GOD'S WORK

EDWARD GROSSMAN

If you're a liberal going into the hospital for whatever, your risk of being injured, maimed or killed due to some ANE is quite high. We're talking of an Adverse Negligent Event, a medical screw-up that could have been prevented. So much for the good news. The bad news is that if you're a conservative, neoconservative, or libertarian, the odds are exactly the same.

Getting the wrong dose of medication, getting someone else's medication, being anesthetized by someone who's asleep himself, getting the wrong limb operated on if not removed, being the victim of misdiagnosis or the bungled use of new-fangled or tried-and-true machinery—all such events can leave you hurt or dead. They have long generated hundreds of thousands of casualties anually in American hospitals large and small, famous and obscure, urban, suburban and rural. In a way, it's not even news. Doctors and nurses, and their families and best friends, have always known that hospitals, yes, medicine in general, can be hazardous to your health. It didn't take studies to open their eyes.

This being America, however, studies there were. First in California in the 1970's, then in New York in the 80's, now in Colorado and Utah, teams of experts have been subsidized with tax and foundation money to pore over records and discover how often ANEs happened in each state. The findings have been uniform: of every hundred patients admitted to hospital, one either dies or is hurt because of substandard care. By now, the only skeptics are those who believe these figures are too low because they're drawn from medical charts, and usually such charts, to put it kindly, are impressionistic. Furthermore, no study has yet entered the unexplored territory of outpatient clinics and doctors' private offices.

What then is the news? Just this—that the medical profession and the so-called healthcare industry have started discussing ANEs in public.

Admittedly, the N-word is rarely used. Instead of "negligence," you hear "maloccurrence," "therapeutic misadventure," "unexpected outcome," "mishap." The favorite, the buzzword, is "error," as in the motto of a recent three-day get-together in Rancho Mirage, California, organized by the American Association for the Advancement of Science, the Veterans Administration, the Joint Commission on Accreditation of Healthcare Organizations, and mainly by the American Medical Association's National Patient Safety Foundation: "Enhancing Patient Safety and Reducing Errors in Health Care."

Rancho Mirage enjoys probably the world's highest density of golf courses, and it was at the Annenberg Center there—local resident Walter Annenberg has a nine-hole course of his own—that hundreds of doctors, pharmacists, nurses, statisticians, HMO types, hospital and insurance CEOs, human factors engineers, cognitive psychologists and so on from the U.S., Canada, Europe, and Israel gathered for the second biennial Annenberg Conference. Meals were taken in a big tent pitched next door. Indeed, Annenberg II unmistakably had something about it of a revival meeting.

An editorial one week before in the AMA journal, known officially as *JAMA*, had put the message and the faith in a nutshell. The way to enhance patient safety and reduce errors is "to redesign our systems to make errors difficult to commit and create a culture in which the existence of risk is acknowledged and injury prevention recognized as everyone's responsibility.... A new understanding of accountability that moves beyond blaming individuals when they make mistakes must be established if progress is to be made."

> ***Preventable medical screw-ups that maim and kill are coming under official and public scrutiny. But the medical profession, especially the AMA, overlooks individual culprits while calling for chimerical systemic fixes.***

"System" is another buzzword. You heard it as often as "error" in the many lectures, panels, and break-out groups of Annenberg II. What's a system? It's a way, a routine, a practice of doing things which either minimizes or maximizes the chances of their being done right and the essence of which is impersonality—a risky system like the one in which Medication X and Medication Y are stocked in identically shaped, identically colored bottles has no human face, no first and last name, and neither does a less risky one in which these medications are cunningly stocked in bottles more difficult to mix up. The gospel preached at Rancho Mirage holds that virtually all the errors hurting and killing patients day and night from coast to coast are due to such mix-ups, to a flawed system that caused them to happen rather than to anyone's laziness, incompetence, recklessness, inexperience, senility, or negligence.

For example, said Dr. David Gaba of Stanford, if anesthesiologists, ER interns and others are dead on their feet, and if this gives rise to errors, it's not their fault but that of hospital and departmental systems that drive them with impossible, combat-like work loads. He spoke with passion, an anesthesiologist himself, even though it was his specialty that first went in for patient safety in the 1980's by designing fail-safe equipment with lights and buzzers.

