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## **Ethical concerns regarding the determination of preventability of patient death and the context of the patient.**

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In the article by Rhee, et al.,(1) non-preventability was mainly determined when “incurable underlying diseases as well as severe illnesses that were either treated appropriately yet progressed or were thought unlikely to have been affected by sub-optimal aspects to care.” It was also noted that other authors felt most deaths were probably not preventable even when associated with medical errors or sub-optimal care.

This brings up a serious ethical question. Does the terminal condition of the patient mitigate or eliminate the causality of a medical error. In far too many articles it is being used as not only an excuse but also to legitimize the failure to count the death as related to the error.

If one examines euthanasia or physician assisted suicide, this has long been the center of an ethical debate. However, euthanasia is outlawed in much of the world. Certainly, if the patient and family did not give permission no one would support it.

But when medicine makes the leap from a death caused deliberately to one caused by a preventable error we all too often use the patient’s terminal condition to negate or ignore the occurrence. I feel many would question the logic behind this philosophy and that almost all would realize this is not how one achieves a high-performance delivery system which is patient centered.

In other sectors outside of medicine this issue is not even debated. If an airline crashes because of a preventable error, the airline does not discount the deaths based on the health status of the

passengers.

Causality is very hard to establish and fiercely debated in other scientific fields.(2,3) However, if an error was of a magnitude to cause a fatal outcome, it should be counted as such. There certainly can be multiple causes of death and not just one.

Thus, we feel that the authors should not have used the condition of the patient to mitigate the importance of the medical error. It would have been better to base preventability of sepsis deaths by the presence of an error which caused the underlying infection, a delay in diagnosis, a delay in treatment administration or the administration of a suboptimal antibiotic.

An error is an error and should be treated as such along with its consequences. Medical errors should, thus, be separated from the context of the patient.

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conference attendance and meeting support from the U.S. Dept. of Health and Human Services, National Quality Forum, National Patient Safety Foundation (NPSF), The Leapfrog Group, National Quality Forum, Consumer Union and the Anesthesia Patient Safety Foundation. He has served on the Centers for Medicare and Medicaid Services' Technical Expert Panel for Hospital Acquired Conditions, and most recently on the Strategic Working Group for AHRQ for quality indicators, and AHRQ Health Care Effectiveness and Outcomes Research (HEOR) Study Section. He is an Associate Editor for the Journal of Patient Safety for which he receives an honorarium. He has a first degree relative, who is employed by a state university, and is involved with the development of cancer chemotherapeutic and diagnostic agents. Dr. Steve Kraman has no relevant conflicts of interest to declare.

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