

Eating crow, with a side of complexity

By Dana Cook Grossman

To err is human": That is both a much-quoted line from Alexander Pope's 1711 *Essay on Criticism* and the title of a report issued in 1999 by the national Institute of Medicine (IOM). The IOM report, subtitled "Building a Safer Health System," pulled back the curtain on the problem of medical errors. Its contention that between 44,000 and 98,000 deaths occur in the U.S. each year as a result of medical errors generated much debate, with critics claiming that the numbers were based on a flawed methodology.

But there was wide agreement on the report's basic premise: That to err may be human, but errors can and should be minimized. There was agreement on its conclusions, too: That most medical mistakes (whatever their number) are made not by slipshod incompetents but by well-meaning people who are tired or distracted or stretched too thin. That instead of affixing blame for mistakes, it's better to fix the systems that allow them to happen. And that—most important of all—systems can't be fixed if the people who work within them don't own up to errors; this means that not coming clean about a mistake is worse than occasionally making one.

Before the IOM report, medical professionals were reluctant to admit to, say, misreading a patient's ID bracelet. The ideal of perfection had created a culture of silence around errors. But that's now changing. DHMC is among the institutions leading the way at putting in place systems to, for example, not just check but double- and triple-check a patient's identity. And Dartmouth research led to the creation of the Leapfrog Group, a consortium of major businesses that was formed in the wake of the IOM report and that is working to improve the safety and efficiency of the medical system.

This is all pertinent not just to Dartmouth and to medicine but to DARTMOUTH MEDICINE. In our last issue we proved that we, too, are human. The first two letters to the editor in this issue (see page 28) concern errors in Winter 2004—in my "Editor's Note," I am chagrined to say, and in the "Facts & Figures" box, an even more embarrassing place, given the section's name, to not get it right.

So I am heeding the IOM report and owning up to the errors (and, since this is publishing, it's appropriate to do so in a public forum). I explain in the "Letters" section how each of the errors came

about. That's not to excuse them—yes, we have a small staff and budget and yes, deadlines do press in upon us. But understanding how errors end up in print is the first step in minimizing them. I know absolute perfection isn't possible. Nevertheless, we take great pride in our record for accuracy and intend to do everything we can to maintain it.

But sometimes it gets complex. References (even reliable ones) can conflict. Sources and experts can disagree (even a report with all the expertise of the IOM behind it generated criticism). And finding the right balance between clarity and accuracy can be tricky.

Two recent situations illustrate just how slippery "facts" can be. A story in our Winter 2004 issue described a student research project in Tanzania; the piece mentioned in passing that Dar es Salaam is the capital of Tanzania—a fact the writer had checked in the online *CIA World Factbook*. But we later came across a mention in the *Encyclopaedia Britannica Online* that "Dodoma, in Tanzania's interior, was chosen in 1974 to be the country's new capital, pending the transfer of administrative offices from Dar es Salaam." We looked further (in printed and online references) and found some listing Dodoma, some Dar es Salaam, some both. So how much fact-checking is enough?

Another case in point arose as associate editor Laura Carter began researching this issue's cover feature. She discovered that something we had fact-checked years ago—that DHMC had the first intensive care unit in the nation—was not quite so clear-cut. You can read her carefully couched explanation on page 42. Saying that our ICU "may have been the first to concentrate nursing care and medical equipment in one place for critically ill surgical and medical patients" isn't as crisp as claiming "first in the nation" status, though it's more accurate. So when do we rely on past wisdom and when do we dig for the fresh story?

The second half of Pope's famous adage is, of course, "to forgive [is] divine." It would be divine if you'll forgive us if—well, I'd better make that *when*—we again prove to be fallible. In turn, we promise to redouble our efforts to check, double-check, and dig in an effort to get it right. And to own up when we demonstrate that we're only human.

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