Many variations were played on the systems theme at Annenberg II. But the hit was Dr. Richard Cook, a bow tie-wearing Chicagoan on the board of the National Patient Safety Foundation. To a jam-packed, riveted, grateful audience, he delivered a lecture with slides illustrating how errors of all kinds happening at the "sharp end" of a system—in medicine, where doctor or nurse or technician meets patient—are really caused by the

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unseen "blunt end" of the system bearing down with its "policies, procedures and constraints." Normally today, he said, when errors happen and get superficially investigated, the upshot is merely that someone is blamed and new rules may be introduced. But this only estranges people who aren't blameworthy and further complicates the system, guaranteeing more, not fewer errors at the sharp end. A revolutionary new approach is needed to break the cycle. For behind the "first story" discovered by an ordinary investigation must lurk a "second story" to do with the "hidden vulnerabilities and strengths and dynamic character of the system." Only by forsaking the reflex to blame and concentrating on this deeper story can anything be learned and fixed.

Dr. Cook's speech was the best-received. Yet it was a debate on the judicial aftermath of the short life of Miquel Angel Sanchez which flooded a crowded auditorium with less pleasant, arguably more illuminating emotions.

"I feel," said Robert Grant, "like the anti-Christ at a revival meeting." Grant is a Colorado district attorney. His listeners, including many nurses, smiled tightly, for in 1996, after three nurses gave one-day-old Miquel the wrong medication and he died, Grant indicted them. One was acquitted, two pleaded guilty to criminal negligence, none went to jail, but the case shook the nursing, doctoring, and hospital-administrating worlds and made him extremely unpopular. Just about the only heretic invited by the organizers of Annenberg II to speak, he wasn't repentant. Miquel died, he said, because standards were grossly deviated from by certain people. Improving systems? Good. Very good. But this wasn't a systems failure. There's also such a thing as personal responsibility, and when it's set at naught as it was here, a DA's responsibility is to prosecute. He'd do it again.

The hostility of the question period gave an inkling of the context, the unseen history, the second story as it were behind the Annenberg Conferences, the National Patient Safety Foundation, and this whole discussion of "errors."

For the last generation, American medicine has continuously been acquiring wonderful new ways to detect, prevent, treat, and cure disease. Yet instead of growing, the sovereignty of the profession has been dribbling away. One reason is economic—the market no longer is controlled by doctors who treat and charge as they like but is run by insurance companies for which they labor. A token of how far in the world this unique profession has slipped are moves by doctors to organize for collective bargaining, anti-trust laws or no anti-trust laws. Never have there been so many doctors in the U.S., never have they possessed such miraculous tools of diagnosis and therapy, but you'd have to go back several generations to find a time when they had so little clout or self-respect.

Bringing us to the AMA.

Though not a union, it always looked out for the interests of doctors, by no means excluding their financial interests, and in its prime the AMA was second to no lobby—not the NRA, not the school teachers, not the AARP, not the friends of Israel, not Tobacco—at throwing the fear of God into politicians. But times change. Though the AMA is still among the big players, it doesn't automatically get what it hankers for or stop what it loathes.

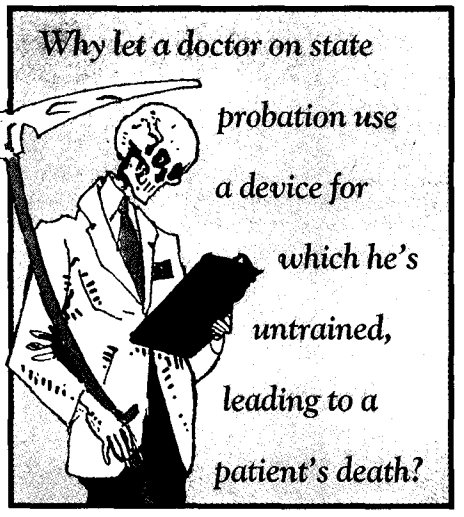
For example, in bed with the Republicans, it couldn't get federal tort reform to hinder patients suing doctors for malpractice. Nor, jumping into a strange bed with Clinton, did it get laws enabling patients to sue HMOs for the same cause of action. Perhaps lobbies in general aren't what they used to be. Anyway, historians will probably say the AMA began losing it in the mid-60's, when it declared, fought, and lost its war on Medicare. Three-fourths of all doctors belonged to it then, down to one-third now, mainly on the wrong side of 50, and the membership and demographic figures get around.

