

In Reply ■**In reply to: “e-Iatrogenesis: The most critical consequence of CPOE and other HIT”**

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We agree with Weiner et al. that adoption of the term “e-Iatrogenesis”¹ is both timely and necessary as we begin to identify what we have called “new kinds of errors”² resulting from CPOE implementation. The computerization of clinical information capture with software tools such as CPOE will doubtlessly cause the emergence of a wide variety of new kinds of errors: “e-Iatrogenesis” provides a clear and concise rubric for these unintended and undesired consequences.

In mid-December, 2006, the London Times reported on the inadvertent prescription of Viagra to a set of patients in the United Kingdom.³ This error occurred when general practitioners using the UK’s National Health Service “e-Formulary” attempted to prescribe “Zyban” (a medication commonly used to assist patients in smoking cessation). The system mistakenly selected “sildenafil” (the generic name for Viagra) instead. A spokesperson for the NHS denied that any untoward effects had resulted, and that immediate steps had been taken to rectify the error, including notifying over 900 practitioners at more

than 300 clinics warning them of the potential problem for their patients.

e-Iatrogenesis may have several causes. The example from the UK could have arisen from a poorly defined interface (where, for example, auto-completion could have selected the wrong item from a pick list), a programming error within the e-Formulary system, or poor end-user training or experience. Regardless of the cause, it is imperative that we acknowledge both the potential for and occurrence of these errors and work to prevent them or quickly correct them when they are identified.

We note that e-Iatrogenesis may not be the most important type of unintended adverse consequence related to CPOE in the view of all stakeholders impacted by CPOE. As a patient, e-Iatrogenesis might be the biggest concern. However, to a physician it might be more work and new work, for a nurse it might be communication, and as an information technology leader, it might be never ending demands related to the technology. It all depends on one’s perspective.

We applaud the authors on their coinage of the term and concur that adopting this term will help all of us focus more clearly on this significant issue.

References ■

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ERRATUM NOTICE

In Osheroff et. al., A Roadmap for National Action on Clinical Decision Support, JAMIA 2007; Vol 14 Number 2, Mar/Apr 2007, the first paragraph of the Introduction on page 141 contained multiple typographical errors introduced by the Publisher. The correct information follows below.

This abridged AMIA Board of Directors approved White Paper presents a roadmap for national action on clinical decision support. It includes a background, describing development of the materials; the Executive Summary; a Straw Man proposal, present as Appendix 1; and, supporting references. The full text of the lengthy original AMIA Board of Directors approved White Paper is available as Appendix 2, a JAMIA online data supplement, at www.jamia.org.



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