

Medical care: When the risk is greater than car accidents and gunshots

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by Tim Brunson, PhD

As a professional who regularly talks to groups about hypnotherapeutic medicine, over the years I've encountered more than one medical professional who has deemed that I have crossed the line and ventured unjustly into an area where they most certainly have superior knowledge. While my expertise is in the area of clinical applications of hypnosis, I feel that everyone who serves in healing professions must be aware of their continued need for further exploration and that they must accept the fact that they are very far from being perfect. One word that quickly calms the most ardent medical heckler is the word "iatrogenic" – which literally means "physician-induced."

Despite the fact that I can confidently say that I have never met a medical doctor, nurse, or related professional or technician who did not have in their heart their patient's best interests, they are just as susceptible to human error as any tradesman, academic, or any other serious practitioner. What does concern me, however, is that medical personnel do not openly discuss with their patients the significant probability that an error may occur while receiving their best care. This not only costs lives, but also results in illnesses and avoidable medical expenses. Medical consumers should be aware of this problem and not be afraid to seek information regarding hospital and doctor error rates and how their safety programs stack up against other institutions. When physicians and hospitals discuss low health literacy, topics such as safety records, risk, and the role that patients can play in reducing errors should be discussed. This should be tactfully brought up only at the right time (and therefore not just before a dangerous surgery) so as to help assuage the concerns of the patient in a way that they become increasingly confident that they have made the right choices – and not merely to cover a hospital's legal liability.

Medical errors, which include mistakes during surgery, improper medication, and what is known as a "failure to respond" are one of the leading causes of death in America. According to [To Err is Human: Building a Safer Health System](#) (2000), up to 98,000 Americans are killed annual by medical errors. This number slightly exceeds the combined total of those killed in one year by motor vehicle accidents (43,458), breast cancer (42,297), and AIDS (acquired immunodeficiency syndrome, 16,516). Even though heart disease and cancer top the list of the Centers for Disease Control official causes of death, still as a patient you are more than twice as likely to die at the hand of a healing professional rather than a gunshot wound or an automobile accident. (Please note that according to many reports iatrogenic deaths are most likely to be coded under the originally admitting condition. Thus a cancer patient who dies of an overdose of painkiller will probably be regarded as dying of cancer and not the drug. Therefore, it is very debatable whether the numbers in the report are either too high or substantially understated.)

Even though this topic is one of which I strongly believe that the general public must be more aware, from what I can see it is one that the American Medical Association, regulatory agencies, hospitals, and medical professionals frequently discuss. Sure there are cases when surgeons make huge mistakes, such as cutting off the wrong limb or performing an operation on the wrong person. However, many iatrogenic cases have to do with errors in judgment – which were still rationally made. For instance, staph infections can and do regularly occur while admitted in a hospital. (My

late father was re-hospitalized more than once because he had acquired staph infections during previous stays.) Even though many states have mandated that hospitals do a much better job screening high-risk patients for preexisting staph infections, the fact still remains that many strains of this bacteria are resistant to treatment thus leading to an opportunity for doctors to prescribe dangerous doses of medications. So, even though medical facilities are neurotic about sanitation and are serious about monitoring errors that may have adverse affects, I still feel that patients should know what they are getting into. To be unaware of a medical facility's track record when it comes to iatrogenic illnesses and deaths could possibly increase a patient's risk.

Another reason why iatrogenic illnesses and deaths are so prevalent is the emphasis on medications and surgical procedures, both of which present a high-consequence opportunity for error. This is despite that there exists many other forms of medicine, which [The Joint Commission](#) (of hospital accreditation seems to be alluding to when they call about "coordinated, multi-disciplinary care"). For instance, when dealing with patients who have been recently diagnosed with fibromyalgia syndrome and a host of other psychosomatic disorders doctors would rather prescribe a cocktail of side-effect ridden medications, to which patients become increasingly resistant and which only provide very limited results when it comes to symptom alleviation. Encouraging a patient to take increasing amounts of addictive and possibly deadly consequences when there are other safer alternatives, should be questioned by the informed medical consumer. For instance, hypnotherapy, which seems to be documented in the medical literature almost monthly as an effective no-side affect alternative, should be included in the healing program from the beginning rather than a last-ditch alternative for non-responsive patients (which for fibro sufferers is normally the majority).

Even though I am a big supporter of the wonders of modern medicine and the primacy of the practitioners in the health care arena, I am far from blind to their limitations. I say this as part of a family which has endured heart-rending chronic illnesses and as a trained and educated integrative professional who has actively monitored numerous science-based approaches to healing. My belief is that no one methodology is perfect all of the time and that any group is subject to error rates that may have catastrophic results. An honest an open effort to inform medical consumers, a coordinated, multi-disciplinary approach to healing, and a strong safety program should go a long way to reducing errors and improving confidence and reducing unnecessary costs.