

BÖLÜM 7

İKİNCİL MAĞDUR OLMA, TANIMA VE BAŞ ETME YÖNTEMLERİ

Ayça KOCA¹

Tıbbi kariyer süresince tıbbi hatalar ve / veya hasta güvenliği olayları kaçınılmazdır. Tıbbi hatalar önemli bir morbidite ve mortalite kaynağıdır ve Amerika Birleşik Devletleri'nde üçüncü önemli ölüm nedeni olarak bildirilmiştir. Yapılan son araştırmalar, yedi hastadan en az birinin, hastanede geçen tanı ve tedavi süresi sırasında, istenmeyen bir olay ile karşılaştığını bildirmiştir. Bu sebepten dolayı, istenmeyen olumsuz olayların etkin yönetimi, hastane idari sistemlerinin öncelikleri arasında yer alması gerekmektedir (1). Hasta güvenliği olayları veya tıbbi hatalar, yanlış ilaç dozu, yanlış tanı, yanlış tıbbi tedavi ve bir prosedür sırasında kazara zarar verme gibi durumları içerir. 2000 yılında Wu ilk kez ikincil kurban terimini tanımlamıştır (2). Herhangi bir olumsuz hasta güvenliği olayında veya tıbbi hata sonrası, ilk mağdur hasta iken, ikincil mağdur ise, olaya neden olan ve bu durumdan olumsuz etkilenen sağlık personelidir (asistan, uzman, hemşire, paramedik vb.) (3). Sıklıkla, ikincil mağdurlar, bu beklenmedik hasta sonuçlarından kişisel olarak sorumlu hissederler ve klinik bilgi ve becerileri hakkında şüphe duyarlar. Aynı şekilde, “ramak kala”

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temi içinde entegrasyonu sağlamak için organizasyonel düzeyde istenmeyen olayları ele alan hasta ve sağlık çalışanı için destek planları içermelidir. Bu programlar, ciddi sağlık hizmeti yan etkilerinin tüm mağdurlarına kısa vadeli, orta ve uzun vadeli destek sağlayacak şekilde tasarlanmalıdır.

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