

BRIEF REPORT

Patient organisations should also establish databanks on medical complications

D O E Gebhardt

J Med Ethics 2003;29:115

In 1998 a lawyer working for the Dutch consumer organisation, Consumentenbond, suggested that hospitals, like hotels, should be classified according to the quality of service they provide.¹ For the establishment of such a register it would of course be necessary to determine various parameters, including the incidence of complications occurring in each hospital. It did not take long before this proposal was rejected by van Herk² on the grounds that it would promote defensive medicine, which would not improve the quality of the treatment. The latter author was also of the opinion that any quality evaluation should be done by the medical profession. The following year³ a group of medical specialists introduced a definition of what they understood by the term "complication" and described how such a databank could be brought about. These specialists made it clear to all participants, that the information collected for the register would be treated confidentially and would only be available to those persons authorised by the registration body to have access to it. In this way the registration board hoped that the true incidence of complications would be reported, even if it was abnormally high. In 2001 the registration board had a discussion with the minister of health⁴ and it was decided that the content of the register would remain secret. If a judge should request access to the data, this would be prevented by destruction of the register. I have my doubts about whether such a radical measure is permissible in a constitutional democracy. But even if it were, the problem could be circumvented if the judge had access to a complication register compiled by the patient organisations. It would at the same time show that the patient organisations are independent of the

medical profession. I believe that patient organisations should therefore establish databanks on medical complications. The present situation was well described by G de Vries, professor of the philosophy of science, when he remarked in an interview⁵:

Medicine represents a power and in a democracy powers must be kept under control. Medicine is a power without an opposition. ... At present patient organisations do not form an opposing force. Their attitude may be compared to parliamentary majorities, who are expected to support the cabinet in important issues. The separation of powers was formulated in the 18th century between the legislative, the judiciary, and the executive. Such a beneficial division of powers should also exist in health care.

.....
Author's affiliations

D O E Gebhardt, Anna van Burenlaan 1, 2341 VE Oegstgeest, The Netherlands; doe.gebhardt@planet.nl

REFERENCES

- 1 De Klerk P. Michelin stars in health care? *Med Contact* 1998;53:963-4.
- 2 Van Herk RA. A star too far? The Michelin guide of the consumer association. *Med Contact* 1998;54:1363-5.
- 3 Kievit J, Jeekel J, Sander FBM. Complication registration. National database for better insight. *Med Contact* 1999;54:1363-1.
- 4 Paans A, Wessels K. Medical errors to be kept secret. *Algemeen Dagblad* 2001 Nov 16: 1.
- 5 Maassen H. Knowledge is power. An interview with science philosopher G de Vries on the medical monopoly. *Med Contact* 2000;55:1432-4.