

Making medication safer

Last year the number of people killed on roads in Britain dropped by 8 per cent to 3,221 while casualties fell 3 per cent to 280,840. The road deaths figure was the lowest since records began in 1926, when an astonishing 4,886 people were killed. These reductions are part of the Government's plans to reduce by 2010 the number of deaths by 40 per cent (based on the average figures for 1994–95).

Does this have anything to do with pharmacy? Not directly, of course, except that the number of patients involved in medicines-related errors each year is also a large figure. In addition, the Government requested in 2001 that the number of medicines-related

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errors should also be reduced by 40 per cent. With a target date of 2005, this is clearly one objective that will not be met.

A similarity between the road accident and medication error statistics is the fact that incidents mostly involve individuals or, in the case of car accidents, two or three people. Only when individual incidents involve numbers of people in double figures does the story become front-page news. Imagine, however, the political impact if scores of people were regularly killed as a result of one medication error.

However, in one sense, taking medicines is more like rail, sea or air travel than driving a car. Passengers have to trust rail, ferry and air operators to make sure they travel safely; they have little control over the risks of those modes of transport which is why such a premium is placed on safety.

Patients have little control over the safety of the medicines they take or how they are prescribed, dispensed and supplied. But, as yet, the safety aspects of medicine-taking are not considered in the league of those commercial forms of transport.

However, as this week's **News feature** (p135) reveals in its coverage of the initial activities of the National Patient Safety Agency, steps are being taken to improve matters. But it could be argued that, with the exception of some interesting initiatives, things seem to be moving rather slowly. There still appears to be some reluctance to report errors — even anonymously — although the fact that airline pilots have a statutory responsibility to report errors is established to be the reason that air travel is relatively so safe.

Maybe if all health care professionals who handle medicines — at whatever stage of the process — looked upon themselves in the way they regard pilots when they board an aeroplane, the 40 per cent target reduction would be met sooner.

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