Review calls for improved patient identification systems for blood

Susan Mayor, *BMJ*

Unique patient identification systems are being recommended in a report from a steering group of all professions involved in blood transfusion in the British Isles, in response to a review showing increased reports of incidents involving incorrect components being transfused.

The Serious Hazards of Transfusion group—which includes representatives from eight Royal Colleges plus other professional bodies—has suggested that funding should be provided to evaluate and develop computerised blood issue and innovative patient identification systems to improve patient safety.

The recommendation has been made in the group's annual report published this week, after 112 hospitals in a voluntary survey of 424 hospitals reported a total of 197 adverse incidents involving blood transfusion for the year ending September 1998. Most of these (110 cases) were described as "wrong blood to patient" incidents, representing an increase from the previous year's 81 incidents.

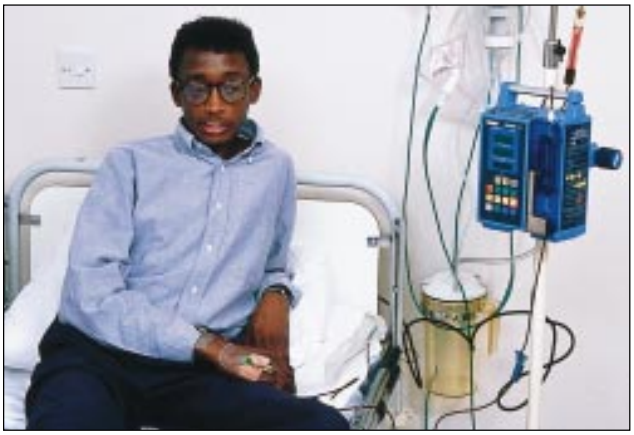
The participating hospitals reported nine deaths directly attributable to all complications of blood transfusion, and 42 cases of major morbidity. Two deaths were attributed to patients having been given the wrong blood.

The weakest link in the transfusion process seemed to occur when blood was taken from a hospital blood bank refrigerator, with the incorrect type being taken and then transfused into a patient without further checking.

The number of errors was small in relation to the total numbers of transfusions carried out, with the UK Transfusion Service preparing around 3.5 million items of blood components each year. But giving patients the wrong type of blood was by far the largest hazard. Infection associated with transfusion was a much smaller problem, with 26 suspected cases being reported.

Dr Williamson suggested that a system of bar codes could be introduced—for a patient's blood type and for blood products. □

Serious Hazards of Transfusion Annual Report (1991-1998) is available from the Serious Hazards of Transfusion Office, Manchester Blood Centre, Plymouth Grove, Manchester M13 9LL, price £20 (cheques payable to National Blood Service, Northern Zone—SHOT).



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Unique patient identifiers could prevent transfusion problems

South Korea cracks down on medical corruption

Joanne McManus *Hong Kong*

In late January, the head of South Korea's Food and Drug Administration (KFDA) was arrested on bribery charges. According to local press reports (in the Korea Herald and Korea Times), Park Jong-se was charged with receiving 185m won (£94 000, $150 000) between 1992 and 1995 from an executive of a pharmaceutical company, allegedly in exchange for helping new medicines developed by the company pass government safety tests.

Park, who has denied the charges, had been head of the country's food and drug administration since March 1998. In mid-February, Kim Yon-pan, the director general of the pharmaceutical safety bureau at the administration, was also arrested. He was charged with receiving 36m won from 11 local pharmaceutical companies since January 1998 in exchange for approving new drugs.

The arrests are the result of an investigation into corruption in the medical sector, which was ordered by Kim Dae-jung, South Korea's president. Bribing officials to approve new drugs is just the tip of the iceberg.

Corruption is widespread throughout the healthcare sector, and suppliers, hospitals, and doctors all take part. Local experts estimate it amounts to more than 2trn won each year. Irregularities in transacted medical insurance prices among drug and medical device manufacturers, wholesalers, and medical institutions are also being scrutinised.

According to Lee Ja-hee, the president of M&C International, a healthcare consulting firm based in Seoul, the prices of 14 000 items involving 303 medical centres across the nation have been investigated. As a result, prices are expected soon to be slashed by 20%.

Lee Yu-jai, the president and chief editor of *Journal M,* a leading medical magazine in South Korea, is an outspoken critic of corruption in the healthcare industry.

"Although several successive presidents have declared a war against corruption, it is still alive. Institutionalised corruption in the form of scholarships, rebates, and the like still goes around," he said. "It is wrong. We need to shift our customary practice and mind set." □

Tissue damage is commonest cause of surgical negligence suits

Mark Pownall, *London*

Damage to underlying structures is the commonest complication for which patients successfully sue surgeons, a UK survey suggests. The survey, by the Medical Defence Union, found that damage to veins, nerves, and other underlying structures accounted for nearly one third of 115 successful claims, with infection accounting for another 12%.

Retained items and failed or delayed diagnosis accounted for 8% and 7% respectively of successful medical negligence claims. The retained items—which included a pair of forceps after a panproctocolectomy and a surgical pack after a haemorrhoidectomy—occurred despite formal written procedures for swab and needle counts in operating theatres.

Patients also sued successfully after they were burnt by diathermy, after spirit based skin preparations ignited, and after adverse reactions to iodine.

The Medical Defence Union, the largest professional indemnity organisation in the United Kingdom, reviewed the claims that it had settled since 1990 (*Journal of the MDU* 1999;15:13-5). Most of the surgery had been carried out in private practice (litigation within the NHS operates under a separate system).

Helen Goodwin, clinical risk manager for the union, was particularly critical of two cases in which surgeons had failed to gain consent to a procedure before surgery, a situation which she described as a "fundamental departure from accepted norms." She warned: "Specific consent must be obtained for all procedures."

The top award was for £550 000 ($880 000) and was allocated to relatives of a patient with a history of deep vein thrombosis and pulmonary embolism who died of an embolism four weeks after elective surgery for varicose veins. The patient had received no anticoagulant treatment until two weeks after surgery. □