EDITORIAL

ERRORS IN DIAGNOSIS

That a doctor is not above making mistakes has been appreciated for thousands of years. The Babylonians decreed that a medical service should be reasonably requited and a medical error duly dealt with. The punishment ranged from cutting off an arm to a forfeit of life. Quite obviously, to be a doctor in those days a man would be ill-advised to take on serious cases! The Chinese (according to the Book of Rites) actually appointed a court official to scrutinise the doctors' work so as to classify doctors into three classes of proficiency: the first class with a cure of ten out of ten, whereas any score below six was regarded with disfavour. These provisions in the way of penalty or classification must have prevented malpractice and inefficiency to some degree, but the modern man would appreciate that even "exact" science has its margins of error, and medicine, still more an art than science, cannot claim infallibility.

A disease is known by its effects on the human body and its natural course, and diagnostics depend on a knowledge of the natural history of diseases, and the various physical manifestations. Hence the coppery red rashes with lymphadenopathy suggest venereal disease as surely as a positive Kahn test reaction, and the better and the more exact the knowledge, the greater will be the accuracy of the diagnosis. In the case of medicine, the acquisition of such a knowledge comes by learning and practice, and it stands to reason that the more diligent the study, the more careful the observation, and the more frequent the practice, then the greater would be the diagnostic acumen of the doctor. Similarly, an error may arise from ignorance, inexperience or carelessness.

A man never stops learning, and this is particularly so in medicine. We may have advanced further medically in the last 100 years than in the last two thousand years, but we have only managed to scratch on the surface of the mystery of health and disease. There is still room for learning, and that is another way of saying that there still remains a large amount of ignorance in medicine. This alone must mean that as yet, doctors cannot ensure that no error will ever arise because of his lack of knowledge! The presence of ignorance presupposes the possibility of improvement with learning. A diligent doctor becomes better and better with every case he sees because his range of experience increases. Again, this is a tacit admission of the fact that a doctor is actually less experienced before than after the handling of a case. If experience improves from case to case, and from day to day, then the doctor yesterday was inexperienced compared to the same man today, and the man today will be inexperienced compared with what he will be tomorrow! It follows that here again an error through inexperience cannot be entirely avoided, because a state of relative inexperience will always be present.

Happily for the patients, most of the diseases are not fatal, and many errors have no serious consequence. In fact, medicine is abound with instances where an error, arising from ignorance, inexperience, or carelessness, actually results in bringing about benefits. If Fleming had been scrupulously careful in keeping his culture plates from contamination, we may still be without penicillin today, and certainly thousands of people alive today would have been dead! Fortunately also, whereas errors because of ignorance or inexperience must continue to occur till we have mastered the entire secret of life and health itself, errors due to carelessness can be prevented by rigid self-discipline and meticulous attention.

In the last few months, attention of the public has been directed to a few cases of errors in diagnosis, and the outcry raised by responsible quarters suggests that it is not understood that with imperfect knowledge, errors cannot be entirely avoided. The fact that a man died as a result should not induce us to rush into decisions and condemnations which may not be wise or justified. Steps should be taken to verify if the error is avoidable or otherwise before any precipitous pronouncement is made. Unfortunately, emotions rather than wisdom have been allowed to dominate the picture, and vituperations and strictures are bandied with no suggestion of any serious appraisal of the facts being made.

Just as hurriedly, request was made and granted that outpatient doctors should be deprived of their discretion in judging the merit of a case under certain circumstances, and it would appear from the popular demand that the public expects errors in diagnosis to be banished in total from hence. It is the procedure now that if a case is sent up to the hospital with a letter requesting admission from the general practitioner, then the case must either be admit-

ted or referred for an opinion of a senior doctor. Whilst on the face of it, this appears to be a reasonable move, one must appreciate that this would be of value only if the general practitioner performs the proper screening, and the number of senior doctors adequate to deal with the number of referrals. In fact, if this is seriously regarded as a good move, it is difficult to see why such a case should be directed to the outpatient doctor at all, for he in any case has to send the patient in either for admission or for opinion, and would appear to be placed in a peculiar position of either being an admission clerk, or a direction indicator for the general practitioner!

Finally, it must be stressed that even if the conditions were ideal with practitioners screening their cases with efficiency, and senior doctors in adequate numbers to receive the referrals, errors can still arise through ignorance and inexperience and carelessness unless the cause of the misadventure has been detected and can be eliminated.

G.A.L.