So do the scandals. A lawsuit filed by the Sunbeam Corporation against the AMA was to go to trial days before Annenberg II. Sunbeam complained that having undertaken to endorse its products, the AMA pulled out when the media raised a fuss. A settlement of $9.9 million kept Annenberg II from having to compete with news of the trial. By then, half a dozen of the association's executives who'd made the deal had been purged, and Dr. George Lundberg, editor of *JAMA*, had written, "The AMA, largely populated by new high-level staff and emboldened by a newly approved Vision, is freshly energized toward high-quality medical care."

One should never be too mistrustful. Dr. Lundberg himself, a pathologist, edits his magazine with fine independence, and has even published research supporting continued regulation of doctors' in-office labs by the government, something that came about following an exposé in the *Wall Street Journal*, something the AMA hates, and something Dr. Lundberg believes is necessary to hoist and keep those in-office gold mines up to clinically reliable standards. But though excessive mistrust isn't healthy, the depressing fact is that in the last quarter-century, the AMA, like most of the profession it once had a better claim to represent, has logged a mediocre record on quality and safety, and like the profession has only bestirred itself when plaintiff lawyers and muckraking, liberal reporters forced it to.

The California, New York, Utah, and Colorado studies into Adverse Negligent Events were only commissioned as reactions to what the AMA and the state medical societies deemed an epidemic of frivolous malpractice suits. Likewise, the anesthesiologists kicked off their patient safety foundation, and did improve their very risky systems, only after a "20/20" exposé of preventable, negligent deaths on the operating table. No one spoke of this into a microphone in Rancho Mirage. On the contrary, there was more than one unsympathetic allusion to the plaintiff lawyers and the media. Yet one-on-one candor wasn't unknown. Over a low-fat breakfast in the tent, someone from the Joint Commission on Accreditation of Healthcare Organizations—the outfit hospitals pay to check up on them—told me that after 40 years in business, the JC only came out with its "Sentinel Event" program after the media featured the story of Betsy Lehman, a 39-year-old health reporter for the *Boston Globe* who died in 1995 from numerous chemotherapy overdoses. And more than one AMA person told me one-on-one with the same frankness that their National Patient Safety Foundation, progenitor of Annenberg I, Annenberg II, and Annenbergs to come, would never have been thought of but for the Lehman horror story and an eruption of others.

No need to agree with that old socialist vegetarian, George Bernard Shaw, whose best friends were doctors and who said that every profession, including medicine, boils down to a conspiracy against the laity. Most individual doctors mean well, are fairly competent, and should be trusted (with reservations). But insofar as they've been organized in the AMA and the state medical societies, they've historically done poorly on the quality and safety front.



Take licensure and discipline. Some years ago, Dr. Arnold Relman, who should have known because he was a professor at Harvard Medical School, the editor of the *New England Journal of Medicine*, and traveled a lot, estimated that between five and 15 percent of this nation's MDs weren't fit to practice. Five percent is 30,000 doctors. He regretted the do-nothingness of state licensing and disciplinary boards and summoned his colleagues to take an interest, not to continue washing their hands. In a few states, things have begun to look up. Dr. Nancy Dickey, the AMA's current and first woman president, told me between sessions in Rancho Mirage that she'd like all state boards really to do their job, but that unfortunately they don't have the wherewithal and staff. What I was too gallant to remind her of was that funding is a political matter, and state medical societies, which retain more clout in legislatures than the AMA does in Congress, usually exert it to keep disciplinary boards poor.

Even in states where there's money budgeted, it's the very, very rare doctor who gets a license revoked for anything short of criminality. Lesser penalties keep questionable doctors in the system, with sometimes unhappy results.

