



RESEARCH

PERCEPTION OF MEDICAL ERRORS AMONG HEALTH PROFESSIONALS AND STUDENTS

PERCEÇÃO DO ERRO MÉDICO ENTRE PROFISSIONAIS E ESTUDANTES DE SAÚDE

PERCEPCIÓN DE ERROR MÉDICO PARA LOS PROFESIONALES MÉDICOS Y ESTUDIANTES DE LA SALUD

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ABSTRACT

Objective: To know the perceptions of health professionals and students about medical errors. **Methods:** It is a qualitative study conducted with 92 subjects of both genders in the Campus 1 from the Federal University of Paraíba, in João Pessoa. For data collection, we have used a semi-structured questionnaire consisted of two parts containing the test of Free Association of Words with the inductive term «medical error». The collected data were analyzed with the help of the software Alceste, which showed additional six classes. **Results:** The subjects perceive medical error from the recognition of «impunity» and associate it to «incompetence», «inattention», «disinterest» and «unpreparedness» by doctors to exercise their profession. **Conclusion:** Both students and professionals point as causes of medical errors: the bad professional training coupled with lack of infrastructure of services offered, as well as arrogance of doct. **Descriptors:** Health, Medical practice, Medical error.

RESUMO

Objetivo: Conhecer as percepções de estudantes e profissionais de saúde sobre erro médico. **Métodos:** Trata-se de um estudo qualitativo realizado com 92 sujeitos de ambos os sexos no Campus 1 da Universidade Federal da Paraíba, em João Pessoa. Para coleta, utilizou-se um questionário semiestruturado composto por duas partes, contemplando o teste de Associação Livre de Palavras com o termo indutor «erro médico». Os dados coletados foram analisados com o auxílio do software Alceste, o qual apontou seis classes. **Resultados:** Os sujeitos percebem o erro médico a partir do reconhecimento da «impunidade» e o associam à «incompetência», «desatenção», «desinteresse» e «despreparo» dos médicos para o exercício da sua profissão. **Conclusão:** Tanto estudantes quanto profissionais atribuem ao erro médico à má formação profissional somada a falta de estrutura dos serviços oferecidos e a prepotência dos médicos. **Descritores:** Saúde, Prática médica, Erro médico.

RESUMEN

Objetivo: Conocer las percepciones de estudiantes y profesionales de salud sobre errores médicos. **Métodos:** Se trata de un estudio cualitativo, realizado con 92 sujetos, de ambos sexos en el Campus 1 de la Universidad Federal de Paraíba, en João Pessoa. Para colecta se utilizó un cuestionario semiestruturado compuesto por dos partes contemplando el test de Asociación Libre de Palabras con el término inductor «error médico». Los datos colectados fueron analizados con el auxilio del software Alceste que apuntó seis clases. **Resultados:** Los sujetos notaron el error médico a partir del reconocimiento de la «impunidad» y asocian al error médico, «incompetencia», «desatención», «desinterés» y «falta de preparación» de los médicos para el ejercicio de su profesión. **Conclusión:** Tanto estudiantes cuanto profesionales atribuyen el error médico a la formación profesional sumada a la falta de estructura de los servicios ofrecidos y la prepotencia de los médicos. **Descriptor:** Salud. Práctica Médica. Error Médico.

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INTRODUCTION

The advent of the medicine along with technological development enabled the increase in the provision of health care, increasing the coverage of needs for the prevention and treatment of diseases in population groups. This process has led to a culture of health services requirement and quality care able to contemplate different forms of technologies once resources are increasingly limited.¹

In this sense, this occurred since the age that Hippocrates recognized the potential harmful effect of the actions of a person in an attempt to cure. In most civilizations, the principle of non-maleficence (*primum non nocere*)⁽¹⁾ is an important point that medical ethics considers illness or death as iatrogenic caused intentionally, or by avoidable error considered as negligence of those who cure, being a crime.²

