

**Briefing Note: The Quality in Australian Health Care Study (QAHCS)**


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**Purpose of this Note:** To inform MCA members of a very important study soon to be released and some of the politics involved.

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**A) Background :**

When MCA met with Fiona Tito in March 1994 we found out that a survey of deaths and injuries due to errors in hospitals was going to be commissioned soon by the Federal Department of Human Services and Health (DHS) PIR (Professional Indemnity Review). Newcastle and Flinders Universities did the work and were expected to report in 1994 but they found many more errors than expected and so the work took longer. Health Minister Dr Lawrence released initial findings on 1 June 1995 and raised the issues at the meeting on 15 June 1995 with State Health Ministers. It will be some months before the report is published but the PIR have sent MCA a package (total of 16 pages) of papers on the initial findings as well as a copy of the June 1 speech by Minister Lawrence and we can thus report to you now.

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**B) How they did the study (simplified)**

They selected 23 hospitals in NSW and 8 in South Australia that were considered representative of all Australian hospitals. Both private and public hospitals were included but not psychiatric hospitals. One hospital (un-named) would not take part and two others had records on microfiche which were said to be un-suitable. From the 28 remaining hospitals they randomly selected 14,655 in-patients (no day-only cases) from 1992. But for 445 of these the records were missing and for 31 the records were so incomplete they could not be used. So they actually did the study on 14,179 patient admissions. All data used was made anonymous, names were removed, and also the study was done under a Federal Law as a quality assurance task so making it impossible for the data to be used in a court of law, to sue anyone etc.

The data was first scanned by nurses who identified 6,200 cases where patients had suffered an unintended injury and had as a result died, suffered disability or had to be kept in longer.

Then these 6,200 cases were reviewed by 2 senior doctors (and by an even more senior doctor if the first two doctors could not agree) who graded the cases looking to see if the injury and result was clear and certain and preventable. This left 2,353 cases and in 1,157 of these the doctors found it was very difficult to justify the bad outcome and these were thus classified as adverse events. Some were said to be minor such as the wrong medicine being given and the patient being ill in hospital some time longer but some led to death or permanent disability.

They then did a statistical scaling process to estimate what the figures must have been for the whole of Australia in 1992. In 1992 many (somewhere about half a million) patients were actually admitted to hospitals, not just the 14,179 they had considered. So when they scaled their result of 1,157 cases and mathematically allowed for expected variations they got the following result:

Patients permanently injured in 1992 at least 25,000 and as many possibly as 30,000

Patients killed in 1992 at least 10,000 and as many possibly as 14,000

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**C) Health Politics Implication**

Many medical consumers will have experienced cases where what seems to a doctor to be a minor accident or unavoidable side effect of medical care is viewed in quite a different way by a patient. The QAHCS study totally excluded consumer views.

Unlike a study done in the USA, the Harvard Medical Practice Study (HMPS), no follow-up study of actual patients was done and no attempt was made to identify negligence as a cause of death and injury. The reason was that the PIR specifically rejected this, recommending that the focus should be on preventing bad outcomes not on looking at negligence.

The 'facts of life' for medical consumers are that governments have to work with doctors and thus do not wish to get into situations where doctors will get too upset. So anyone setting out to find out if doctors are ending up killing lots of people for no good reason\* will have a massive fight on their hands. (\* Some typical examples: A doctor never did understand that aspect of medical care, or has lost the skills due to

some illness or lack of practice. She is impaired just having worked for 36 hours without a break. He does not have his mind on the operation at hand because his marriage is falling apart and another patient is suing him negligence. The management is poor and the hospital has run out of a vital drug and a less effective alternative had to be used much later than it should have been, the equipment failed because it was not maintained etc.)

A favourite method used to try to deceive the public over health care issues is to put the responsibility back on the patient. The "they would have died anyway" official response. Retirees are put particularly at risk by this bit of illogicality. This effect was much in evidence at the start of June 1995.

For example the Channel 9 *Today* program for 2 June at 8.02 am. went as follows:

Laurie Wilson in Canberra reporting on the as many as 14,000 deaths due to hospitals mistakes said, ... *But both the AMA and the hospitals deny any suggestion of widespread medical negligence saying it's more to do with age and infirmity.*

Dr Diana Horvath (Aust. Hospitals Association)  
*Most of our patients in hospital are over 75, most of them over 80 actually , and they're sick.*

Dr David Weedon AMA  
*Many of these deaths cannot be prevented because the people are old and frail.*

Such comments (if not quoted out of context by Channel 9) show either a total lack of understanding of how the study was conducted or an active willingness to grossly deceive the public.

So the 'official line' from some quarters presented to the public is that 'old people' have only themselves to blame for dying , and the reality that medical negligence kills has been suppressed.

The human body is an amazing self repairing system in many ways that can tolerate much abuse. But as one gets older this self repair resilience in the face of abuse reduces. So a given level of negligent medical care will kill more older people than younger ones. But negligence is still negligence in both cases. The negligence in no way reduces just because the patient is older as hospital officials and the AMA would have the public think.

The DSHS are nobody's fool. They should be praised for funding and releasing the study. But medical consumers will be disappointed as what we end up with is a sanitized study that allows doctors to be the final arbiters of what happened, and a focus away from individual responsibility for damage and death. The hope is that somehow the problems can be fixed by showing that some almost magical 'systemic problems' are at the heart of the death and injury statistics and that thus no one person has to have the responsibility for any bad outcome, and that all that can be done is thus being done. This is a common ploy in any large organisation that can get away with it. The concept is that so many people are involved and the matter is so complex that any blame can be spread so evenly and thinly that it will not notice at all.

Of course such reasoning does not stand up if real competition exists. Then you have to actually use scientific method and seek out causes and find real solutions. Systems that have to manufacture world class products such as cars where the consumer has some choice have a better chance of producing true quality and value for money. However if the customers do not understand some part of the product, such as safety, a consumer can still get a product that is "unsafe at any speed" and need a Ralph Nader to get some justice and consumer protection.

Health Care is a much more complex product than a car and massive rorts can be practiced on a consuming public kept ignorant of the product 'by law'. Choosing a hospital and doctor for any ordinary Australian not 'in the know' is just the same as buying a lottery ticket and it looks as if the QAHCS study is unlikely to have any effect on improving the situation.