The “Five Rights”  
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sual performance and do not reflect the fact that safe medication practices are a culmination of multidisciplinary efforts, in which responsibility for accurate drug administration lies with multiple individuals and reliable systems to support safe medication use. For example, poor lighting, inadequate staffing patterns, poorly designed medical devices, handwritten orders, trailing zeroes, ambiguous drug labels, and lack of an effective double-check system for high-alert medications can contribute to a staff’s failure—despite all of their best efforts—to accurately verify the “five rights.”

Finally, the “five rights” do not take into account the significant contribution of human factors to errors. For example, researchers have demonstrated that “confirmation bias” causes practitioners to misperceive important information in their environment. As a result, professionals who select the wrong product with a label or package that resembles the correct product often say that they looked at the label to verify the “right drug.” In truth, they may have even read it carefully. However, they did not “see” it correctly.

We “see” with both our eyes and with our mind. Whereas our eyes, with proper eyesight, have the capacity to take in all available information, our mind learns to screen out data that it considers less useful, to prevent “information overload.” Also, as we gain experience, we develop a picture in our mind of items in our environment. Thus, as we attempt to locate or recognize items through comparison with our mind’s picture, often we are unable to see any evidence to disprove the notion that the correct product has been selected.

Instead, we see what we intend to see. The ability to filter information and locate or recognize items using a picture in our mind is vital to ensuring optimal performance. It can lead to errors, however, when a fallible mind inadvertently makes corrections for what the eyes are actually seeing.

The “five rights” are not the “be-all and end-all” in medication safety. Unfortunately, many times managers may simply admonish practitioners who make errors for not following these “rights” without recognizing or addressing the human factors and system-based causes. Similarly, regulatory agencies often sanction practitioners because they did not verify the “five rights,” thus perpetuating the belief that individuals should be blamed and punished. Although the “five rights” should remain as medication usage goals, we must help practitioners achieve these goals by establishing strong support systems that encourage safe medication practices.