

# Patient safety: A developing world perspective

In the era of privatization and corporatization of health care, the costs of hospitalization and treatment have significantly increased. Developing nations are plagued by financial constraints and have been unable to establish affordable health care facilities to the poor and economically weaker sections of the society. Emergence, re-emergence, and spread of various infectious diseases (influenza virus, dengue virus, and other seasonal infectious diseases), rise of non-infectious conditions (obesity, stress, cardiovascular diseases, and diabetes mellitus) and increase in immunodeficiency disorders (malignancies, autoimmune diseases, acquired immunodeficiency syndrome caused by human immunodeficiency virus infection) are responsible for frequent hospitalization of people. Taking the advantage of such conditions, the private medical practitioners in most of the third world nations including India, have been conducting hospitals unethically in many rural and urban parts of the nations. Most of these health care facilities are not accredited and follow no specific diagnosing and treatment guidelines. Patients attending such hospitals are forced to spend a huge amount of money, undergo mental, and physical trauma with no guarantee of ethical medical practices. Private medical practitioners performing various medical, radiological (ultrasound, computed tomography scan and magnetic resonance imaging scans), and surgical procedures (termination of pregnancy, hysterectomy, appendicectomy, caesarean sections) against the Ethical Codes of medical practice are common in most of the developing countries. Unauthorized private fertility clinics practice unethical procedures for the sake of monetary benefits deceiving families wanting children.

Perspective by Kachalia recently highlights the significance of transparency in health care organizations thereby making an effort to enhance confidence building measures among the patients on the status of health care facilities provided [1]. Medical errors mostly related to the delays in the attention required in a specific case, financial limitations, and accidental clinician failures have been a common cause of severe morbidity and mortality in the rural parts of developing nations including India.

Here I would like to remind some valuable words from the textbook "Principles of Biomedical Ethics," authored by Tom Beauchamp and James Childress, who have highlighted the importance of four basic moral principles in medical practice including respect for patients autonomy, acting in the best interest of patient, non-maleficence, respecting the dignity of a patient, truthfulness, honesty in informed consent, and justice in treatment [2]. The governments including both central and the state and the Medical Council of India have hardly

been successful in combating unethical clinical practices in India [3]. Regulation of industry-physician relationship is the need of the hour to check and control unethical drug marketing wherein clinicians prescribe high-cost drugs in place of equally good and cheaper generic drugs. A strict vigilance is required with regards to the recruitment of volunteers for the studies in clinical research, where, the individuals are administered drug formulations that are currently under synthesis and the resultant adverse drug reactions could cause severe morbidity and mortality.

Accreditation of each and every hospital/clinic and diagnostic laboratory facilities should be considered very seriously. Medical practitioners should be given practicing license and must be made to undergo a review of their clinical practice regularly (preferably each year) and a practitioner's license is possibly renewed every year based on their performance (continuing medical education credits earned, participation at local, national and international seminars, conferences, workshops, and other advanced training programs for professional improvement). Such procedures are successfully followed by some developed nations including United Kingdom.

I finally would conclude that self-regulation and Incorporating Medical Ethics Education training to students during their medical graduation period can be useful in creating virtuous doctors who are well versed in solving Ethical dilemmas in clinical practice and prioritizing patient safety.

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