Speak no evil?

When physicians share concerns, their words aren't always welcome

Patient quality of care has been a physician priority ever since Hippocrates instructed, "Above all, do no harm." But lately, a growing number of physicians have voiced their frustrations with a system that many say prioritizes profit and finances over patient well-being. In fact, the mere act of making one's concerns heard may be met with retaliation, viewed as opening a Pandora's Box, which many hospital administrations would rather keep locked shut.

For AMA member and anesthesiologist Danae Powers, MD, that box was opened in 1993, a year after she relocated to State College, Pa., with her husband. On staff at Centre Community Hospital (now called Mount Nittany Medical Center), Dr. Powers witnessed what she considered avoidable complications and systemic practices that were increasing patient risk.

Quality control
(from left) Terrence Babb, MD, Edward Dench Jr., MD, and Danae Powers, MD

"In a naïve fashion, I thought the system must be unaware of these problems, otherwise they would have been fixed," she said.

In March 1994, Dr. Powers wrote a confidential memo to the hospital board and chief of staff, documenting her concerns. Her message, she maintains, was not well received.

"My life became miserable," she said. When she documented one particularly egregious physician behavior, that same physician was immediately put in charge of making her schedule. Dr. Powers eventually received a letter from the hospital's president, admonishing her for making comments that were "derogatory, if not slanderous," about her colleagues. The final straw: In 1997, the hospital deprivileged all staff anesthesiologists and began contracting out anesthesia services. Dr. Powers refused to sign the contract and began working independently with area surgeons.

The power of many

Dr. Powers was not alone in her fight for patient safety. AMA member Edward Dench Jr., MD, also an anesthesiologist at Centre Community, faced similar issues after speaking out in 1991 about a physician he believed was practicing unethically. As the president of the Pennsylvania Society of Anesthesiologists, Dr. Dench confidentially asked his chief of staff for a review.

"I lived for 13 years scared to death of making a mistake," he said of the fallout after voicing his concerns. (Like Dr. Powers, the aforementioned exclusive anesthesiology contract drove him out of a job.) "One by one, the careers of honest doctors who are trying to make a difference are being destroyed."

Clearly, other physicians wanted to speak out on quality-of-care issues, but an unspoken rule silenced their voices. "There's definitely a 'kill the messenger' mentality in medicine today," Dr. Powers said. "Mechanisms exist in the American health care system that make it increasingly difficult for physicians to put patients first."

Putting patients first is *exactly* what most physicians want, Dr. Dench said, offering as proof Dr. Powers' 1997 election by her peers to chief of staff and his own 2003 election for Pennsylvania Medical Society president

The AMA's fight for patient safety

In 1997, the AMA, CNA/HealthPro, 3M and Schering-Plough incorporated and launched the National Patient Safety Foundation (NPSF) to examine ways to improve patient safety. Today, the NPSF is a nationally respected voice in the patient safety movement.

NPSF Chair Timothy T. Flaherty, MD, said the problem is that "when someone is forthright, they may have fingers pointed at them even if they're not the one who committed the error."

In an effort to provide hospitals and health systems with a meaningful

— all during this battle. "Dr. Powers ran against the hospital-picked incumbent and won," he said. "The average doctor at the hospital wanted to correct the system."

Fixing the system

At the root of the problem, Dr. Powers believes, is a hospital structure fixated on protecting revenue and improving referral patterns. Worsening matters is the threat of retaliation. Those who speak out are often easily marginalized or perceived as disruptive to the hospital's mission.

Terrence Babb, MD, is a former Centre Community OB/Gyn and AMA member currently in litigation with the hospital for what he sees as retaliatory efforts by the hospital after he voiced quality-of-care concerns. "When you talk about 'disruptive doctors,' it's more disruptive to complain about quality-of-care issues than it is for patients to actually die," Dr. Babb said. "If you do speak up for the patient — which you're supposed to do under the AMA Code of Ethics — you risk being labeled disruptive, which can lead to termination. The system has been perverted."

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Added Dr. Dench, "Doctors should never have to choose between their family's well-being and quality patient care."

