

Sir

"Airline levels of safety in healthcare"? No, we can't

Last week the Health Secretary said 'I am determined we blaze a trail across the world in developing a truly safe healthcare system with airline levels of safety'. (*Economist Radio*, 28.1.16)

He was commenting on the death of a child from Sepsis, a dramatically rapid bloodstream infection with frequently fatal multi-organ failure. His muscular soundbite is bound to be popular – who would disagree with such an aim? But is it realistic?

Human lives and illnesses have a nature and complexity far beyond aeroplanes and airports. The latter can only offer a very partial model for the former.

My small General Practice was recently involved in a similar tragic death from childhood Sepsis. The child only had one appointment with my colleague: the consultation had been intelligently observant and competent, yet unremarkable in content. This very rare illness had then erupted with extraordinary suddenness – akin to a lightning strike or freak wave. The events could not have been either predicted or prevented: the doctor had been interested, intelligent, observant and competent. Later analysis yielded much sorrow but no blame. The child's parents were first shocked, then angry, and now share their sorrow with us.

However wise, competent or conscientious medical practitioners are, very rare or atypical conditions will continue to outflank us. Even if we put every mildly feverish child into an ICU, there would still be the very rare – but always tragic – death.

We must always aspire to zero failure, while recognising this is an imperfectible project. When we fail we must always look again.

Will more reform or management help this conundrum? I doubt it.

Dr David Zigmond (GP)
North Aisle
St James Church
Thurland Road
London SE16 4AA

020 7237 4066