

# **Patient perspectives on medical error in general practice**

Dr Robert Varnam, GP, Research Fellow  
National Primary Care Research & Development Centre, University of Manchester

robert@varnam.org.uk  
07974 914412

## **AIMS (short)**

To understand how patients evaluate GPs' performance. To understand how they define and respond to problems in care.

## **BACKGROUND**

The NHS wishes to incorporate public and patient reporting of patient safety incidents in order to learn from them. There is currently no published evidence of how patients and the public will use such a system. Furthermore, there is uncertainty regarding the ways in which lay people evaluate their medical care. Research in Manchester, aiming to understand the criteria by which patients evaluate the medical performance of their GP, has suggested that patients evaluate the interpersonal aspects of care to the exclusion of almost all else.

So do patients evaluate the medical performance of GPs? If they do, what framework do they employ?

## **METHOD**

To explore this new area of patient safety research, a qualitative approach was taken. In depth, semi-structured interviews were conducted with patients. In interviews lasting 60-90 minutes, respondents were asked to describe in detail "problems with care" from their GP as well as examples of "good care".

Respondents were sought who were likely to have been involved in "high risk" care, and to have experienced an adverse event, or at least to have been prompted to take a critical approach to evaluating the performance of their healthcare providers. In total, 33 respondents were interviewed, ranging in age from 21 to 82.

## **RESULTS**

[preliminary analysis] Respondents did evaluate the medical aspects of their GP's performance, and described a wide variety of errors. Their evaluation of performance was conducted within the context of their relationship with the doctor, and was often highly coloured by interpersonal aspects of care. The key thing respondents were looking for was the motivation of the GP in acting for the patient. In particular, their level of commitment was regarded by respondents as being the prime root cause of most errors in general practice. Further, errors arising within the context of a relationship with a committed GP are generally either overlooked or forgiven.

## **DISCUSSION**

These results provide encouraging evidence that patients are able to evaluate more than the interpersonal or stylistic aspects of their care. However, they suggest that patient reports of safety incidents will be highly influenced by (and possibly restricted by) the context of their relationship with the healthcare provider. They also suggest that the provider's motivation is more influential on patients' evaluations than either their actions or the outcomes of care.

These phenomena may influence both the kind of events reported to the NPSA and the way in which descriptions are provided.