Health care's deadly secret: Accidents routinely happen

By Andrea Gerlin
Inquirer Staff Writer
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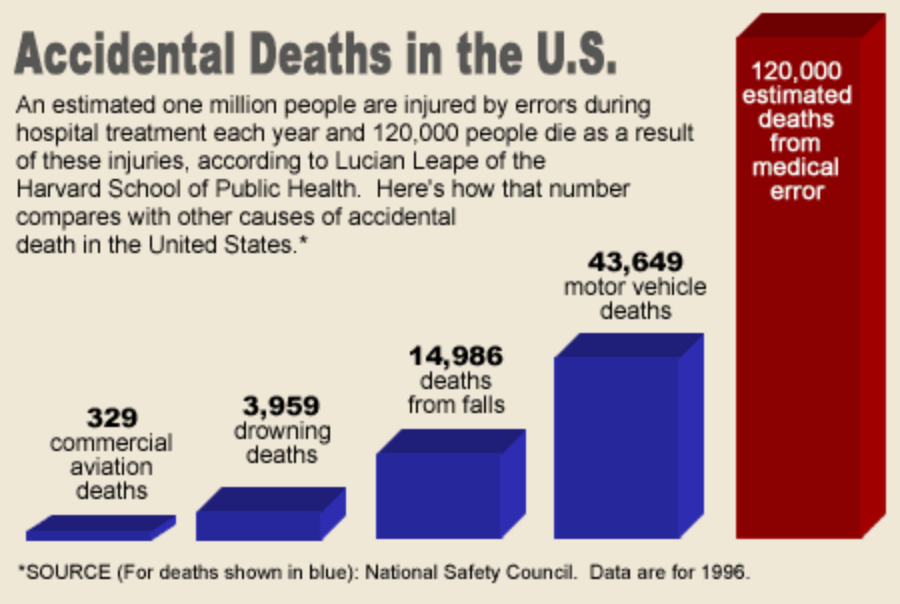
The Medical College of Pennsylvania Hospital is a typical teaching hospital. It is known for cutting-edge research programs, for training medical students and newly graduated doctors, and for providing advance medical care.

It is also representative of modern American hospitals in another respect: In the last decade alone, records show, hundreds of MCP Hospital patients have been seriously injured, and at least 66 have died after medical mistakes.

The hospital's internal records cite 598 incidents reported by medical professionals to the hospital administration in the last decade. In some of those cases, patients or survivors were never told that the injuries were caused by medical errors. None of the doctors involved in the incidents was subjected to disciplinary action.

For patients of all ages, serious injury and death cause by medical errors are well-known facts of life in the medical community. But they are rarely reported to the general public.



MCP Hospital's records came to light only because of bankruptcy proceedings last year, when its new owner publicly filed a detailed account of the 598 incidents reported at the facility from January 1989 through June 1998.

Those numbers mirror what is happening across the country. Lucian Leape, a Harvard University professor who conducted the most comprehensive study of medical errors in the United States, has estimated that one million patients nationwide are injured by errors during hospital treatment each year and that 120,000 die as a result.

That number of deaths is the equivalent of what would occur if a jumbo jet crashed every day; it is three times the 43,000 people killed each year in U.S. automobile accidents.

"Its by far the number one problem" in health care, said Leape, an adjunct professor of health policy at the Harvard School of Public Health.

In their study, Leape and his colleagues examined patient records at hospitals throughout the state of New York. Their 1991 report found that one of every 200 patients admitted to a hospital died as a result of hospital error.

Researchers such as Leape ay that not only are medical errors not reported to the public, but those reported to hospital authorities represent roughly 5 to 10 percent of the number of actual medical mistakes at a typical hospital.

"The bottom line is we have a system that is terribly out of control," said Robert Brook, a professor of medicine at the University of California at Los Angeles.

"Its really a joke to worry about the occasional plane that goes down when we have thousands of people who are killed in hospitals every year."

Brook's recognition of the extent of hospital errors is shared by many of medicine's leaders.

The chief executive officer of the University of Pennsylvania Health System, William N. Kelley, also acknowledges that too many medical errors occur. "It is a major problem in this country that we have got to deal with better than we have," Kelley said.

