The plight of 17-year-old Jesica Santillan, the young girl who received the wrong blood type in a transplant operation at Duke University Medical Center last month, transfixed the country and once again focused national attention on a serious problem that continues to plague U.S. medicine: medical mistakes. The botched operation is yet another reminder of the 1999 report by the Institute of Medicine (IOM), which produced shock waves with its rough estimate that between 44,000 and 98,000 Americans die in hospitals each year because of medical errors. The biggest problem area, however, was not blood transfusions but medication mistakes.

Since the release of the 1999 report, pharmacy groups, the Food and Drug Administration (FDA), the U.S. Congress, hospital certification groups, and medical professional associations have scrambled to get voluntary remedial efforts up and running. Not much of real substance has happened, however. The absence of genuine progress was underlined in January, when the IOM released its latest report, *Priority Areas for Quality Improvement: Transforming Health Care Quality*. This document was more of a theoretical exercise; no eye-popping casualty statistics were cited. The report, however, identified 20 areas in which health care needs to be improved. Not surprisingly, one of the 20 areas was medication management.

The latest IOM report, combined with the Duke University tragedy that resulted in the loss of a young life, may finally prompt some federal action. One indication of the priority Congress attaches to an issue is how fast a bill gets out of the starting gate in a particular session. Thus, it is probably significant that the House Energy and Commerce Committee’s health subcommittee passed a patient safety bill on February 12, 2003. Not only did the bill pass one day after subcommittee Chairman Representative Michael Bilirakis (R-FL) introduced it; the bill also has considerable Democratic support, which explains why it was passed by a voice vote.

The Bilirakis bill would set up a national patient safety database and would grant immunity to hospitals, physicians, pharmacists, and others for sending information in to the database. No one could be sued for doing so. The IOM suggested the idea of setting up such a database four years ago, but the American Medical Association and American Hospital Association opposed the idea. Considering the strong bipartisan support for the Bilirakis bill, the road may now be clear—not that a database would make an immediate difference.

Other incremental efforts, finally, are also yielding results. Almost half of the 2003 IOM report’s section on medication management is devoted to the problem of antibiotic resistance. This topic falls outside the category of medical errors unless one considers it an error for a physician to throw in the towel in the face of an adamant parent demanding antibiotics for a child with a cold. Although a Centers for Disease Control and Prevention (CDC) study in 2002 found that antibiotics were prescribed in 68% of cases of acute respiratory infections, 80% of the prescriptions were deemed unnecessary on the basis of the CDC guidelines. This tendency to over-prescribe antibiotics has led, for example, to a 300% increase in the incidence of penicillin-resistant *Streptococcus pneumoniae* in the past five years, according to the CDC.

Actually, physicians are now doing a better job of standing up to parents and adults who clamor for fruitless antibiotics. The FDA is giving physicians new ammunition too. In February, the agency published its final rule on the labeling of antibiotics. Package inserts must now include information encouraging physicians to counsel their patients about the proper use of these drugs and about the importance of taking the medications exactly as directed.

“Antibacterial resistance is a serious and growing public health problem in the United States and worldwide,” says FDA Commissioner, Mark McClellan, MD, PhD. “Without effective antibiotic drugs, common infections, [which] were once easily treated, can create a serious health threat to children and adults alike.”

Databases and better drug labeling should eventually help to improve the way in which medications are administered. The key word here is “eventually”; faster action, of course, would be desirable. Perhaps what is needed is a public education campaign, directed at medical professionals and the public, with posters placed in hospitals and in doctors’ offices with some latter-day Smokey the Bear proclaiming: “You, too, can prevent medical mistakes!”