

First of all, I would like to thank the organisers for this meeting on a somewhat unusual subject. I am all the more honoured to participate.

Fifty years ago, when I was a young medical student, one of my bosses told us that iatrogenic disease is already the leading cause of pathologies in medicine. He was talking about France, but this was probably also true for all the countries of Europe. And in this iatrogenicity, there were already medical errors and in this case medicinal errors. At an unacceptable human cost and, more prosaically, a current bill of 42 billion dollars per year

Despite a certain knowledge of this problem through my activities as a legal expert in medical liability, I was very surprised to read the results of your survey : we can see, with supporting figures, to what extent medicinal errors are still numerous and, above all, with regard to their causes, to what extent they have been and still are very largely avoidable.

Even more avoidable for the last 40 years, which have seen the digitisation of healthcare in both urban and hospital settings

The results of your studies, of European hospitals, answer a central question: why are there still so many errors, and I would add, as an old hand in the profession, why is there such a glaring delay in the prevention and treatment of medical errors and hazards in hospitals? You highlight certain obstacles to the implementation of the desired improvements, which are also well defined in your report.

A/ You rightly point out the crucial problem of funding for 75% of the obstacles, in particular to the implementation of expensive technologies, and this at all stages of monitoring:

- Whether it is in the place given to medical errors in the computerised management of medical records, since 14% of the European hospitals that responded to the survey do not monitor medication errors and 25% do not know the number of such errors in their establishment.
- Only 51% have integrated the electronic medical record into primary care.
- 21% of errors occur during electronic prescribing, yet electronic prescribing systems with clinical decision support are still very unevenly spread across hospitals and departments.
- The same applies to drug distribution, which accounts for 29% of errors, with very few automated pharmacies or barcode labelling. Double-checking is still very much in the minority, particularly for IV administration. Only 58% of hospitals are able to have unitary distribution

B/ the second factor of this delay is the human factor and the human resource with a double aspect:

- Dependent on the health professional himself, with remuneration or training too often below the workload and responsibilities: this is the case in more than 50% of the testimonies, and overall for 65% of the responses the human resource is at fault, most often due to a lack of staff and the tensions that this creates.
- But above all it depends on the context of the hospital and/or the atmosphere of the department: your study shows that today there are still too few standard operating procedures for aseptic or injectable preparation in the departments. The corollary is that it is clearly the level of requirement and excellence of each department that is at issue.
- Even with increased automation, digitalisation and robotisation of service operations, the human factor will hopefully remain a fundamental pillar of patient care.

C/ Finally, some factors only appear in the report but I felt them strongly:

- You point out the lack of transparency in public access to medication error registers: only 20% of hospitals make medication errors available in the database and 8% do not record them at all. This is ethically unacceptable, especially for patients.
- Your study also shows in 5^{ème} and 6^{ème} barrier parameters the lack of evidence of the errors and benefits of their research: this effectively implies that they are systematically and effectively researched to assess benefit. This is a fundamental bias in the fuzziness of these issues.
- Indeed, according to my vision as a legal expert, this would indeed conceal a refusal on the part of hospitals to accept the judicialization inherent in the discovery of causes and responsibilities. Research that can lead to extraordinary costs, even beyond potentially offending the sensibilities of carers who could believe themselves to be infallible. There is an urgent need in the services, from the head of the service to the simplest member of staff, to work on the requirement, humility and self-questioning, in the simplest way possible.
- There is therefore a real taboo and a very strong omerta on these problems, which your report has the great merit of lifting.

To conclude, the solutions are like a medical approach: good diagnosis and good knowledge, good treatment. And we have the means to act preventively on the two major axes determined above, technological and human.

- On technical resources, because the countless European start-ups are capable of improving the personalised management of medical records and all the internal procedures for the digital operation of all departments, including the central pharmacies, which are barely 25% robotised, as well as the tracking of each oral or IV drug by barcode. This also presupposes a dynamic industrial policy on the part of each Member State, within a framework of international cooperation in the search for excellence and information sharing. This is very feasible and already well underway between industry and researchers.
- With regard to human resources, over and above the service culture specific to each country, emphasis must be placed on training and remuneration commensurate with responsibilities: it should never be forgotten that any medication taken involves a chain of responsibilities from which no one can escape. This is the inevitable corollary of progress in pharmacology and therapeutic protocols. But this cannot be done without a strong and well-managed national social protection system and a high-quality health care distribution system. It is also a question of regaining confidence in our health care providers and the pharmaceutical industry, which have been badly affected by the covid crisis in all European countries.

This is my wish for each of the European states.

Thank you.