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Patient safety

## Championing patient safety: going global

## Sir Liam Donaldson

A resolution on patient safety being considered by the World Health Assembly will move patient safety on to the world health stage.

he early days of any programme to improve the quality of health care are always the most challenging, but potentially the most exciting. Raising awareness of the issues, inspiring front line staff to rise to the challenges, influencing policy makers to make a commitment and invest resources, persuading a health service to accord it a priority, reassuring the doubters, picking out the leaders-these are the challenges. And so it has been with patient safety. The problem of medical error had been present since organised clinical practice began, yet no one recognised it as a fundamental concept. Airline safety had been systematically improved over three decades by understanding and strengthening systems, yet few people were struck by the parallels with health care. Lives were being lost and people being made ill daily in hospitals around the world, yet no pattern was recognised. Over a period of 5 years spanning the end of the 20th century and the beginning of the 21st, this position has been transformed.

Influential individual thinkers1-3 and major governmental reports4-6 have quantified the problem of medical error and its impact on patients, have described the context of risk and unsafe systems, and have scoped the action necessary to produce change.

This year patient safety has begun to move from in-country programmes and some between-country collaborations<sup>7</sup>

on to the world health stage. In January 2002 the Executive Board of the World Health Organisation (WHO)<sup>8</sup> passed a resolution put forward by the governments of the UK, Japan, Belgium, the Islamic Republic of Iran, and Italy calling on the WHO to establish a programme on patient safety. The Executive Board is the executive committee of the WHO, consisting of one representative from each of 32 of its 191 member states. It sits twice a year with the Director General of the WHO and her staff in attendance to discuss policy and progress on major global health matters. Selectively, and with careful deliberation, it identifies important new areas of work and makes recommendations to the World Health Assembly.

The resolution on patient safety set out four proposed areas for action:

- Determination of global norms, standards and guidelines for the definition, measurement and reporting of adverse events and near misses in health care and the provision of support to countries in developing reporting systems, taking preventive action, and implementing measures to reduce
- Promotion of framing of evidencebased policies including global standards that will improve patient care, particular emphasis such aspects as product safety, safe clinical practice in compliance with appropriate guidelines and safe use of

- medicinal products and medical devices, and creation of a culture of safety within healthcare organisa-
- Development of mechanisms, through accreditation and other means, to recognise the characteristics of healthcare providers that offer a benchmark for excellence in patient safety internationally.
- · Encouragement of research into patient safety.

In May 2002 the World Health Assembly will consider the resolution and, if accepted, the drive for safer health care will be a worldwide endeavour, seeking to bring benefits to patients in countries rich and poor, developed and developing, in all corners of the globe.

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