For example, a couple of days before Annenberg II, the story of Lisa Smart hit the New York papers. Thirty years of age, the wife of a cop, otherwise healthy, she'd gone into Beth Israel hospital in November 1997 to have a Park Avenue ob/gyn remove fibroids from her uterus. Dr. Robert Klinger was recommended by her primary care doctor, was listed by her HMO, and was on staff at the hospital, as were his partners Dr. Marc Sklar and Dr. Steven Swersky. Fibroid removal is considered no big deal. Most of the hundreds of thousands of women having it annually go home the same day. Mrs. Smart went to the morgue.

The state department of health took a year to find out and report why. It seems a Versapoint device for pumping the uterus during the operation was run by a sales rep from the manufacturer, Johnson & Johnson, and when the Versapoint went haywire or was mishandled, the uterus burst and the patient drowned. Of course, nobody without a medical or nursing license is supposed to do anything in an operating room except watch. But the report gets more interesting. The Johnson & Johnson rep was in the midst of trying to sell his machine to Beth Israel. Neither Dr. Klinger, who let him wheel it in and take the controls, nor Dr. Sklar, who helped Dr. Klinger use it on Mrs. Smart, had training on the Versapoint. And Dr. Sklar was on state probation for no less than 20 complaints, including two filed after the deaths of newborns.

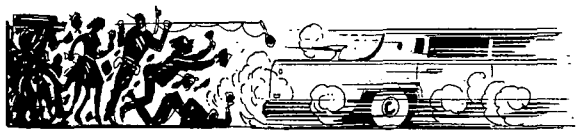
Beth Israel has been fined $30,000 (the maximum) and has let Dr. Sklar go. Dr. Klinger remains on staff but for the time being isn't allowed to do certain operations by himself. The story isn't ended—the widower, NYPD Officer Anderson Smart, is suing, and in the next decade as his suit proceeds more will be coming out—but what is already known furnishes enough to chew on if you're wondering why patient safety isn't all it could be. Did Mrs. Smart's own doctor know that Dr. Klinger's partner was in trouble when recommending him? Maybe not. Yet certainly her HMO and Beth Israel knew. So why did they keep Dr. Sklar on with full privileges? Was it because he and his partners, including Dr. Swersky whom the state also had on probation, were rain-makers, delivering more babies than any other group at the hospital? These specific questions lead to more general ones. Where and how do medical politics make a knot around the country with medical economics? Who or what should be understood to have not worked, and by not working to have killed Lisa Smart? Was it the faceless system, was it individuals with faces and names, or was it both?

The Smart report wasn't brought up in Rancho Mirage. It was too hot off the press, maybe. Which isn't to say that none of the hundreds who came to the meeting were serious, intelligent, knowledgeable, good-hearted people. The motives of its AMA organizers might be tainted, and that DA from Colorado might have been treated worse than he deserved, yet there were some participants who honestly wish to make it safer for all us patients and future patients. Insofar as they go home and try to redesign systems to make errors more difficult to commit, they'll be doing God's work.

Fewer errors arising from a better system would mean fewer killed and injured by the medical profession and the healthcare industry. It would mean, too, fewer lawsuits. But anyone trying to make things safer, and incidentally to restore a bit of that wounded profession's self-esteem, will be deluding himself if he focuses exclusively on systems and keeps disregarding the incompetents Arnold Relman said were out there. Just as what good doctors do cannot always make up for bad systems, so the very best of systems cannot always make up for what questionable doctors do or don't do. Shouldn't it be obvious that we must have both good systems *and* good doctors?

Of course, it's vastly easier to go at what Dr. Cook described as "the low-hanging fruit" of the system—Medication X and Medication Y, for example, can be put in two differently colored and differently shaped bottles without upsetting anyone. Resolving to weed out the lazy, the incompetent, the reckless, the inexperienced, and the senile, and to help bring to account the negligent, is harder. Calling as it does for group bravery, it's probably going to take a long time.

Meanwhile, you'd do well to stay healthy.



by Mark Steyn

The Day the Music Died

And you can blame it all on the mickey mouse *N.Y. Times*.

