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Managing Editor's note

The World Health Report 2002 refers to studies which estimate that one in six patients suffer measurable harm due to an adverse event while in Australian health care facilities – an ‘alarming’ 16.6%.

The NSW Health Care Complaints Commission 2002 Report reveals that over half the approximately 2700 complaints related to delays or mistakes in diagnosis and treatment and inappropriate discharge from hospital. Dimitra Agianniotopoulos discusses a tragic case of early hospital discharge.

Given such reports, it is not surprising that it has been suggested that ‘(t)he solution to the crisis in medical insurance lies in improving systems to minimise error, addressing problems in an appropriate and timely way, managing risk well and addressing the short comings in disability services’.¹ The AHMAC 2001 reform strategy included ‘a focus on patient safety, the prevention of the occurrence of adverse events and risk management both before and after an adverse event’. APLA’s National Policy Manager, Eva Scheerlinck says that the ‘focus should be on injury prevention and openness with the patient’.

Open, honest and immediate communication with patients is a key component of effective risk management for health care professionals. Open disclosure and apologies for mistakes without admissions of liability may assist patients who have suffered an adverse event to obtain relevant facts essential to their understanding of the incident and its management, facilitate early notification of claims and dispute resolution.

However, as the AHMAC report says ‘(o)pen disclosure is only a part of good communication. The process does not start after harm arises – it begins before a

health service is provided, with full discussion of risks, potential and likely benefits and treatment options (including no treatment) for the consumer’.² Provision of such information is a vital element of consent to medical treatment, as discussed by Penelope Watson. To assist us to access and understand medical information, Wallace and Yates provide a helpful guide to electronic medical research.

Health law is a developing area, raising complex legal, ethical and social policy issues, particularly in relation to genetics. Morley, Carter and Hall discuss the issues surrounding the stem cell debate and new legisla-

tion. Increased capacity for genetic testing raises interesting questions as to access and use of genetic information, as discussed by Margaret Oulowski, who examines the notion of genetic discrimination.

We hope that you find this edition interesting and informative. Your feedback as to how we can continue to improve *Plaintiff* is most welcome.



¹ Dell Horey *Culture of Blame or Culture of Denial: Why does medical indemnity insurance have anything to do with health care?* SMH 1/5/02.

² AHMAC Legal Process Reform Group *Responding to the Medical Indemnity Crisis: An Integrated Reform Package* para 4.26.

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