

Preventable deaths

A number of high-profile court cases in France and other countries (Vioxx°, Mediator°, opioids, etc.) have brought intense media attention to disasters that affected thousands of victims, who were made sick by their medication.

These human tragedies, which are also public health scandals, leave an indelible impression and spark debate. Powerful players stand accused: pharmaceutical companies, and the drug regulatory agencies that are supposed to protect patients from being harmed by medicines.

Spectacular cases such as these do not happen every day. But a more mundane form of pharmaceutical iatrogenesis exists. Every day, here and there, alongside the patients whose conditions are alleviated or cured by drugs, other patients are harmed. How many are there? It has been estimated, through sampling and extrapolation from official surveys, that the adverse effects of healthcare interventions, drugs in particular, cause tens of thousands of hospitalisations and thousands of deaths per year in France. Every year.

Many deaths are never attributed to the drug responsible, receive no particular attention, and go completely or nearly unnoticed, even by the healthcare professionals involved. Drug-induced sudden cardiac death is one example (see “Drug-induced QT prolongation, torsade de pointes and sudden cardiac death” pp. 208-214).

Many are preventable, however, if we take the necessary steps. Drug-induced deaths can be prevented through the collective and individual efforts of healthcare professionals, by following a few principles. By not prescribing or recommending drugs for minor or self-limiting ailments. By prescribing or recommending drugs with well-documented effects, from a short and carefully chosen formulary, taking into account the latest data on their harm-benefit balance. By continuously educating ourselves, especially about adverse effects, using rigorous independent sources. By daring to contact a colleague, maintaining a dialogue between doctors and pharmacists. Taking drug interactions into account. Making sure patients understand the purpose of their treatment and how to use it. Knowing how to say “no” to patients’ requests when the harms seem to outweigh the anticipated benefits. And when faced with health problems, by frequently asking ourselves: “*Could this have been caused by a drug?*”.

It is within our grasp to prevent many patients from becoming victims, without waiting for scandals to erupt, by being cautious and attentive: attentive, first and foremost, to doing no harm.

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