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?
  - Malpractice?
• Iatrogenic condition does NOT mean medical error or malpractice

• Iatrogenic condition is any UNEXPECTED NEGATIVE (untoward) event occurring during CORRECTLY managed treatment

• Medical error is any untoward event resulting from medical action or lack of action, during an inappropriately managed assessment and treatment
• Medical error may lead to professional and legal sanctions, which are distinctive and independent, they do not exclude or substitute each other:
  - sanctions from the medical board (temporary or permanent suspension of the right to practice medicine)
  - civil court lawsuits (patients demanding financial compensations)
  - criminal court lawsuits initiated by the State
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 medication

• 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 medication dose
  ✓ 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
  ✓ Combinations of different medications
  ✓ Duration of treatment
  ✓ There are 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

• Excessive, 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
ASSESSMENT IATROGENIC CONDITIONS

• Do not give in when a patient asks for/refuses a certain assessment / procedure!!!!
• Do not ask for an assessment that is irrelevant for the illness!!!!
• Make correlations between clinical context and results!!!!
• Any assessment entail risks!!!!
• Patient’s informed consent is required!!!!
• Diagnosis is based on patient history and clinical exam, not on laboratory assessments!!!!!
• Use only assessments needed for differential diagnosis!!!!
• Use procedures specific for the illness, patient status and symptoms
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