In this context, it can point out the medical error. This is classified into three types: treatment; diagnosis; dosage of medicines. The medical diagnostic error is divided into avoidable and unavoidable. It is inevitable when considered strange to the doctor's competence and can arise from a lack of resources, technical conditions of lack of medicine and, therefore, tends to decrease with the scientific and technological progress. Currently, this is one of the most common mistakes caused by lack of infrastructure of health services and by a significant number of patients that the doctor has to attend per hour of service shifts due to various reasons, such as: overcrowding, lack of equipment for diagnostics and treatment.³

The doctor in the course of his business deals with the life of human beings, being responsible for damages against third parties. The voluntary or involuntary conduct, whether direct or indirect, is characterized as professional unskilled conduct, imprudent or negligent, causing

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damage to the patient being able to lead to administrative penalties, civil and criminal punishment repair.^{4;5} The doctor is responsible for looking after the exercise of its profession/ work under penalty of criminal and/or be liable civilly, even if its actions are caused by negligence imprudence or malpractice.⁶

Reflecting the health as a principle of the dignity of the human person, the medical malpractice brings as a consequence the lack of respect for individual, because often he is disabled, when not leads to death or threat. Therefore, this study aims to explore the perception of university students and professional about medical malpractice.

METHODOLOGY

This is a qualitative study carried out in the university context which seeks to explore the perception university students and health professional about medical malpractice.

92 subjects participated in this study: 46 students (Medicine; Nursing; Physical Therapy; Pharmacy and Odontology) and 46 health professional (doctors, nurses, pharmacists, physiotherapists and dentists) of both genders, chosen for convenience, on the Campus I of the Federal University of Paraíba, in the city of João Pessoa, Paraíba - Brazil. In the selection of the subjects it was considered the conditions of the Resolution 196/1996, (7) for a research involving human subjects, approved on 09/29/2010, by the Committee of Ethics in Research of the University Hospital/UFPB, Protocol CEP/HULW N°. 261/09, FR: 294027.

The empirical data were collected in the period from January to September 2010, by means of a questionnaire comprising in the first part of the test of the Free Association of Words, with word «medical error» and second it was addressed

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question about medical malpractice and socio-demographic variables.

The data were organized and analyzed with Alceste software assistance, version 2010, consisting of a corpus composed of 92 Initial Contexts Units (UCI's), making the total number of questionnaires.

Os dados foram organizados e analisados com auxílio do *software* Alceste, versão 2010, formado por um *corpus* composto por 92 Unidades de Contextos Iniciais (UCI's), perfazendo o total dos questionários.

RESULTS AND DISCUSSION

From 46 students participating of the study, 26 are female and 20 are male, between ages of 21 to 26 years, health-related courses students.

Related to the 46 professional participants, 29 are males and 63 are females, ranging in age from 41 to 50 years, with graduation in about 18 to 23 years, working at the Federal University of Paraíba. This fact is due to this study developed in the University. The 46 are graduated in different courses of health are.

The material collected from the questionnaires noted six classes or categories that have been grouped by the words of greater frequency according to semantic content of speeches about the perception of medical malpractice according to students and professionals (Board 1).

Class 1 - Incapacity.

The male students and professional realize the medical malpractice as a lack that is affected by the doctor to be a person who adopts the prepotency, selfishness, arrogance as behaviors in its professional practice. Because they are considered professionals that during *omission*, they tend to adopt the *corporatism*, they are considered inhuman because of its incapacitation.

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Such perceptions are identified in the speeches of the interviewed.

[...] *absurd... arrogance ... authority ... concentration ... knowledge ... conscience ... corporatism ... dependency ... lack of preparation ... disrespect ... inhumanity ... inhuman ... devaluation ... casualness ... selfishness ... mistake ... evolution ... exploitation ... lack of improvement ... lack of attention ... lack of commitment ... lack of study ... lack of recklessness ... lack of interest ... lack of infrastructure ... malpractice ... imposition ... incapacity ... ineffective ... irresponsibility ... omission ... proud ... loss ... prepotency ... problem ... professionalism... vanity [...]* (Subj:5; 11; 15; 25; 38; 47; 51; 60; 64; 70; 71; 76).

