



Can stories of personal tragedy spark a healthcare revolution?

Remaking American Medicine... Health Care for the 21st Century, four one-hour television programmes broadcast on PBS (Public Broadcasting System) in the United States on 5, 12, 19 and 26 October 2006. www.RAMcampaign.org

A webcast of a symposium on the series is available online at www.kaisernet.org

Rating: ★★★★★

R*emaking American Medicine* is much more than a four-part television series. It is part of a continuing campaign to improve US healthcare, as described on its website. In the period leading up to the broadcasts, a national outreach campaign used healthcare providers and patient advocates to spread the word and maximise the television audience to a goal of around 100 million Americans.

Many of the improvements described in this series grew out of personal tragedies that led parents and partners to work for changes in the system rather than filing malpractice suits. The key message is that when it comes to remaking American medicine, patients are as important as health professionals.

The first programme, *Silent Killer*, is about medical errors—in this case the failure to notice a child's deteriorating condition. Sorrel King's 18 month old daughter died from dehydration at Johns Hopkins University Hospital, despite her parents' attempts to alert nurses and doctors to her deteriorat-

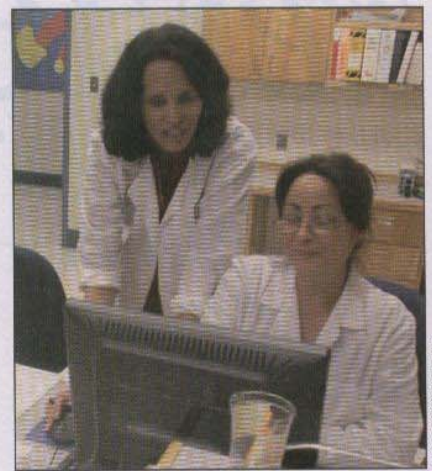
ing condition. Mrs King and her husband insisted that the hospital make changes, not just make a settlement. Sorrel became an activist working with the hospital to improve patient safety.

Through her efforts, all Hopkins staffers with patient contact were empowered to speak up, without fear of retribution, if they saw that something seemed not quite right with a patient. A nurse's concerns could over-ride a doctor's opinion that everything was OK, and parents as well as staffers could bring up problems. Rapid response teams of experts in the particular problem would respond immediately.

Sorrel King eventually began working with Dr Donald Berwick, a Harvard professor who founded the Institute for Healthcare Improvement and started the "100 000 lives" campaign (see *BMJ* 2006;332:1328-30 and *BMJ* 2006;332:1468). The "100 000 lives" refers to the US Institute of Medicine's 1999 report which said that about 100 000 Americans died every year because of medical errors.

There is plenty of blame to go around: lack of communication, poor hospital hygiene, and ineffective identification, and treatment of the increasing number of patients with chronic problems such as congestive heart failure and diabetes.

First Do No Harm, the second programme, discusses the problems of medical errors and hospital acquired infections at two hospitals. At one of the hospitals, in Pittsburgh, Dr Richard Shannon works to overcome hospital-acquired infections that are devastating patients' lives. One man ultimately loses his leg to methicillin resistant *Staphylococcus aureus* infection after months in hospital. The other lives in a sort of mini-hospital in his home, tethered to machines, because his wife refuses to let him go back into the hospital where he acquired his devastating infection. Preventing infections saves patients' lives and health. It also saves hospitals money, an important supporting point for campaigns to reduce infections.



Diabetologist Anne Peters (left) has set up a free clinic for uninsured patients

The Hackensack Hospital, in suburban New Jersey, is working to use advanced information technology to make sure that care is provided in a comprehensive manner—ensuring that the attending physician's instructions are correctly carried out. The hope is that it will end problems such as the suffering of an elderly patient who did not receive her pain medication for two days because of an error in transcribing a doctor's orders.

Chronic diseases such as diabetes and congestive heart failure are the focus of the third programme, *The Stealth Epidemic*. They affect about one-third of the American population and take up nearly 70% of healthcare resources, the programme says. The problem is educating people about the risks, teaching them prevention, and helping them monitor their health. The series features Dr Anne Peters, a Los Angeles diabetologist, who is working to address the epidemic of diabetes, especially among young, overweight, Hispanic-Americans. The problem is so big it threatens to overwhelm the health system.

In the final programme, *Hand in Hand*, we see how Julie Moretz, the mother of a boy with a congenital heart defect who has needed many hospitalisations, has helped improve care for patients and their families at the teaching hospital of the Medical College of Georgia. Ms Moretz has helped the hospital change from an unfriendly, uninformative system to one that is patient-friendly, complete with comfortable rooms where family members can stay with a child.

This is an earnest, sincere, and well produced series that is easy to watch. It gives viewers an overview of the failings of the US healthcare system, and how dedicated people are trying to make things better. Having just recently heard of a daughter's difficulty in trying to learn what's going on with her mother's care at a major New York teaching hospital, I think Dr Berwick and his colleagues are fighting a valiant battle and have a long way to go.

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Challenging medical error: patient activist Sorrel King and Johns Hopkins intensivist Peter Pronovost