

# Five-fold increase in deaths from drug prescription errors in Britain's hospitals

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A report by the Audit Commission—a government-appointed watchdog that monitors health and local government standards—notes that 1,100 people died in hospital from medication errors and adverse effects from medicines in 2000. This was more than a five-fold increase on the 200 deaths in 1999.

The commission paints a devastating picture of the way medicines are managed in Britain's hospitals. In addition to the tragic human costs, the problem is costing the National Health Service (NHS) £500 million a year in longer hospital stays.

In one hospital, a cancer drug was over-prescribed by 1,000 times the correct dose. Other errors detailed include a woman with breast cancer who was prescribed the sleeping tablet temazepam rather than the correct drug tamoxifen.

As well as the increase in such “accidental” deaths, the report says the most common cause of problems with patients is complications arising from medication. “Most errors are caused by the prescriber not having immediate access to accurate information about either the medicine—its indications, contraindications, interactions, therapeutic dose, or side effects—or the patient's allergies, other medical conditions, or laboratory results.”

Recommending the increased use of computer technology, the report says hand-written prescriptions or patients' notes contribute to the errors, as they can be illegible, incomplete or use inappropriate shorthand. “Many errors could be eliminated through the use of computer technology—a national approach is needed to introduce these systems,” the report states.

Also pinpointed is insufficient medical training regarding drugs; errors were most likely to happen when new doctors began work in hospitals. The report states that 7,000 individual drug doses are administered

each day in a typical hospital, and estimates that spending on medicines runs at £1.5 billion a year—46 percent of total hospital running costs. Pharmacy costs amount to a further £300 million per year.

The commission insists, “Medicines are now so central to patient care that pharmacy services need to be seen as a core clinical function, not a technical support service.” But as with every other area of health, the NHS is extremely short of pharmacists. The report found that one in six posts were currently vacant and “one half of all hospitals in the UK are unable to provide all their intended pharmacy services because of staff shortages”.

The report is only the latest in a string of such documents highlighting one or another crisis in the NHS. Whether it is longer and larger waiting lists, rising deaths from mistakes in surgery, or drug errors, the underlying cause is one and the same. Firstly, the NHS was systematically starved of funds throughout 18 years of Conservative governments and, secondly, nothing substantial has been done to reverse this trend since Labour came to office in 1997. Rather the problem has been compounded by the government's insistence on imposing targets for the numbers being treated at a time when services are being either starved of funds or sent out to tender in the private sector.

To reverse the spiralling trend in unnecessary deaths in hospitals and provide an adequate health service for all requires the massive injection of public funds. This would mean launching a programme of recruitment and training, to substantially increase the number of doctors and nurses, as well as enabling the building of a modern IT infrastructure, with a patient's medical history available to all medical staff at the touch of a button. Instead, the commission proposes to tackle staff shortages through the introduction of “more flexible

working patterns” and “redesigning and enriching jobs to focus on clinical pharmacy.” However, the prerequisite for this is that the present low wage rates within the NHS are raised substantially.

The report also calls for the introduction of automated dispensing and the outsourcing of “non-core services, such as manufacturing.” Outsourcing invariably means further privatisation, eating into NHS budgets and placing the onus on private health care corporations to cut costs in order to maximize their profits, often at the expense of patient care and safety.



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