Souza⁸ references to the existence of some risk factors provided in the Brazilian Penal Code, associated with the medical malpractice highlighted by the doctor's criminal responsibility, that is, the obligation of the professional in suffer the consequences by faults made by them in the exercise of its profession. Even by the responsible of the doctor, the doctor or any other citizen, have rights and duties common to all, and can thus incur in any offence provided under criminal laws as author, co-author or participant.⁹ In this sense, the doctor can commit common crimes and crimes by him (inherent to the doctor profession), written in the Brazilian legal system.

Class 2 - Lack of Attention.

Professionals ranging in age from 27 to 40 years and 31 to 40 years realize the medical malpractice as inattention caused by doctor who has behaviors of *incompetence, individualism and lack of commitment*. The medical malpractice occurs by having doctor adopting behaviors of disrespect, arrogance and prepotency, exemplified in the study subjects' speeches.

[...] *anti-ethic... arrogance ... lack of interdisciplinary ... authoritarianism ... actual context ... corporatism ... cure ... abandon ... lack of attention ... inattention ... lack of commitment ... ignorance ... disrespect ... impunity ... team work incapacity ... incompetence ... incomprehension ... indisposition ...*

individualism ... inferiority ... irresponsibility ... fear ... negligence ... research ... power ... prejudice ... prepotency [...].(Subj: 2; 68; 28; 69; 79; 9; 24; 30; 40).

The medical malpractice means as a failure in the practice of the profession of doctor. It is noted that although the iatrogenic do not necessarily result from medical errors, such as failures that occurred during a surgical procedure or prescription of a wrong medication, both the intrinsic effects as the medical treatment, these can be iatrogenic, characterizing the evolution as an important phenomenon and a severe risk to patients.⁵

Class 3 - Incompetence and imprudence.

For students and professional, the medical malpractice appears absurd characterized by an anti-ethical behavior that focusses on the incompetence and imprudence even if the work is carried out in interdisciplinary scope, because the negligence may occur and the restriction as evidenced by the speeches of the subject's participation in the study.

[...] absurd ... action ... to act ... anti-ethic ... appropriation ... maximum authority ... lack of preparation ... disqualification ... diagnostic ... carelessness ... selfishness ... team ... lack of interdisciplinary ... hierarchy ... immoral ... imperfect ... incompetence ... imposition ... imprudence ... impunity interdisciplinary ... intolerance ... irresponsibility ... lamentable ... law ... monopolization ... change ... negligence ... patient ... power ... prescription ... property ... punishment ... quality ... restriction ... return ... juridical retrocession [...].(Subj: 19; 43; 78; 84; 29; 32; 37; 39; 67; 45).

About medical malpractice we can add aspects related to iatrogenesis in which the medical act may cause damage to the patient, being this act done under the recommended patterns or from a professional failure, resulting from a negligent act (scruff, careless, inattentive), incompetent or unskilled (disability or incompetence), usually associated with the

learning disabled and/or not recognized, as lack of training or professional qualification (entitling) in particular, experts in service to clinical protocols or on lack of upgrade for the production/effect of medicines.³

Class 4 - Consequence: centralization.

For students and professionals, medical errors are the result of the doctor's behavior due to the centralization of its activities, thus causing the carelessness. While it is clear that there is a domain from the doctor on health staff, since it has a feeling of being at the top of the hierarchy, commits negligence and try to avoid the professional responsibility through the sense of sovereignty in the above mentioned staff, as contents below:

[...] unethical ... autonomy ... centralization ... command ... control ... curriculum ... disregard ... disengagement ... ignorance ... carelessness ... carelessness ... lack of harmony ... misconduct ... domination ... domain ... teaching ... specialty ... exclusion ... greed ... hierarchy ... illegality ... immaturity ... negligence ... omission ... pride ... loss ... power ... arrogance ... punishment ... rescue ... accountability ... restriction ... regression ... sovereignty ... submission ... undervaluation ... superiority [...].(Subj: 31; 18; 13; 11; 6).

Study held¹⁰ about students' perception of their preparation to position themselves ethically and autonomously in future situations before the questioning and ethical-moral challenge observed, in relation to knowledge of legal duties and punishments for doctors, in order to provide a greater good of patient and the medical' rights and care in compliance with the law on medical errors, that 63,9% of medicine students and 70,3% of law students reported knowing the laws to protect the patient, respectively, the laws to protect the doctor.

