



ANESTEZİ ALANINDA “İKİNCİ MAĞDUR (KURBAN) OLGUSU”

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GİRİŞ

Tıp mesleğinin üyelerinden her zaman bir mükemmellik bekłentisi olmuştur. Özellikle sağlık bakım profesyonellerinin uygulamada hata yapmamaları beklenmektedir (1). Bununla birlikte, sağlık hizmeti kusurlu olabilir, çünkü genellikle insan karar mekanizmaları ile yapılan ayırıcı tanıları içerir. İnsanın içinde bulunduğu tüm faaliyetlerde, işlerin doğru yapıldığı gibi yanlış işlemlerin yapılması da muhtemeldir. Tibbin hızlı tempolu, talepkar ve sürekli gelişen ortamı, insanın zaman zaman hata yapma olasılığını arttırmaktadır (2).

Olumsuz bir tıbbi olay, hastaneye yatış süresini uzatabilecek ve bir hastanın sakatlığına veya ölümüne yol açabilecek alitta yatan bir hastalıktan ziyade tıbbi tedaviyle ilişkili istenmeyen bir yaralanma olarak tanımlanabilir (3). Amerika Tıp Enstitüsü'nün 'Hata Yapmak İnsanlıktır' başlıklı bölüm noktası niteliğindeki raporunu yayınladığı 2000 yılına kadar, tıbbi hataların küresel ölçekte önemli insidansı ve maliyetinin farkına varılamadı (4,5). Olumsuz tıbbi olayların her üç hasta başvurusundan birinde meydana geldiği tahmin edilmektedir (6). İşveç'te yapılan bir araştırma, bir yılda, olumsuz tıbbi olayların tahmini olarak 3.000 ölüm ve 10.000 kalıcı sakatlık vakası ile sonuçlandığını bildirdi (7). Daha yakın bir çalışmada, sağlık tesislerinde her yıl 210.000 ila 400.000 hastanın advers tıbbi hatalar nedeniyle öldüğü bulunduğu bulundu (8). ABD'de tıbbi hata, yılda ortalamada 251.454 ölümle en önde gelen üç ölüm nedeninden biri haline geldi (9). Güney Afrika dahil olmak üzere gelişmekte olan ülkelerde, tespit edilen advers

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