This is war. Until December 27, I could live with Disney. I'm not one of those Southern Baptists who get upset about "Gay Days" at Walt Disney World, or, conversely, one of those New Yorkers who feel the new Disneyfied 42nd Street is so bland and theme-parky they pine for the good old days of porno houses and crack dealers. True, strolling the area with a kid, you'll be lucky nowadays to get a hundred yards without blowing a couple of C-notes on Donald Duck T-shirts, Little Mermaid fridge magnets, Hunchback lunchpacks, Mickey Mouse/Dunkin' Donuts ultra-realistic "chocolate sprinkles," Pocahontas "I love my tax-free casino operation!" roulette wheels, etc., whereas it seems like only yesterday you could walk the entire strip without dropping more than 20 bucks on a transsexual hooker. But I didn't mind. I didn't mind the Disney Channel; or that film of theirs directed by a convicted pedophile; or the fact that everything on Disney World's Main Street USA is "Made in China"...I didn't mind, any of it. The *soi-disant* suffocating omnipresence of Disney's whole new world? I scoffed.

But that was before the Mouse got into bed with the gray lady one block north on 43rd Street. A couple of months back, Disney quietly offered the *New York Times* $40 million for an eight-year lease of the paper's AM radio station, WQEW. For six years, since December 1992, WQEW had been "The Home of American Popular Standards," and not just a home, but a glittering palace, a make-believe ballroom where Sinatra's voice, Goodman's clarinet, Johnny Mandel's arrangements, Jerome Kern's music, and Frank Loesser's lyrics sprinkled their fairy dust into the ether. To be honest, I don't actually live in New York but from sunrise to sunset the signal bounced up the East Coast all the way to my mountain vastness in New Hampshire and even beyond to my pad in Quebec.

I remember, one December 31 a couple of years ago, driving back through the White Mountains along the Kancamagus Highway on a cold starry night and listening to WQEW ring in the New Year live from the Rainbow Room. As midnight approached, I pulled my truck off by the Sabbaday Falls trail and listened to the room's orchestra play "The Way You Look Tonight" as a good-looking cow moose sauntered out from the trees. The station's morning man counted down the New Year, the band played on, and it was almost as if I were there myself floating across their famous revolving dance floor, except that, as I was wearing plaid and heavy boots, I probably wouldn't have been allowed in. But that's the magic of radio, where you can spend New Year high atop Rockefeller Center from the comfort of a truck parked just off the Kancamagus; instead of climbing into an off-the-shoulder dress, you simply climb into an off-the-shoulder pickup.

Alas, a few weeks ago, on December 27 at the stroke of midnight, my make-believe ballroom turned into a mouse, *the* Mouse: Something called "Radio Disney—we're all ears!" started up and suddenly pre-teens were calling in to say what "rocked their summer" in the hopes of winning autographed "stuff" from the boy group Hanson. "So what rocked your summer, Kayley?" "My dad, like, got me my own phone." "Cool." I hope Kayley gets her autographed Hanson poster, but, if she'll forgive me saying so, if she were really "cool" she wouldn't be listening to Radio Disney, would she? I don't know how many pre-teens are around to sing along to favorites from *The Lion King* at two in the morning Eastern Time, but two in the morning in New York is probably just-getting-in-from-the-mall time in the Midwest or Guam or Iraq or wherever it is where the last kid on the planet without any Disney merchandise lives. No doubt Radio Disney comes from a basement at Disney World or Disneyland, but in practice it's one of those stations that goes everywhere but comes from nowhere, alighting on whatever frequencies in whichever cities it can find.

So how did it come to be on the *Times*'s spot on the AM dial? The old WQEW was a success: 700,000 listeners in the metropolitan area tuned in, and the station placed nineteenth out of 70 in the most recent ratings surveys; there's money to be made playing Gershwin songs and Peggy Lee CDs. The *Times*'s defenders say privately that it's just business: 40 million bucks is 40 million bucks. But I wonder if the paper would have been so eager to sign away WQEW to, say, Larry Flynt for Radio Hustler? And I'll bet they wouldn't have sold out to James Dobson. If I sound as if I'm speculating in the dark, well, what's a fellow to do? Coverage of WQEW's demise apparently doesn't fall within the parameters of "All the news that's fit to print." Frank Rich, who's devoted several columns to Disney's unhealthy influence on the news content at ABC stations, is silent on the subject of what Disney's done to one of his own paper's stations—a station that used to broadcast his own theater reviews, and to whose most respected disc-jockey, Jonathan Schwartz, he turned for a column on Sinatra's death.

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