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Editorial: Deadly bacteria a risk to thousands of Iowans

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(Photo: Register file

Medical errors in health facilities are now the third-leading cause of death in the United States. When a nurse administers a drug that induces paralysis instead of a physician-ordered antacid, a patient can be sent into respiratory arrest. Lives are lost as a result of preventable mistakes, including medication mix-ups, bubbles in chest tubes, oxygen lines carrying the wrong gas, and hospital-acquired infections.

A February report from the Clive-based Heartland Health Research Institute estimated 2,444 Iowans are fatally injured in hospitals each year. That's one death every four hours, six times the rate at which Iowans die in traffic accidents.

Yet when it comes to fretting about what could take the life of a loved one, most of us likely worry more about accidents than medical errors. Why? Perhaps because we regularly learn about accidents from the news, as police reports make them easy for media to cover. Individual deaths due to medical mistakes, which hospitals are frequently not required to report, rarely make their way into newspapers.

That's why the obituary of Ronald Prescott, published in the Ames Tribune earlier this year, is so noteworthy.

Born in 1956, Prescott survived serving on a Naval nuclear submarine, farming, and traveling all over the world to help improve emerging economies. Yet his obituary attributed his death to bacterial exposure during a common surgery: "In October 2012, during a routine aortic heart valve replacement, a MAC Chimera Bacteria was introduced into Ron's bloodstream via heart bypass machine." The "bacteria won," and Prescott died at age 59 in May 2016.

His death came almost four years after the surgery.

This obituary came to mind on Thursday when federal officials announced that hundreds of thousands of patients who underwent heart surgery in the United States over the last several years could be at risk of a deadly bacterial infection. The bacteria is linked to a common device used to keep a patient's organs and blood at specific temperatures during surgery.

In the past year, five of the 28 cases identified nationally were reported by Iowa hospitals. The University of Iowa reported three cases and notified 1,500 patients who may be at risk. Mercy Medical Center reported two cases and notified 2,600 patients.

"Although thousands of patients in the United States have been notified regarding potential exposure to contaminated heater-cooler devices, the number who were exposed might be much larger," according to the Centers for Disease Control and Prevention.

The slow-growing infections are difficult to detect, and symptoms, including night sweats, muscle aches and fatigue, may not develop for months or years. Patients and providers may not attribute illness to the previous bacterial exposure. Treatment involves a specific antibiotic combination, as routine antibiotics are not effective.

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Granted, the risk of any infection or complication frequently pales in comparison to the risk of forgoing a necessary surgery. But there’s something wrong when a patient's injury or death is ultimately due to a flawed surgical device. And there's something wrong when obituaries are the only public record of deaths related to medical errors because this country has no mandatory, comprehensive method to document them.

From improving sanitation practices to double-checking medications to requiring reporting of errors, much can be done to prevent and reduce unnecessary harm and fatalities. The health care system we entrust to save lives should not be killing us.

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