Editorial

Errors in medical laboratory but still forgotten

Viroj Wiwanitkit[1,2,3,4]

[1]Dr DY Patil University, Pune, India; [2]Hainan Medical University, Haikou 570100, China; [3]Joseph Ayobabalola University, Ikeji-Arakeji, Nigeria; [4]Faculty of Medicine, University of Nis, Nis, Serbia

Correspondence to: Professor Viroj Wiwanitkit. Wiwanitkit House, Bangkhae, Bangkok, Thailand. Email: wviroj@yahoo.com.

Comment on: Shahim B, De Bacquer D, De Backer G, *et al.* The Prognostic Value of Fasting Plasma Glucose, Two-Hour Postload Glucose, and HbA 1c in Patients With Coronary Artery Disease: A Report From EUROASPIRE IV: A Survey From the European Society of Cardiology. Diabetes Care 2017. [Epub ahead of print].

Received: 25 July 2017; Accepted: 23 August 2017; Published: 25 August 2017.

doi: 10.21037/jlpm.2017.08.01

View this article at: http://dx.doi.org/10.21037/jlpm.2017.08.01

Error is an important problem in laboratory medicine and can be seen in any clinical settings. The error can occur at any step of laboratory investigation ranging from pre-pre analytical, preanalytical, analytical, post analytical and post-post analytical steps. The problem is well described in textbook but the clinical practitioner usually forgets this problem. There are many attempts to control and get rid of the error but it has never been successful. Generally, the error might be due to human or non-human factor. The use of new tool and system in laboratory might be helpful for reduce the problem. Nevertheless, it should be noted that the problem due to human error is usually sporadic, unpredictable and hard to control. Some might propose that the quality system might be a tool to control the error in laboratory medicine. The accreditation is usually done and becomes the fashion in several developing countries. In fact, the quality system such as ISO system is only a simple code for controlling of the under developed practitioners. It does not the way to generate the "quality culture". Of interest, in ISO certified medical laboratory in tertiary university hospital in developing country, the error still occurs at a very high rate (1). The application of system and documentation code as well as guideline are usually used and mentioned for effectiveness (2). Nevertheless, the quality cannot be generated by huge workload on paper work to supply the documents for quality accreditation system but the quality should come from the deep part of the mind of the practitioner. To reduce the problem, the education system is needed (3). Repeated and continuous education focusing on the "error" should be given to medical personnel at each level.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned and reviewed by the Section Editor Guo-Ming Zhang (Department of Laboratory Medicine, Shuyang People's Hospital, Shuyang, China).

Conflicts of Interest: The author has completed the ICMJE uniform disclosure form (available at http://dx.doi.org/10.21037/jlpm.2017.08.01). The author has no conflicts of interest to declare.

Ethical Statement: The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

References

1. Wiwanitkit V. Types and frequency of preanalytical mistakes in the first Thai ISO 9002:1994 certified clinical laboratory, a 6 - month monitoring. BMC Clin Pathol 2001;1:5.
2. Barbé B, Yansouni CP, Affolabi D, et al. Implementation of quality management for clinical bacteriology in low-resource settings. Clin Microbiol Infect 2017;23:426-33.
3. Lillo R, Salinas M, Lopez-Garrigos M, et al. Reducing preanalytical laboratory sample errors through educational and technological interventions. Clin Lab 2012;58:911-7.

doi: 10.21037/jlpm.2017.08.01
Cite this article as: Wiwanitkit V. Errors in medical laboratory but still forgotten. Ann Transl Med 2017;2:65.