It is noteworthy that the term iatrogenic is used to describe any diseases or damages caused to someone by a medical procedure, whether it is a surgical or a therapeutic act, as well as

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pathological change provoked in the patient by means of a erroneous or inadvertent medical procedure.¹¹

Class 5 - Death.

The medical error, according to the study subjects, appears as an abuse often committed by the authoritarianism from doctors. It is perceived the lack of preparation from professionals, which makes them capable of committing a fault as a result of an imposition, i.e., arising from irresponsibility of the doctors, which is able to cause the death of patients and feeling of subordination in members of the health care staff and in patients, feeling of power over their own lives, exemplified in the speeches.

[...] abuse ... abuse of power ... verification ... authoritarianism ... self-centeredness ... disregard ... lack of control ... misinformation ... unpreparedness ... carelessness ... selfishness ... mistake ... error ... failure ... training ... illegality ... imposition ... incompetence ... irresponsibility ... misconduct ... medicine ... fear ... monopoly ... death ... operations ... danger ... power ... prescription ... priority ... sequel ... overload ... subordination ... superiority ... tyranny ... trauma [...] (Subj: 14; 10; 5; 4; 3; 2).

The medical error perceived, by study subjects, as death confirms the Coutinho's thought,¹² when makes reference to the right to health as a principle of human dignity and highlights the consequences of medical errors by citing the lack of respect for individuality as impracticability of the development of human potential, because often disables it, when not leading to death or threat to this, forgetting that the human existence is considered both individually or collectively.

Class 6 - Human.

For students and professionals, the medical error of human beings is due to many factors, among them, ignorance and incompetence by

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injustice, fruits of monopoly arising from professional regression, since doctors do not qualify themselves and do not suffer punishment or by impunity when they make their mistakes to cause harm to patients, according to speeches of participants of this study.

[...] attitude ... medical act ... unlucky ... battle ... damage ... unpreparedness ... disclosure ... error ... exclusion ... failure ... human failure ... humanity ... human ... ignorance ... implications ... importance ... impunity ... inadmissible ... incompetence ... indignation ... information ... injustice ... unfair ... profit ... fight ... monopoly ... negligence ... power ... position ... prejudice ... procedures ... punishment ... regression ... disgusting ... naughtiness ... loneliness ... submission ... subordination ... treating [...] (Subj:28; 23; 16; 12; 8; 6; 5; 3; 2).

Accordingly, modalities of guilty crimes, in which the acts called medical errors would be located, there are those in which the agent gave rise to the outcome by recklessness (practice of a dangerous act), negligence (lack of care) or clumsiness (lack of technical theoretical or practical skills), as the perception of university students and professionals.¹³

Recklessness is characterized by a commissive conduct, it is the absence of a proper care, grounded on an action; this is defined by the performance of an act (in the case of doctors, a medical act) without proper security; negligence is, by its turn, the absence of required reasonable care. It is, in fact, the omission of an expected and recommended conduct. The doctor who does not perform the necessary and preventive care to undertake a surgery, coming, therefore, because of this omission of duty of care, to cause prejudice to the patient, acts negligently. In this sense, recklessness encompasses the lack of a competent analysis and observation of existing standards for performing such an activity. It is the lack of professional training, i.e., the technical ignorance of the profession.¹⁴

Class 1 INCAPACITY	Class 2 INATTENTION	Class 3 MALPRACTICE/IMPRUDENCE
Arrogance	Arrogance	Absurd
Corporatism	Inattention	Anti-Ethic
Inhumanity	Uncommitted	Incompetence
Selfishness	Disrespect	Imprudence
Lack	Incompetence	Interdisciplinary
Incapacity	Individualism	Negligence
Omission	Prejudice	Restriction
Prepotency	Prepotency	
Class 4 CENTRALIZATION	Class 5 DEATH	Class 6 HUMAN
Centralization	Abuse	Error
Carelessness	Authoritarianism	Human
Dominion	Carelessness	Ignorance
Hierarchy	Lack of Preparation	Impunity
Negligence	Failure	Incompetence
Responsibility	Imposition	Injustice
Sovereignty	Irresponsibility	Monopoly
ID_5	Death	Disadvantage
PROF	Power	Punishment
-	Subordination	Return

Board 1. Distribution of the classes according to the most significant words.

