A Consolidated Position Paper of the University of the Philippines Manila on the Proposed Medical Malpractice Bill Submitted to the Senate and the House Committee on Health by UP Manila Chancellor Marita V.T. Reyes, M.D.

The University of the Philippines Manila, the Health Sciences Center of the University of the Philippines System, agrees with the objectives of House Bill 4955 and Senate Bills 2298 and 2303 "to strengthen the right of a patient to quality medical care."

As such, it recognizes the intentions of the sponsors of these bills to ensure patient safety by providing them with professional health care services. The University strongly objects, however, to the proposal to punish medical malpractice as a mechanism to enhance the quality of health care. It takes this position for the following reasons:

- The bill will further increase the already high cost of health care as doctors and other health professionals would be forced to practice "defensive medicine" and to secure "high premium" malpractice insurance. Under such a system, physicians will be requiring patients to undertake additional diagnostic tests and procedures to confirm a diagnosis and avoid the subjective assessment of a patient's condition. Other health professionals will also find it difficult to act as independent practitioners.
- The bill will erode the sanctity of the patient-health professional relationship because it will spawn doubts and mutual distrust on both sides, thereby destroying the very foundation of ideal health care delivery and depriving patients of their right to self determination which is enshrined in the Magna Carta of Patients' Rights. It will provide an opportunity for third parties including non-relatives, to sue medical practitioners even if the patient does not want to do so. Patients owe it to themselves to choose the medical practitioner they trust.
- It will further deplete the ranks of doctors and health professionals as they will shy away from providing health care because of the "criminal implications" of their slightest errors and the stiff penalties that will be imposed on them. The risks and implications on their career as well as the possible financial burdens will encourage selective treatment of patients. It will also discourage health professionals from conducting free medical missions for indigent patients and providing free treatments for those working in government hospitals. The bill will further drive many health practitioners to practice abroad because of higher benefits and better legal protection. It will also discourage future generations from pursuing medical-related professions because the care of the sick will no longer be imbued with nobility, only risks.
- There are enough existing laws, regulations, mechanisms and institutions at all levels of health care that regulate and monitor the practice of medicine in the Philippines. The laws include the Revised Penal Code and the Medical Act of 1959, while the institutions include the Professional Regulation Commission, the Philippine Medical Association Ethics Committee, the specialty societies, the courts, and the ethics/audit unit of hospitals. All these laws, regulations, mechanisms and institutions can be strengthened.
- The bill violates the Constitution's Equal Protection Clause and promotes class legislation. Why are medical practitioners being singled out for such a harsh law which is characterized by sweeping but vague definitions? If passed into law, the Philippines will be the only country to have such a restrictive and harsh measure.
- It will unduly punish legitimate medical practitioners who act in good faith and whose mistakes are unintentional. Many of the so-called "malpractices" vaguely defined by the bill are in fact system errors such as overworked health professionals or dilapidated/obsolete equipment, to name a few. This reflects the sad state of our ailing health care system due to the comparatively low budget allocated for health.

As part of its mandate to contribute to the improvement of the health care delivery system in the Philippines, the UP Manila community is proposing the following

measures with long-term benefits to our health-care system in general and patient in particular:

- The government should increase the budget for health care so that it can implement health care programs that are accessible and affordable to as many poor Filipinos as possible. Many government hospitals lack the necessary facilities and equipment for better diagnosis and treatment of illnesses.
- Greater attention and effort should be given to improving the system of health care by every member of the health care team by understanding the system as an organized unit with a set of patients, technologies, and practitioners and how each part of the system contributes to promoting safety and reducing risks for patients.
- There should be continuing effort to improve the quality of health professional education in the country. Medical and paramedical education should be regulated through the strict implementation of laws and imposition of sanctions on violators. The Professional Regulation Commission should exercise its mandate of screening the competence of new health professionals.
- The government should also be responsible for informing the public about the rights of patients and the actions that can be taken when these rights are violated. Likewise, government must assure that bio-ethics is included in the curriculum for all health professionals.
- All individuals and groups involved in health care, whether providers of access or service, should take upon themselves the continuing responsibility to help improve quality and work within the system. By its nature, health care has risks and errors that cannot always be avoided. But these can be kept to a minimum as humanly as possible through substantial changes in the organization and system of delivery of health care and periodic individual assessments.
- The UP Manila National Institutes of Health (NIH) should conduct an in-depth study on the issues surrounding medical malpractice and the formulation of appropriate long-term solutions to improving the health-care delivery system in the Philippines.