What is needed, Dr. Powers believes, is a better system of checks and balances in American health care — one that does not afford total power to one particular stakeholder over others (the physician, the hospital, the payors, etc.). Physicians and nurses, who have effectively been disenfranchised as patient advocates, must have a seat at the table, she said.

Dr. Dench emphasized that he is not proposing a system that automatically jumps to punitive measures. In his opinion, if a concern is voiced and the physician in question corrects the problem, the ultimate goal has been achieved. "We're all going to make mistakes," Dr. Dench acknowledged. "But our current system is retaliating against those who make the mistake of speaking up, while we ignore [the true problem physicians]."

Prioritizing patients

In 1994, Dr. Powers joined litigation against the hospital, along with other Centre Community physicians, alleging antitrust violations. (Her attorneys advised her that no cause of action exists that is quality based.) In 1999, they settled for an undisclosed sum. But, she insists, her motivation was far from financially based.

"I was trying to improve patient care," she said. "If I had wanted just money, I could have stayed at the hospital, had a lucrative practice and looked the other way. To me, getting a check with my name on it is not a victory. The real victory would be knowing that patients were at the top of the list of priorities."

Now a member of the Pennsylvania Patient Safety Authority, Dr. Powers is working to enact systems to improve patient care. She speaks with legislators, educates interested parties and is deeply involved in organized medicine, which she feels is one of the most effective arenas for empowering physicians in patient advocacy efforts. The AMA, Dr. Powers said, has been helpful in the process of focusing her outreach efforts — particularly the AMA Organized Medical Staff Section.

The issue of safety and quality of care for patients in the U.S. health care system has long been a concern of the AMA. The elimination of health system errors is more than a high priority for the association; it is a crucial ethic of the medical profession.

In 1996, the American Association for the Advancement of Science, the Joint Commission on Accreditation of Healthcare Organizations and the AMA joined with the Annenberg Center for Health Sciences to convene the first multidisciplinary conference on errors in health care. Four years later, the AMA joined with more than 20 national health care organizations to develop a set of General Principles for Patient Safety Reporting Systems, underscoring the fact that, for error reporting systems to be successful, they must be constructed in a non-punitive manner and provide appropriate confidentiality protections. More than 90 national and state-based health care organizations have endorsed these principles.

"The AMA sees a clear need to stop the shame-and-blame mentality and focus instead on preventing errors," said AMA President Donald J. Palmisano, MD. "That is why we founded the National Patient Safety Foundation in 1996 (see below) and support H.R. 663 and S. 720 in Congress, which will allow confidential, voluntary reporting of errors for review by experts, who will give feedback on how to prevent a recurrence and disseminate the lessons learned nationwide." (Passed out of committee unanimously in 2003, S. 720 is awaiting action.) Dr. Palmisano believes such a system, as a proven model from the Aviation Safety Reporting System, will encourage medical professionals to speak up when problems occur, rather than stay quiet due to fear of retaliation.

For Dr. Powers, her ultimate goal will be achieved once a national patient quality-of-care dialogue has been set into motion — one that involves physicians, hospitals, patients and more. "We need to garner as much support and energy as we can," she said. "I don't want what I saw to become the norm in American medicine."

way to participate in the national patient safety movement, NPSF launched the "Stand Up for Patient Safety" campaign in 2002, bringing together leading hospitals and health systems to develop a hospital-driven, patient-focused safety agenda. The campaign offers educational tools and programs, conferences on safety topics, forums for sharing best practices, and materials for internal and external communication. So far, more than 150 hospitals have made the commitment to a culture of safety via the campaign, which, Dr. Flaherty said, translates to "a culture of quality."

Another opportunity for physicians and hospitals to get involved in the patient safety movement will be the sixth annual National Patient Safety Foundation Congress, entitled, "Let's Get On With It." The congress will present successful strategies for moving patient safety research into practice; identifying existing tools, best practices and resources needed by individuals and institutions engaged in cultural change; and recognizing and overcoming barriers to cultural change.

National Patient Safety Foundation®

Visit *www.npsf.org* for more information on NPSF initiatives, including Patient Safety Awareness Week, March 7-13.