Safe care, good care?

Summary

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In recent decades, in the Netherlands as well as in other countries, a great deal has been invested in making healthcare safer and controlling risks. Nevertheless, new questions are being raised. Should we want to control all possible risk of harm at all times? Is safe care the same as good care? And how do the instruments for promoting safety actually work in practice? In this report, the Netherlands Centre for Ethics and Health examines the various interpretations of the value of safety, how safety is implemented within the care practice and what could be improved.

In literature, we see different meanings ascribed to safe care. Sometimes authors approach safety as preventing avoidable damage caused by mistakes made by professionals. Safety is then an isolated value that must always be striven for. Professional standards provide guidelines for this Also, we see the value of safe care as part of broader reflections on the quality of care. In this case, safety is not an isolated value, but a value among other values which must together contribute to ensuring good care. In legislation, safety is also always part of a broader notion of the quality of care. Only the Healthcare Quality, Complaints and Disputes Act (*Wet kwaliteit, klachten en geschillen zorg, Wkkgz*) of 2016 mentions safety separately. In the enforcement of safety, we see a shift from the definition and enforcement of rules to more context-specific considerations.

The interviews conducted for this report show that safe care is also interpreted in various different ways in practice, which can lead to confusion. In the interviews, caregivers speak about preventing avoidable harm that is caused by errors. Everyone endorses the importance of this, it is an undisputed value. But the interviews also refer to protecting patients from all kinds of risks of everyday life. There are more doubts and concerns about this, because safety may then come at the expense of other things that are important to patients. Safety also acquires significance in discussions about liability, where it is about protecting the organisation against claims.

Safety as a value in itself, in the sense of preventing avoidable harm, has received much attention in acute care. In this field of care, careless professional conduct could give rise to a high risk of serious harm. But even in long-term care, there are cases where safety is important for preventing avoidable harm, without other values being compromised. An example of this could be an accident caused by the incorrect use of a hoist. Here too, measures are being put in place to prevent avoidable harm, such as strict guidelines for medication safety and the administration of insulin.

Frictions arise when the emphasis on safety or the avoidance of risk leaves little room for other important values, such as autonomy or opportunity for self-development or to live as complete a life as possible. Such situations require different values to be taken into consideration. For example, does preventing the risk of getting lost weigh up against the value of being able to go outside the care home independently? A weighing up of the values also occurs within the hospital setting, for example, in consultations with patients about the desirable treatment. It also appeared that safety protocols in hospitals sometimes need to be weighed up against each other, because they can contradict each other or are not properly coordinated. Sometimes the status of rules was unclear: is it a recommendation or a regulation? In addition, the interviewees noted that the emphasis on avoiding mistakes leaves little room for learning from such mistakes. The way in which caregivers must act is prescribed in such detail that they are less and less called upon to exercise their sense of moral agency, i.e. the ability to weigh up values and learn from their care actions. The interviewees advocate the importance of learning through practice. By being open about the mistakes made, administrators and professionals can give themselves the opportunity to reflect on and learn from care situations.

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We conclude that there is no *excessive* focus on safety in the care sector. However we do observe an overly *exclusive* focus on one meaning of safety and the ways to achieve this. The practice of thinking abstractly about safety as an isolated value and implementing safety through - often ad hoc - regulations is in need of change. It is usually not possible to promote values in isolation in the care practice. Often there are, to a greater or lesser extent, other values at stake. This makes it desirable to create room for weighing up values and learning from the mistakes that are nevertheless made.

National or local policymakers and care providers could focus more on a 'better' (rather than a 'greater') regulation of safety. That does not mean getting rid of rules; instead research is required on how the rules work in practice. The set of rules must be consistent and the hierarchy between the rules must be clear. Implementing more rules in response to incidents sometimes has the opposite effect.

Training courses could pay more attention to making (or learning to make) trade-offs between values that play a role in specific situations. Organisations can offer professionals opportunities to carefully consider the values, for example, with the help of instruments such as the moral case deliberation meeting.

Finally, professionals should be provided with opportunities to learn from situations together: not just from incidents but also from successes. The care sector is a high-risk sector. It is important to recognise that errors cannot be entirely eliminated and that avoiding all risk does not always lead to high-quality care. Discussing doubts, priorities, considerations and errors with colleagues and patients is essential to ensure good care. Analysing and learning from one's care actions is also crucial. Instruments that can help in doing this are peer reviews, video reflection and working visits. Good and safe care requires a shift of focus from regulation to a careful weighing up of values and continuous learning.