Short Communication

Medical errors in Sudan: A call for urgent investigation and action

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The health system in Sudan is suffering from weakness in infrastructure, health supplies, and health workforce, these challenges are stemming from political instability and economic meltdown, and other existing inadequacies in the country. It is characterized by gross inequities in access to services and poor quality of health services being provided [1]. Within this context, little attention has been paid to patient safety issues in Sudan resulting in a substantial lack of data regarding this global problem. To improve patient safety, it is essential to understand the causes, frequency, and potential consequences of medical errors [2]. Medical errors represent a serious public health issue that directly threatens patient safety and adversely affects the quality of life. A medical error is defined as a "preventable adverse effect of medical care, whether or not it is evident or harmful to the patient [3, 4]."

Previous studies of medical errors in Sudan have focused mainly on medication and prescription errors for example in a study conducted to assess the appropriateness of prescriptions issued at different health settings in east-central Sudan; of the 2000 included prescriptions, 43.8% were not accompanied by patient instructions, and 14% contained potential interactions of varying severity, ranging from minor (1.8%) to moderate (8.4%) to severe (3.9%) interactions. Moreover, according to the standard prescription writing classifications, only one prescription (0.1%) was considered ideal with no errors encountered, 12.2% of prescriptions contained potentially serious errors to the patients, 17.8% had major errors, 6.9% had minor errors, and 10.5% had trivial errors [5]. Another study showed that about two-thirds of nurses in Sudan committed medication errors over their career and the reporting of these errors was much lower compared to published literature [6].

Other studies have investigated the frequency of medical errors and near-misses among students in Sudan. For instance, a cross-sectional study conducted at public hospitals in Khartoum state in Sudan showed that medical errors are frequently encountered among nursing students including errors concerning needle sticks (21.1%), medical administration (16.8%), omission of treatment (15.1%), and wrong treatment (2.8%). However, there is a notable literature gap regarding the extent and magnitude of other critical incidents and errors that might contribute to significant patient harm such as surgical injuries, wrong-site surgery, misdiagnosis, restraint-related injuries or death, and improper transfusion [7]. This might be attributed to the lack of information systems in Sudanese hospitals and other shortcomings such as poor quality of documentation and reporting and the lack of research funding.

Concerning the legal aspect of medical errors, there is a substantial lack of evidence regarding malpractice claims in Sudan, the possible reason for this might be the traditions and customs in Sudan in which victimized individuals or their families refuse to accept financial compensation for such incidents to avoid social stigma. The usual response to these unfortunate incidents is violence and intimidation against medical and healthcare workers in hospitals [6]. Governmental and private hospitals in different parts of Sudan have witnessed many cases of physical and verbal assault on doctors by patients’ families who believe that serious medical errors have occurred. This points to the lack of awareness among the public regarding medical errors and their associated legal aspects and highlights the urgent need for awareness-raising campaigns to educate the public about patients’ rights and responsibilities in the hospital.

In early 2022, the World Association for Sustainable Development in...
collaboration with Middle East Knowledge Economy Institute organized a panel discussion of medical errors and negligence in Sudan that confirms the compelling anecdotal evidence about daily reported cases of deaths and harm on social media platforms in Sudan. The panel committee advocated for public awareness concerning medical errors and negligence and provided recommendations for stakeholders in Sudan regarding this neglected issue [9]. However, these efforts, unless supported by all stakeholders including clinicians and researchers across different states in Sudan, are unlikely to provide effective remedies. This is a call for patient safety and healthcare quality organizations, clinicians, researchers, and other stakeholders in Sudan to consider medical errors a clinical and research priority and develop non-punitive incident reporting and learning systems to optimize patient care and promote safety culture.

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