CHAPTER 20
The ETHICS of Anesthesia Medication Errors, JUST CULTURE and the CULTURE of SAFETY.

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1. INTRODUCTION

It is not unwise to ask the question, "*Why do we even **care** about anesthesia drug safety?*". However, one of the biggest challenges in caring about any special cause is when one's views or feelings stand apart from many of the individuals who stand nearby and differ from one's immediate community, institution, and society's caring views and feelings about anesthesia drug safety. Ethics should be objective and impartial.

This discussion proceeds with the assumption that the individual reader of this book desires to *eliminate* anesthesia drug errors. To only reduce the rate and consequences of anesthesia drug errors is an immediate goal. But, it is only one step on the never-ending journey of seeking perfection by eliminating anesthesia drug errors. Any admission that full drug error elimination can never be achieved by existing humans surviving in life on planet Earth is no moral justification to not strive continuously for that perfect goal. No argument can be justified to cease seeking perfection in anesthesia medication safety.

The justification for individual anesthesiologists to seek the elimination of drug errors, to achieve that perfection, lies in three simple concepts: (i) the goal to do unto others as you would have them do unto yourself, (ii) a basic desire to preserve one's ability to earn a salary and not lose one's job, and (iii) to avoid being sued at great cost to oneself.

This chapter's discussion is not focused on the individual anesthesiologist but on the *culture and attitudes* of others. The culture and attitudes of the institution within which they work, the department wherein they perform anesthesia, and under the government to whom they pay taxes for services. They will arbitrarily define the ***ethics*** of this problem and set the ***culture*** in which the problem will be resolved.

If an anesthetist or anesthesiologist discovers they have made a drug administration error, should they enter the facts into the patient's health record or not?

(This book's full chapter has 13 pages and 21 references.)