BÖLÜM 19

Radyolojide Tıbbi Hizmet Kaynaklı Hata ve Malpraktis

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Giriş

Tanısal radyolojinin amacı yapılan bir görüntülemedeki tüm anormal bulguları tespit etmek ve bunlardan doğru bir tanıya ulaşmaktır (1). Dünyada yılda yaklaşık 1 milyar radyolojik inceleme yapıldığı tahmin edilmektedir (2). Radyolojinin hasta yönetimine katkısı ölçülemese de bu katkının ciddi boyutlara vardığı tahmin edilebilir (3).

Tümüyle görsel algıya ve yoruma dayalı olarak, histopatolojik ya da mikrobiyolojik değil, tahmini bir tanı sunar (4). Görüntülerin değerlendirerek normal-anormal, kanser-benign gibi kesin sınırlarla ayrılmış tanı koymak genellikle mümkün olmamaktadır. Çoğu zaman hastanın öyküsü, kliniği, önceki görüntülemeleri ve fark edilmeyen bilişsel yanılgılar bu sürece etki eder (5). Kişisel ve çevresel faktörlerin tanısal doğruluğa etki ettiğini belirtmiştir. Kişisel faktörler arasında kişinin patolojiyi normalden ayırt edebilme yetisi, bir ya da birkaç ayırıcı tanı verebilme becerisi, eğitimi, zekâsı, konsantre olma becerisi ve algısı sayılabilir. Çevresel faktörler arasında ise bölünme, yorgunluk ve teknik etkenler gibi birçok parametre bulunmaktadır (6).

Tıbbi hata kavramı, 1999 yılında Institute of Medicine tarafından yayınlanan "*To Err Is Human: Building a Safer Health Care System*" (İnsan Hata Yapar: Daha Güvenli Sağlık Sistemi İnşa Etmek) isimli makale ile popüler olmuştur. Bu rapor 1997 yılında ABD' de hastaneye yatırılan yaklaşık 44.000-98.000 Amerikalı' nın önlenebilir tıbbi hatalar nedeniyle hayatını kaybettiği tahmin etmiştir. Bu rakamlara tıbbi hatalar nedeniyle zarar gören fakat hayatını kaybetmeyen hastalar dahil edilmemiştir (4).

Literatürde tıbbi hata planlanan tedavi/işlemin hedeflendiği gibi sonuçlandırılamaması veya hedefe ulaşmak için yanlış planlama yapılması; bir müdahalenin yapılarak ya da

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