Patient safety incidents are the third leading cause of death in Canada

June 17 2022, by Fiona MacDonald, Allison Kooijman, Carolyn Canfield, Nelly Oelke and Robert Robson

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The COVID-19 crisis has both divided and galvanized Canadians on health care. While the last three years have presented new challenges to

health-care systems across the country, the pandemic has also exacerbated existing challenges, most notably the high levels of errors and mistreatment documented in Canadian health care.

According to a 2019 report from the Canadian Patient Safety Institute, Canada was already facing a public health crisis prior to the pandemic: a crisis of patient safety. As the report details, patient safety incidents are the third leading cause of death in Canada, following cancer and heart disease.

Few studies calculate national data on this topic, but a 2013 report found that patient safety events resulted in just under 28,000 deaths. Many Canadians who have experienced these errors have shared their experiences with media in an effort to raise awareness and demand change.

Converging crises

The impact of the COVID-19 pandemic has created a moment of dual crises. First, the pre-existing crisis of patient safety, and second, health care overall is now at a breaking point after three years of COVID-19, according to health-care workers.

Edmonton physician Dr. Darren Markland, for example, recently closed his kidney specialist practice after making a few "profound mistakes." In an interview with Global News, he explains he could no longer work at the current pace.

He is not alone in this decision. Across the country, there have been waves of resignations in health care, leaving some areas struggling with a system that is "degrading, increasingly unsafe, and often without dignity."

While COVID-19's sudden disruption to health care delivery has been a shock to many health practitioners and the public, its impact falls especially heavily on what was an already overburdened and under-resourced health-care system. COVID-19 continues to drain practitioner stamina and erode patient well-being, contributing to the under-recognized, but growing undercurrent of care failures.

Further, as made clear in British Columbia's 2020 In Plain Sight Report, Indigenous patients, particularly Indigenous women, are often at the forefront of this crisis because system failures intersect with racism and discrimination. As the high profile case of Joyce Echaquan's death in a Québec hospital has revealed, the intersection of health-care errors and racism is a reality across the country.

Opportunity for change

With crisis comes opportunity for change. The challenges identified above have two elements in common: a lack of transparency and the erosion of trust. Deconstructing the culture of secrecy that prevents Canadians from knowing the realities of their health-care system must be a central part of meaningful change to rebuild and maintain trust.

Why is there so much secrecy in health care? Across Canada, current legislation, such as Section 51 of B.C."s Evidence Act (1996), extends legal privilege to quality and safety reviews, leading to further harm for many patients, families and health-care providers. The intentional isolation, silencing and exclusion after incidents of harm undermines trust, prevents learning and impedes opportunities to heal and recover for all those involved.

While the issues of accountability regarding the COVID-19 crisis are somewhat different, the impact in terms of trust is similar. Leaders in Canada and around the world politicized the pandemic in various ways,

often while flouting the rules themselves.

Transparency and accountability

The lack of transparency and accountability must be resolved. Patients, families, communities and health care providers at all levels must have a reliable way of knowing the extent of the challenges we are facing—whether that be with respect to the recent pandemic crisis, the decades-old patient safety crisis or the ongoing impact of racism and discrimination in health care across the country.

Simple, direct accounting of both numbers and stories must be widely available if there is a possibility of building momentum to effect change and rebuild trust in the health care system as a whole.

Increasing transparency is one vital step forward. However, there are also other ways we can further rebuild relations and trust in health care through processes that promote healing for all of those affected.

For example, New Zealand has had significant success in implementing restorative justice processes following health care harm. This kind of process requires a shift in thinking away from, "What happened and who is to blame?" to "Who has been harmed and what are their needs?"

We can move forward from this moment of crisis in a way that promotes just relations of care, concern and dignity. We can move forward in a way that cultivates trust in our beloved, but beleaguered, public health-care system. Restorative justice practices provide an avenue to do so, which we hope can offer a foundation for action.

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