Leaping off laurels:
Time for a paradigm change to promote patient safety

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There is little doubt that the Accident Compensation Act 1972 and the 1973 Amendment to that Act were a paradigm leap in injury care and compensation that has been viewed with envy by many other countries. Despite various shortfalls in the original scheme and tweaks in the organisation from time to time, New Zealanders have by and large been justified in resting on the laurels of the Accident Compensation Corporation (ACC). It was, and still is, a magnificent institution. We have medical misadventure covered. ACC no longer needs to find that an individual health care provider is at fault before a patient can be compensated for injury arising from health care. What's more, we now also have the office of the Health and Disability Commissioner to consider patient complaints.

So we have patient safety wrapped up in this country. No worries.

While in the last decade or so the rest of the world has been plunged into agonies over the shortfalls of their health systems, forced to face up to uncomfortable facts about the number of people dying each year because of the health care they receive, in New Zealand we're sweet. Our laurels have become a more and more comfortable protection from the cold winds of change and challenge that are blowing on our neighbours in Australia, and through Europe and North America. Only one study of patient safety in New Zealand has been completed with Health Research Council funding[1] – and that is about enough. That study introduced a chilly draught to laurel-dwellers when it found that New Zealand hospital records revealed adverse events from care at about the same rate as Australian[2] and American[3] studies had previously found. The reaction seems to have been: let's close the door quickly!

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There are two main paradigms supporting patient safety in New Zealand. One is the medical complaints system in general. This is a paradigm that says that we do pretty well in New Zealand. We have an excellent and transparent system of (legal) accountability that allows patients to draw attention to situations where their health care has not delivered on their expectations and receive compensation for harm arising from poor health system performance. There are really only two characteristics of this paradigm that detract from its success in promoting and protecting patient safety. The first of these is that, exactly like medical malpractice systems,[4] New Zealand's complaints system is neither specific nor sensitive to threats to patient safety. That is, most threats to patient safety never become complaints and most complaints are not about unsafe practices. The second is that these complaints processes promote defensive medical practice,[5] thereby often actually undermining patient safety as well as some other core characteristics of a high quality health sys-

tem such as efficiency, effectiveness, and access. So while the current complaints arrangements may be necessary because they provide patients with a voice, they are nowhere near sufficient for ensuring our health system is as safe as it can be.

The second paradigm supporting patient safety is the whole quality improvement movement, probably currently experienced most acutely by New Zealand general practitioners in the new PHO Performance Management Programme. Although 'safety' is a component of health system quality (along with equity, access, efficiency, effectiveness, etc.) it is not mentioned in any of the documentation about performance measures. Safety is not a valued value in New Zealand. And it is certainly not a focus of government attention in the way that it is in Australia, the US, the UK, and other European countries. Those countries not only acknowledge that their health systems sometimes harm the very people they are intended to benefit, but systematic efforts have been made to understand the mechanisms by which harm is introduced and to find ways to make their systems safer. By contrast, we have only a tiny body of completed patient safety research in New Zealand (so we don't know very much) and our dominant structure for protecting patients from harm (the complaints system) doesn't work (for doing this – although it obviously works in other ways).

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So maybe it's time for a paradigm shift to make health care safer for patients in New Zealand.

Fortunately, we are good at paradigm shifts. We are a small (therefore nimble) nation with familiarity in using relatively advanced technology and a culture of thinking outside the box. We just need to shake off that complacency that has grown up around the success of the ACC, recognise that our laurels are becoming a bit dilapidated, and take a leap...

...But not into the complete unknown. We have maps. We know roughly the direction we should go and we already started doing something when the old medical misadventure focus of the ACC changed to a patient safety focus in 2005. That's a start. It is still reactive, though, when safety will only really be promoted by being proactive. Here are some suggestions of other initiatives that might be useful:

1. We should start to talk about patient safety openly and not hide it behind the politically correct language of quality improvement.
2. We should think not about harms so much as about things that go wrong. There seems to be quite a mismatch between what patients, health care providers, lawyers and insurers regard as 'harm', so if that notion is regarded as setting the priorities for patient safety, we are unlikely to get a very patient-centred health system (something we should also be aiming for).
3. We need patient safety to be specifically addressed in the education of our doctors, nurses, dentists, health managers, and anyone else involved in providing health care.
4. It would be helpful if politicians realised that relying only on the complaints system and ACC is not going to make our health system safer for patients. We no longer hold a position of leadership in the world as far as patient safety goes. We should just acknowledge that and now follow the lead of other countries in this area.
5. We need research. This is one area where we cannot simply draw on the leadership of other countries (except in the generic approaches). Safety is so closely tied to culture, organisation, infrastructure, and policy, that each country needs its own underpinning research.

General practice is under considerable pressure right now. Proliferation in bureaucracy, workforce shortages, maintaining the financial integrity of practices, and challenges in providing after hours care are some of the hot topics in recent general practice conversations. Sometimes we forget that general practice is at the heart of this country's health system, that general practitioners make New Zealand's health system one of the most accessible in the world, and that general practice has enormous influence in making the lives of New Zealanders better. Health care in our country has the greatest chance of becoming safer only when general practice owns the safety agenda and moves it forward.

Competing interests

None declared.

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