IATROGENIC CONDITIONS

Dana – Cristina Herța, MD, PhD
PRIMUM NON NOCERE
(first of all, do not cause harm!)
• What does *iatrogenic condition* mean?

• How can iatrogenic conditions be classified?

• What is the difference between iatrogenic condition and:
  - Medical error?
  - Malpraxis?
• The classification of iatrogenies is not that clear-cut in practice
• Iatrogenic condition is not medical error or malpraxis
• Iatrogenic condition is any untoward event occurring during appropriately managed treatment
• Medical error is any untoward event stemming from medical action or lack of action, during an inappropriately managed assessment and treatment
• Medical error may lead to professional and legal sanctions, which do not exclude or substitute each other (i.e. sanctions from the medical authorities, court sentences in civil malpraxis lawsuits and court sentences in criminal lawsuits initiated by the State are distinctive and independent actions)
CLASSIFICATION OF IATROGENIES

Iatrogenies related to:

• Medication (Pharmacological)
• Assessment (procedures)
• Communication
• Hospitalization
PHARMACOLOGICAL IATROGENIC CONDITIONS

• Side effects – undesired reactions that occur after extended use of pharmaceuticals

• Adverse effects – sudden, acute, undesired, unexpected

✓ Idiosyncrasy (the body does not tolerate the drug) – it depends on the individual proneness

✓ Allergic reactions

✓ Toxicity – it depends on the dosage

✓ Fetal malformations

✓ Genetic mutations, cancer
PHARMACOLOGICAL IATROGENIC CONDITIONS

• Treatment prescriptions that do not take into account specific features of the patient – age, metabolism

• Treatment prescriptions that do not take into account specific features of the illness
  ✓ stage of evolution
  ✓ degree of severity
  ✓ degree of disability induced by the illness
  ✓ inpatient/ outpatient treatment
PHARMACOLOGICAL IATROGENIC CONDITIONS

- Other situations
  ✓ Does the medication act on symptoms or on the causes of illness?
  ✓ How familiar is the doctor with the recommended medication?
  ✓ Meal schedule, food intake and medication
  ✓ Self-treatment
  ✓ Pharmacological combinations, *polipragmasia*
  ✓ Duration of treatment
  ✓ Protocols that establish how, when, by whom a treatment is initiated, monitored, stopped
PHARMACOLOGICAL IATROGENIC CONDITIONS

• Do not prescribe substances that you are not familiar with!!!!

• Adjust doses when you discharge the patient, to his/her specific family and social context, professional requirements

• Inform the patient on drug interactions, interference with food or meal schedule

• Prevent self-treatment by keeping the patient informed

• Prescribe only the necessary (amount of) medication!!!!
COMMUNICATION IATROGENIC CONDITIONS

• Doctor’s attitude
  ✓ Gestures, facial expressions (nonverbal messages)
  ✓ The eye contact
  ✓ The body posture, the distance between the physician and the patient
  ✓ The use of affirmative/ negative statements
  ✓ Tone of voice, topic and accent in the phrases
  ✓ The words we choose to express ideas
  ✓ The use of verbal moods and tenses
COMMUNICATION IATROGENIC CONDITIONS

• Quantitative errors
  Evasive, brief, insufficient information
  Excessive information, abundance of details

• Qualitative errors
  Technical terms
  Wrong style of questioning “don’t you feel that...?”
  Patients who are physicians!

Communication with children and elderly
ASSESSMENT AND PROCEDURE RELATED IATROGENIC CONDITIONS

• Misused and improperly recommended assessments

• Misinterpretation of assessment results

• Overrepresentation of results, in spite of the patient status (ignoring the clinical context)

⇒ Development of less invasive/distressing techniques
⇒ Targeted assessments

Diagnosis is based on patient history and clinical exam, not on laboratory assessments!!!!!

Specific for the illness
Specific for the patient status and symptoms
Specific for differential diagnosis
ASSESSMENT IATROGENIC CONDITIONS

• The doctor gives in when a patient asks for/refuses a certain assessment
  “I want an MRI”, “I don’t want a urine test”

• Asking for an assessment that is irrelevant for the illness

• Appropriate correlations between clinical context and results!!!!

• Assessments entail risks!!!!

• Patient’s informed consent is required!!!!
HOSPITAL IATROGENIC CONDITIONS

Being admitted to a hospital entails difficulties

- The patient is taken out of her/his familiar place
- The family routine and relationships are changed
- Social connections are severed
- Witnessing the illness and suffering of other patients
- Closeness of death in the ward
- Medical procedures performed in the ward
HOSPITAL IATROGENIC CONDITIONS

- Crowded hospital wards
- Hospital buildings unfit for healthcare services: dark/ cold/ moldy wards
- Malfunctions and defective infrastructure (running water, indoor plumbing, electricity, windows, doors, walls)
- Damages of the exterior and interior design of building
- Improper design for health care services
- Tensions between patient and medical team
- Tensions among patients
- Conflicts within the medical team
- Red tape, paperwork
HOSPITAL IATROGENIC CONDITIONS

• *The patient’s age is important!!!!*

⇒ Addressing the child’s problems and also the entire family is not easy

⇒ A pediatric unit has specific design requirements (toys, colors, books etc) to make it friendly and warm

• Hospitalism in children
  Emotional attachment to the medical team
  The child feels comfortable in the hospital and better adjusted than at home

• Hospitalism in elderly people
  Some senior citizens in lack of social ties prefer to be admitted for the attention of medical staff

• Hospitalism in adults
  Some patients cope with the illness by seeking the hospital environment
  For them, being admitted means getting support, food, shelter etc. and being exempted of social responsibilities