In bankruptcy proceedings last year, Tenet Healthcare Corp. — which bought eight Philadelphia area hospitals, including MCP, from the bankrupt Allegheny health system — publicly filed an account of medical errors reported at MCP from 1989 through the first half of 1998. Such documents maintained by hospitals for legal and insurance reasons, are routinely kept confidential.

The Inquirer sent written requests seeking similar information from the 34 other large hospitals in Philadelphia. Of 25 that responded, all declined to provide similar insurance reports, citing patient confidentiality. Tenet declined to provide comparable data for MCP since it acquired the hospital.

Contained in the MCP records is a history of one hospital's experience, providing an unprecedented glimpse into the extent and nature of hospital mistakes.

The cases run the gamut from benign to fatal, and involve patients whose health status ranged from young and vital to old and infirm. They include:

- Four patients who died after they received too much medication, the wrong medication, or no medication.
- Surgical "misadventures" during which patients' organs were punctured or blood vessels were pierced.

Karen McDowell
Inadequate ICU monitoring

Karen McDowell was a 35-year-old single mother of two working in the city tax assessor's office when Guillain-Barre syndrome struck her five years ago. The viral ailment causes high fevers, numbness and tingling in the arms and legs, and eventual paralysis. Most people with this condition recover, but for 5 percent of victims it is fatal.

McDowell had some of those symptoms when she was admitted to MCP Hospital on July 8, 1994. Her medical records show she was diagnosed with the syndrome.

By July 12, her condition had deteriorated and she was transferred to the intensive-care unit. One of the biggest-know risks of the illness is dangerously low respiration capacity, as the lungs become paralyzed, according to Robert Cunnion, an expert in Guillain-Barre. Cunnion, of the Heart Institute of Virginia, was with the National Institutes of Health when he reviewed McDowell's records at the request of lawyers representing her mother in a lawsuit filed in Common Pleas Court in 1996.

McDowell's doctors, including critical care specialist Arthur Combs and neurologist Nathan Blank, knew that risk and were prepared to deal with it. If her vital capacity, a measure of lung function, fell below a certain point, a tube would be inserted to help her breathe.

On July 13, Blank recommended in McDowell's chart: "Because of progressive deterioration I think it is a matter of time that her vital capacity will drop below 1.3 [liters], which is when elective intubation should be considered."

Within two days her vital capacity fell below 1.0 liters and fluctuated above and below the danger point. Combs said in an interview that he considered preventively intubating her "24 hours a day, every day."

But she was not intubated. Suspecting that she was not trying hard enough when her vital capacity was measured, doctors requested a psychiatric consultation on July 17, according to hospital records. After relatives left her bedside that evening, a Sunday, she was discovered not breathing at 7 p.m. Resuscitation efforts revived her, but she had stopped breathing for seven to eight minuted, possibly longer.

The lack of oxygen left McDowell brain-damaged. She remained hospitalized for six weeks and today she is bedridden and unable to talk or control her bowels and bladder. She cannot swallow and must be fed through a tube. Since the episode, she has lived at her mother's home in Frankford.

Hospital lawyers strenuously denied liability and stated in court papers that McDowell's treatment" was rendered in accordance with the standard of care." On the day that a jury was scheduled to be selected for trial, they settled the suit for $6.5 million.

Blank, McDowell's neurologist, declined to comment.Combs, the intensive-care-unit director who treated McDowell, said it is not clear what happened to her and that she may have suffered a disturbance in her heart rhythm that coud not have been forseen or prevented. He said the last vital-capacity measure recorded on her chart prior to her respiratory failure was 1.8 liters.

He said several factors contributed to the delay in detecting McDowell's respiratory failure: The intensive-care unit then lacked a centrally wired pulse oximetry monitoring system, which measures oxygen in arterial blood; the critical-care fellow, a doctor receiving advanced training after completing a residency, was not required to be at the hospital on Sunday; and the lone resident on duty had been pulled away from the unit.

"I wish some more educated eyes were looking at that woman than one tired little resident who had emergency admissions," said Combs, now in private industry in St. Louis. "I wish someone -- me or my delegate -- with a level of expertise had been at her bedside in that last hour."

"It was literally the tree falling in the forest and no one heard it," Combs said. "Mrs. McDowell is the tragic victim of the fact that we have an imperfect system."