

From my side

Asoka Ratnajeewa¹

Sri Lankan Family Physician, 2008, **29**, 32-33

The evening opened with the introduction from the chair by our energetic President Nandani de Silva who explained the concepts.

- More a culture to be looked forward to, than a rule or law

The programme

Introduction to patient safety

Dr. Eugene Corea – learn ethics to practice safety (Dr. Corea was the person behind getting the entire programme together)

Where there is lack of safety – the patient pays with agony, lost days or even death.

The safe prescription

Stressed on – Legibility

Number the items if there are many

Keep to known and safe drugs

Keep out any items that have been done away with (in keeping with the current BNF)

Includes advice/instructions to the Pharmacist

A home based patient held record (maintained in an exercise book)

The information with regard to the patient's condition, treatments and reviews, was explained. Record to be kept by the patient, and brought up at subsequent visits; include advice to care-giver too.

Preventing a death in the family

Seneth Samaranyake in his inimitable manner, explained (the withdrawal of IV potassium chloride is relevant - frequent accidents have occurred).

Particularly, the elderly patients, who self administer, have collections of old drugs that had been dispensed (under dosage or not been consumed on time).

To be looked into, in drawers and cupboards, and destroyed. He further went on to bronchial asthma and the spacer and MDI and his acclaimed personal innovation (the spacer being an expensive item) of blowing out the lighted candle by the patient – very explanatory “If the candle comes to you than you must come to the Doctor”.

Making mistakes apparent – Dr. Jayantha Jayatissa

It's natural to be reluctant to announcing or admitting mistakes. But it's in the best interests to be open, and in addition, others too can learn from one's mistakes. It's always good to be courteous in all situations and an extra little courtesy and an extra word of kindness, would bring solace to one in pain and anxiety. It once was quoted in the *BMJ* “more litigation has occurred due to hurt minds, than due to professional mistakes”. It's always good to remember this in our work for “**to err is human**”.

Suspected adverse drug reactions - the reporting format (yellow pages) in the BNF could be useful guidelines. A tired mind - the patient with constipation. Rx. “constipation” 2 nocte S.O.S. (10) when the intended was tablet bisacodyl (Dulcolax) 2 nocte S.O.S. (10).

Promoting safety and learning from experience

– Christine Perera

Elaborated and came out with personal experiences and what's to be learnt.

Safety in an institutional primary care setting

– Aruna Rabel

The safety measures to be adopted was spoken of and stress was placed on prescribing and instructions to the pharmacist for dispensing and finally the aim to be connected up on-line, where the doctor prescribes and concurrent display to the pharmacist with necessary instructions and where the pharmacist can contact the doctor back for any further advice. Also caution with drugs of addiction and soporifics (dangerous drugs) was stressed.

The roles of the community and professional bodies in improving safety

The roles and responsibilities of community and professional bodies towards making people aware and

¹ *Family Physician, Colombo.*

knowledgeable was dealt with, with instances of activities of some professional bodies.

Discussion Time

The doctor from New Zealand (NZ) was praiseworthy of the entire concepts and programme as this was right now a concept in NZ and he gave instances of mistakes committed.

The young Barrister – it would have been good if he were to have wider insight into the back at home scenario and also grasped that ours’ was “the initiative” towards a culture to be adopted.

The senior speakers in the audience shed much light on matters of importance.

Also the LID programme of the Ministry of Health which looks into complaints by aggrieved parties was explained and also the Medical Council’s part in such matters was discussed (affidavit with the complaint).

Whether the concept will ultimately lead us to a state of practicing ‘defensive medicine’ as has become in some affluent countries, remains a question (The Sri Lanka Insurance Corporation Ltd. started policies for cover against litigation, the time when such cases came up against some eminent medical personnel sometime ago).

The discussion was informative, lively and even going beyond.

In rounding off the discussion up rose our stalwart Prof. Dennis J Aloysius, prominent at most important occasions, who in his unique style and with humour replied to what was needed.

To Prof. Dennis: I was pleasantly surprised when he recognized me by name on seeing me after many years and going back to events way back, when I too was at Dehiwela in full time practice. We owe him a debt of gratitude for all he has done on behalf of the College and for the programmes on CPD and to him my prayer “May the Good Lord Bless and keep you for now, for now and ever more”.

The entire programme was unique in that each item was well timed and explicit and the entire “cascade of events” moved on with, wasn't it “clock work” precision? And the interludes of music by the organ and the violin were serene and soothing.

Awards Presentation Time

The music was apt with faster tempo which got the audience clapping to time. Next was helping to refreshments and adieu!

A big Thank You to Dr. Eugene Corea, Ms. Anushka Kotelawela and colleague Ms. Ayanthi Perera for the programme and the music.

Quote

“To me Dr G M Heennilame was a trusted friend and also a forever friend”

Dennis J Aloysius

Judge: When did you realize that you had been raped

Prostitute: When the cheque bounced

“ DO THE THING RIGHT”

“When you’re **RIGHT**, no one remembers.

“When you’re **WRONG**, no one forgets”.