CONCLUSION

This study sought to understand the perception of university students and teachers on medical errors, which in spite of being a current concern, many citizens do not know what is medical error and feel ashamed and afraid to seek the appropriate regulatory bodies to repair prejudices.

Indeed, nowadays, it is estimated that Brazilian courts deal with approximately ten thousand cases against doctors motivated by bad practices during their professional duties, in which mostly includes the claim of civil liability.¹⁵

Among the risk factors in medical practice, we could cite poor working conditions and many employment links for the exercise of medicine, such as: lack of material resources, excess J. res.: fundam. care. online 2013. jul./set. 5(3)304-310

patients and quick care service; inappropriate or deficient university training, in which the doctor is not updated professionally and does not participate in scientific events; patients treated without professional involvement; medicine without humanization; low wages and many commitments in different jobs; stress; interference by the public and private health systems; precarious medical occupation, with complex implications of ethical and legal aspects; lack of commitment from doctors; precarious inspection of professional practices by the health care-related associations, among others.¹⁵

The contents seized from their speeches of the interviewed subjects indicate a perception of medical error focused on aspects of the accountability, both from the doctors and from the health system itself, in particular, through the barriers faced by health users, ranging from medical, ethical and legal aspects until the non-compliance with dignified and equitable health services, whether they are public or private, which still leave much to be desired.

This fact points to the need of medical professionals review their professional practices in conditions of allowing a humanized care, since medical errors almost always cause harm and suffering to patients, if they are added up to a poor doctor-patient relationship, responsible for much of the complaints made towards the Regional Councils of Medicine.¹

REFERENCES

1. Fragata J; Martins L. O Erro em Medicina. Coimbra, Ed. Almedina, 2004.
2. Kfoury NM. Responsabilidade civil do médico. São Paulo, Ed. Jurídica Brasileira, 1998.
3. Freire O. Pareceres. São Paulo: Saraiva, 1935
4. Sebastião SJ. Responsabilidade Médica: Civil, Criminal e Ética. Belo Horizonte: Del Rey, 2003.
5. Berstein PH. Aspectos Médicos. Médico Legales -

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Jurídicos. Buenos Aires. Ediciones D&D S.R.L. 2005.

6. França GV. Medicina Legal, 5ª ed. Rio de Janeiro, Guanabara Koogan, 1987.

7. BRASIL. Conselho Nacional de Saúde. Resolução n 196, de 10 de Outubro de 1996. Brasília, Diário Oficial [da] Republica Federativa do Brasil, DF. Disponível em: <<http://conselho.saude.gov.br/comissao/conep/resolucao.html>>. Acesso: 18 mar 2011.

8. Souza NTM. Responsabilidade Civil e Penal do Médico. Campinas. LZN editora. 2003.

9. BRASIL. Código de Defesa do Consumidor, art. 2º, 2003, p. 9.

10. Chehuen N, José Antônio *et al.* Erro médico: a perspectiva de estudantes de medicina e direito. Rev. bras. educ. med. [online]. 2011, vol.35, n.1, pp. 5-12.

11. Farah MA. Erro médico. Sao Paulo: Ed. Inteligentes, 2006, 108 p.

12. Coutinho LA. Responsabilidade penal do médico. Curitiba. LEXML. 2006

13. Gomes, JCM. O ERRO MÉDICO. Claros (MG): Unimontes, 1999, p.25. 2 Erro médico: reflexões. Disponível em <<http://www.cfm.org.br/revista/bio2v2/reflerro.html>>. Acessado em 01/08/2011.

14. Bitencourt AGV, *et al.* Análise do erro médico em processos ético-profissionais: implicações na educação médica. Rev Bras Educ Med. 2007; 31(3): p 223-228.

15. França GV. Fundamentos de medicina legal. Rio de Janeiro: Guanabara Koogan; 2005.

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