the patient leaves the hospital to go back to home or to a nursing home, and there is loss of information in both directions.

HEMMER: Give me some reassurance. What's done to police this? Anything?

WACHTER: These days a fair amount. Not very much until three or four years ago. A big report came out three or four years ago that really focused our attention. These days we are working doggedly. So in a hospital like mine -- I'm at University of California, San Francisco -- we are now instituting the checklist, readbacks. A readback is if I call my Chinese restaurant, and I say I'd like hot and sour soup, before I hang up the phone, they say to me, let me read that back to you, just to be sure they don't give me the wonton.

HEMMER: Comes down to basic communication, doesn't it?

WACHTER: Basic communication. We need those sort of things now.

HEMMER: I want him to get a shot at you real quickly. Go ahead, Sanjay.

GUPTA: You know the interesting thing -- you and I both work in hospitals -- ultimately, medicine is a very human profession. You can put the best standards in place, you can have computer barcoding, and all that sort of stuff -- these mistakes are still going to happen, correct?

WACHTER: Absolutely. There's going to be some level of mistakes. We're making tough judgment calls every minute, and some of them are going to go the wrong way, but the level of computerization, checkbacks, readbacks, those sort of redundancies that aviation has embraced a long time ago [and] other industries have figured out ... make things safer. We have not put in the time and money to do this. In the book, we talk about that this is sort of like the collateral damage of this high-tech war that we otherwise seem to be winning. In medicine, we do spectacular things. Some of the work that you do in your profession couldn't have been done 20 or 30 years ago, but it's also less safe than it would be, and we can fix this.

HEMMER: Your patient tips are what, Sanjay?

GUPTA: Well, I'll tell you, first of all, you talk about these sorts of mistakes, and I think both the doctors and the patients have a certain responsibility to try and diminish this. We talked about diminishing them. We talked about this quite a bit, really, having the communication between you and your doctor open up, sometimes tape recording your doctor's appointment. Don't be shy to ask your doctor about specifics types of techniques, things like that.

Your doctor's track record, I think, also is important. There have been studies to show that the more procedures that your doctor does, the better success you are going to have. That's common sense.

Second opinions, you know, sometimes a lot of patients sort of shy away from those. Most doctors aren't offended by a second opinion. That's oftentimes a good idea. A lot of times doctors embrace it.

Surgical tips. ... These are important things. Ask about the latest techniques, since techniques are changing all the time. ...

And really, I think, if you are going to have your operation, if you can have it earlier in the week and earlier in the day, the risk of error is less, and mark your body before surgery. A lot of times nurses do that now. It seems very primitive, to talk about primitive techniques. "Don't cut here" is sometimes what you see on some of these. Also, know what the best and worst-case scenarios are. Be your own best advocate, I think.

HEMMER: Use judgment and communicate. Talk about it, and especially listen. Ask the right questions.

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