

Editorial

Bolstering an accountability system and a just culture for healthcare safety in Ethiopia

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The prevalence of healthcare errors is increasing despite efforts by governments, health agencies, and advocacy organizations. Though avoidable, they are causing deaths, complications, disability, and economic losses. A meta-analysis of evidence shows that one in 20 patients is harmed, and 12% is severely harmed or died from preventable healthcare errors (1). Technological advances have helped record, trace, report, and regulate medical errors and hazards, but significant achievements are only future targets. With the increasing renaissance of patient rights and calls for respectful care and accountability, health systems face more pressure than ever. Developing countries face increased challenges in reducing healthcare safety lapses, addressing medicolegal complaints, and compensating damages caused by errors.

Improvements in the quality of care in Ethiopia have not matched the pace of expansion of health infrastructure, resulting in a considerable prevalence of healthcare errors and medicolegal claims. For instance, a recent study in Ethiopia showed that 57% of patients had medication errors and 25% of surgical patients had surgical site infections (2), and evidence on the magnitude of deaths due to healthcare errors are lacking. A document review of 127 medicolegal complaints between 2011-17 showed that ethical breaches or medical errors were confirmed in 22%, and 39 (31%) practitioners involved in the care of complaints lodged were handed punitive measures, with none of the health facilities implicated in the corrective actions in Ethiopia (3). The lack of clearly defined legal and professional frameworks for healthcare safety has obstacles to establishing an accountability system in Ethiopia. In addition, for most Ethiopian health facilities, technology is not available or used to monitor the care and conditions of critical patients, and care providers are alerted late to initiate interventions for deteriorating patients.

Shortage of skilled care providers, overburdening staff with many patients and prolonged duty hours, inadequate and ineffective supervision practices, and a lack of equipment and medicines for managing emergency health conditions are prevalent and have exacerbated the slipping of healthcare safety in Ethiopia. Clients' low health literacy, poor adherence to prescribed drugs and behavior, and other health conditions that emerge in due course of treatment contribute to adverse health outcomes. Furthermore, the lack of a sound, contextualized, and meticulous probing and litigation system for complaints of healthcare errors reduces incident reporting.

Therefore, creating a culture of accountability is critical to reducing and mitigating unsafe healthcare practices. A just and blame-free culture enhances cooperation between practitioners and health facilities, reinforcing collective accountability (4). Also, errors are reported and analyzed, individuals and the system units involved in the errors are identified, lessons are learned, and support is provided to prevent future errors in patient safety cultures. If blaming and punitive measures are the main strategies for managing errors, they cause the deterrence of reporting and only reduce opportunities for learning and improvements (5). When the health system, i.e., a poorly designed system, facilitates error occurrence, corporate accountability should be instated, liability costs should be tethered to improve the institution's safety practices, and corrective measures be implemented to enhance learning and improvement (4).

In Ethiopia, an accountability system and a just culture for healthcare safety can be bolstered by creating a supportive environment for practitioners and health enterprises. However, it does not come cheap. Meaningful changes in safety culture require shifting from 'blame and punish' the practitioner to 'disclose, learn, and improve' strategy (4, 5). Practitioners must have the knowledge, skills, motivation, and passion for adhering to professional and ethical standards that can be promoted by training, coaching, supervising, and giving feedback on time. Health systems, being the owners and regulators of health facilities, should have guidelines and accountability frameworks for healthcare safety and drive the availability of suitable and equipped practice environments. Paying for performance and incentivizing good practices can motivate practitioners to seek new scientific knowledge of managing health conditions and improving safety practices. In addition, digitized medical recording should be prioritized to

strengthen pharmacovigilance and report and analyze errors and incidents. Another area to stress is establishing a 'health court' to enhance a fairer and sensible litigation system for safety complaints, promote transparency, instate joint accountability for errors, govern medicolegal issues, and compensate for damages. Last but not least, supporting and conducting healthcare safety research must be emphasized to assess the status of healthcare safety, management practices, and effectiveness of strategies and indicate solutions to pressing challenges.

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