

# The Most Common (and Dangerous) Medical Mistake

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## Day in Health

by [Lisa Collier Cool](#)

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One in ten medical diagnoses is wrong, delayed, or completely missed. These errors may kill up to 80,000 Americans a year, according to National Patient Safety Foundation (NPSF), which has designated March 2-8 as [Patient Safety Awareness Week](#). That's a rate of harm equivalent to three jumbo jets crashing every week,

Misdiagnosis ranks as the most common, dangerous, and expensive medical error, according to [a Johns Hopkins study](#) that analyzed 25 years of malpractice claims. The researchers also reported that diagnostic mistakes are much more likely to be fatal than other forms of medical harm and may occur twice as often as previously believed.

However, the good news is that there are several ways patients can reduce the risk of being a victim of medical errors. In addition, hospitals now have a powerful new incentive to provide safer care, reports Paul Sierzenski, MD, RDMS, FACEP, Director Emergency, Trauma & Critical Care Ultrasound at Christiana Care Health System.

"Hospitals that fail to improve outcomes and the quality of care provided risk losing millions of dollars in Medicare reimbursements, under a new program called Hospital Value Based Purchasing (VBP)," explains Dr. Sierzenski.

## Hospitals No Longer Profit From Mistakes

In the past, hospitals nearly tripled their profits when they made certain types of errors, according to a study published last year in *Journal of the American Medical Association (JAMA)*. For example, the hospitals studied raked in an extra \$30,500 when a patient developed one or more preventable surgical complications.

That's because health plans paid more for longer stays and extra care, even when these were only necessary due to the hospital's errors. Under the VBP program, hospitals are now paid according to the quality of care they provide—not just the number of procedures they perform.

Medicare has stopped paying the extra costs associated with certain medical errors. For example, if a doctor accidentally punctures and collapses a patient's lung while inserting a central IV line (a mistake called iatrogenic pneumothorax), Medicare will not pay for treating this potentially life-threatening complication.

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## Smarter, Safer Use of Medical Imaging

As a result, many leading hospitals, such as Christiana Care, are using ultrasound guidance to insert central venous lines, since the technique has been shown in several studies to greatly reduce rates of this complication—or even to prevent it entirely—compared to inserting the central catheter needle “blindly.”

Ultrasound at the bedside can also improve diagnostic accuracy and is increasingly used in ERs for the FAST (focused assessment with sonography for trauma) exam, a test to rapidly check trauma patients (such as car crash victims) for signs of internal bleeding.

Because ultrasound imaging doesn't expose patients to ionizing radiation, it's now the preferred diagnostic test for appendicitis in children, as well as checking people of all ages for kidney stones, adds Dr. Sierzenski.

As [I recently reported](#), WHO has identified medical radiation as one of the leading preventable causes of cancer.

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## The Best Ways to Get the Right Diagnosis

To get the most accurate possible diagnosis if you're sick, Dr. Sierzenski and NSPF advises these steps:

- **Tell your story well.** The more clearly you can describe your symptoms—including when they started, what makes them better or worse, and if they occur after exercise, eating, taking medication, or strike at a certain time of day—the easier it will be for your doctor to figure out what is wrong. For example, it's relatively common for people to develop tendon injuries after taking certain antibiotics, Dr. Sierzenski points out.
- **Offer examples.** To help your doctor understand how bothersome the problem is, give examples of how it impacts your daily life. For example, instead of just saying that you are unusually tired, you might say that even walking one block is exhausting.
- **Ask the right questions.** NSPF suggests these 3 crucial questions: “What could be causing my problem? What else could it be? When will I get my test results and what should I do to follow up?”
- **Don't assume that no news is good news.** It could mean that your doctor hasn't gotten the lab results or hasn't bothered to read them. If you undergo any type of medical test, always get a copy of the result and ask to have any abnormal findings explained. Ask what needs to be done next.
- **Consider a second opinion—or a third.** If you don't feel that the doctor has made the right diagnosis, or the treatment prescribed isn't helping, consider going to another medical provider for additional evaluation. Also make sure that each doctor you see knows what tests and findings other providers have made.
- **Follow up.** Find out when you should return for your next appointment, what to expect from the treatment that is recommended, and what to do if you develop new symptoms or feel worse. Also encourage your doctor to think about other reasons for your symptoms. As NSPF points out, the most likely diagnosis may not be the right diagnosis.

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