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Health care system creating "epidemic of harm"

William Charney, public health activist and author, and Michael Hurley, president of the Ontario Council of Hospital Unions, are on a tour warning Ontarians about the prevalence of medical errors and hospital-acquired infections.

By Geoff Zochodne/The Oshawa Express

If three jumbo jets crashed a week in Canada, odds are you would hear about it.

But what if the equivalent of three jets worth of people were dying a week in completely preventable tragedies? And what if no one was doing anything to help?

This is what William Charney, author and public health activist, and Michael Hurley, president of the Ontario Council of Hospital Unions (OCHU) are asking. They are on a tour of Ontario cities to promote their claim that thousands of people each year are dying in the Canadian health care system because of medical errors and hospital-acquired infections.

Medical errors include injuries or death caused by surgery, improper diagnoses or prescribing the wrong medication. Hospital-acquired infections are illnesses picked up while at medical facilities, like the C. Difficile outbreak last summer.

Combined, the two are the second-leading cause of death in Canada behind cancer, say the duo.

"We've got 18 per cent of people checking into Ontario hospitals who will suffer a medical error or pick up a hospital-acquired infection. Between 30,000 and 60,000 people...in Canada will die," a year as a result claims Hurley, adding many of these deaths can be prevented.

"We're trying to alert Canadians and Ontarians and Americans about the scope and the depth of the epidemic of harm that health care is doing," says Charney, who has written and published several books on public health, most recently editing the, "Epidemic of Medical Errors and Hospital-Acquired Infections."

The two used the example of the jumbo jets to heighten their point. Their figures say an estimated 60,000 people died of adverse events in 2009-10.

Charney claims public officials are "kidnapping the data" with poor self-reporting of the problem and a culture of silence.

"They're not counting enough categories or they're not counting the right categories," he explains. "The numbers...are always played down."

It will only get worse with cuts to health care too, the pair state.

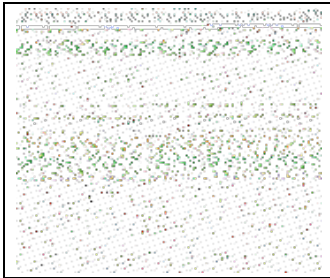
"That's going to cause more infections and more medical errors," rails Charney. "It's called factory medicine. Everything speeds up...and that's when patients begin to suffer."

It will push an overcrowded system over the edge, agrees Hurley. As a result, the number of deadly adverse events will go up.

"We're operating our system at 98 per cent capacity," in Ontario hospitals, he says. "We can expect as the province cuts funding to hospitals, as it will be doing this year... that you're going to see an increase in the number of deaths and number of injuries due to medical errors and hospital-acquired infections."

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Charney notes that the provincial government will find itself spending more on treating those afflicted by medical errors or hospital-acquired infections than it will by scrimping on proper prevention techniques.

“They (the Ministry of Health) have to do a scientific cost-benefit analysis. And they have to understand that these injuries and these deaths cost so much more to occur than to prevent,” says Charney. “The way to prevent them is hire more staff. You keep hospital beds open, you keep hospitals open, you decrease the kinds of shift work that you’ve got, you increase the amount of cleaners. We don’t know how to clean hospitals in this country.”

In addition, the author wants to see the real number of medication errors, which he says are in the millions in Canada. Medical errors, hospital acquired infections, misdiagnoses, malnutrition, outpatient deaths, unnecessary procedure, surgery related deaths and injuries, should all be presented in a public forum as well.

A spokesperson from the Ministry of Health provided several steps the province is taking to reduce medical errors and hospital-acquired infections.

According to the Ministry, Ontario hospitals “are now publicly reporting nine patient safety indicators related to hospital-acquired infections, activities to reduce such infections, and mortality – including Clostridium Difficile Infection (C.Difficile).”



An amended Regulation of the Public Hospitals Act has been enacted as well, requiring critical incidents to be disclosed to patients and the Medical Advisory Committee. The patient safety indicators can also be accessed online.

“Ontario’s patient safety indicator results compare favourably to other jurisdictions,” reads the email. “In many cases there are no comparable jurisdictions because Ontario is a leader in this area.”

Charney and Hurley argue this isn’t the case.

“If you count those categories...you’re going to come to the conclusion that Ontario or Canada or the U.S. are having an epidemic of harm,” states Charney.

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