Loaded Links: UP Newsletter | UPDate | Philippine Collegian

FEEDBACK

REBYU

TXT-ING SELVES author Prof. Raul Pertierra et. al. discusses the real theoretical and empirical substance behind their work.
Txt-ing Selves: Cellphones and Modernity

DISKUSYON

What follows is a consolidated position paper of UP Manila on the Proposed Medical Malpractice Bill submitted to the Senate and the House Committee on Health by UP Manila Chancellor Dr. Marita V. Reyes.
Upholding the patient's right to quality health care

LETTER

A letter of a Venezuelan to his friends in UP
Touched by the Magic of a Filipino soul

TAMPOK

Dr. Roland Simbulan shares his nostalgia and good memories of Canberra -- Australia's panoramic city which he was able to visit several times.
In Canberra, the future is green(er)

Excerpts of BOR Decisions Contained in the Minutes of the BOR Meeting on 02 Dec 2002

OPINYON

Editorial Voicing Peace
Heresies | Patricio Abinales
Kris Aquino and the demise of Filipino aristocracy
Etsa-Pwera | Jun Cruz Reyes
Ang pulitika sang-ayon kay Gat Munti: Sobra pero kulang
Pinoy Pulitika | Miriam Coronel Ferrer
GMA's sacrifice and civil society metastasis
Letter from the President | Dr. Francisco Nemenzo
Ibagsak ang Digital Imperialism

UP SYSTEM INFORMATION OFFICE
University of the Philippines
Quezon Hall Mezzanine, 1101 Diliman, Quezon City, Philippines
Telephone: (632) 9261572 or (632) 4367537
Telefax: (632) 4367537
Updated 4 February, 2003

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Healthline 637-9999 *www.philhealth.gov.ph*

PhilHealth
Ka-Pamilya Mo!

Survey of Adverse Events in PhilHealth-accredited Tertiary Hospitals in the National Capital Region

Clinical risk management is a monitoring system of health care and service provision based on pre-defined standards with emphasis on timely handling of problems and complaints, efficient communication and patient satisfaction (Espallardo, 2000). Our objective is to determine whether some forms of these systems are available or is presently in place among tertiary hospitals in the National Capital Region. This survey aims to provide PhilHealth an overview of the frequency of adverse events and how the tertiary hospitals are presently addressing these events. It will form part of the support PhilHealth will be providing to accredited providers in line with using the new QA standards for accreditation. Please allow us a few minutes of your time and answer the following survey questions. Your answers will be held in strict confidentiality and no identifying marks will be placed on the survey form.

A. **Patient Safety** is the avoidance, prevention, and amelioration of adverse outcomes or injuries stemming from the processes of health care (Institute of Medicine)
Clinical practice guidelines are systemically developed statements built on synthesis of evidence which provide formal recommendations about appropriate and necessary care intended to assist practitioner and patient to make decisions about appropriate health care (Institute of Medicine 1990)

1. Hospital bed capacity.
   - ❒ fewer than 100 beds
   - ❒ 100 to 199 beds
   - ❒ 200 to 299 beds
   - ❒ above 300 beds

2. Does your hospital have a residency &/or fellowship training program?
   - ❒ Yes
   - ❒ No
   - ❒ Don't know

3. In general, what is the ratio of your nurses to the number of patients admitted?

_____

4. In your surgical wards, what is the ratio of your surgical nurses to the number of patients admitted for surgery?

_____

5. Is patient safety articulated in the hospital's mission and/ or vision statements? (Ask for a copy of the VM statement of the hospital)
   - ❒ Yes
   - ❒ No
   - ❒ Don't know

6. Check the quality improvement activity/ies that your hospital conduct/s.
   - ❒ clinical practice guidelines
   - ❒ clinical pathways
   - ❒ medical audits
   - ❒ utilization review
   - ❒ complaints analysis
   - ❒ expanded incident monitoring
   - ❒ morbidity and mortality meetings
   - ❒ sentinel event monitoring
   - ❒ credentialing and clinical privileging
   - ❒ variance reporting and analysis
   - ❒ others _____

7. What are the Clinical Practice Guidelines (CPGs) that you have adopted for the top five (5) cases of admission in your hospital?

Top 5 admissions	CPG adopted			Title of CPG and Year
	Yes	No	None	
1.				
2.				
3.				
4.				
5.				

8. In general, does your hospital conduct training on safety issues for medical personnel?

❒ Yes, when is/are the training/s conducted? What is/are the topic/s or theme/s of training?

_____

_____

_____

❒ No

❒ Don't know

B. An **adverse event** is an injury caused by medical management rather than by the underlying condition of the patient. (Institute of Medicine, 1999) A **preventable adverse event** is attributable to an error or system failure.

An **error** is the failure of a planned action to be completed, as intended (i.e. error of execution) or the use of a wrong plan to achieve an aim (i.e. error of planning). Errors may be errors of commission or omission, and usually reflect deficiencies in the systems of care. (WHO, 2005)

A **system** is a set of interdependent elements (people, processes, equipment) that interact to achieve a common aim. (WHO, 2005)

A **medication error** is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use. (National Coordinating Council for Medication Error Reporting and Prevention, NCC MERP)

An **incident monitoring system** is used to routinely identify, process, analyze and report incidents to prevent their recurrence. (PhilHealth Benchbook)

Sentinel event includes any process variation for which recurrence would carry a significant chance of a serious adverse outcome (JCAHO 1998)

9. Does your hospital have a system for reporting adverse events?

❒ Yes, can you describe the system?

_____

_____

_____

_____

❒ No

❒ Don't know

10. Does the hospital provide a clear definition and examples of adverse events that should be reported?

❒ Yes, (Ask for copy)

❒ No

❒ Don't know

11. Does the hospital have safety programs to protect patients from adverse events?

❒ Yes, Can you enumerate all of them? (clarify, if necessary)

_____

_____

❒ No
❒ Don't know

12. Does your hospital have any structure, team, committee or personnel in charge of handling adverse events?
❒ Yes
❒ No
❒ Don't know

13. Does your hospital conduct periodic survey to detect and report adverse events?
❒ Yes, can you describe how it is done?

_____

_____

❒ No
❒ Don't know

14. Does your hospital have a compilation of reports on adverse events?
❒ Yes; who does the compilation? _____
❒ No
❒ Don't know

15. Based on your records, how many adverse events are reported by any department for the past 3 years?

Department	2003	2004	2005
Surgery			
Pediatrics			
Ob-Gynecology			
Ophthalmology			
EENT			
Internal Medicine			
Anesthesiology			
Emergency Medicine			
Total			

❒ Don't know

16. In your experience in the past year, what are the five most common causes of reported adverse events?

_____

_____

❒ Don't know

17. Does your hospital have a form for incident monitoring?
❒ Yes, (ask for a copy)
❒ No
❒ Don't know

18. Do you have sentinel event monitoring?
❒ Yes, Can you describe the system in one to three short sentences?

_____

_____

❒ No
❒ Don't know

19. After an adverse event has been reported, what is/are the next step/s undertaken?

_____

_____

_____

❒ Don't know

20. How does the hospital provide feedback to concerned medical staff about reported adverse events?

_____

_____

_____

❒ Don't know

21. Does your hospital administration provide incentive/s for individuals who report adverse events?

❒ Yes, what is/are the incentive/s? _____

_____

❒ No

❒ Don't know

22. Does the hospital currently implement any adverse events prevention/reduction strategy/ies?

❒ Yes, what is/are the strategy/ies?

_____

_____

_____

_____

❒ No

❒ Don't know

23. Does your hospital provide some form of clinical decision support system?

Support System	Yes	No
drug dosing calculator		
computerized physician order entry		
wireless PDA		
pharmacy computer system		
Others:		

❒ Don't know

24. Did the hospital receive any complaint/s about patient safety in the last five years?

❒ Yes, what did the complaint/s pertain to?

_____

_____

_____

❒ No

❒ Don't know

25. Has the hospital been involved in any legal proceeding or litigation about adverse events in the last five years?

❒ Yes, what were the primary complaints?

_____

_____

_____

❒ No

❒ Don't know

26. Are there any other information you may want to share with us?

_____

_____

_____

Thank you very much