

## Part 2: Irrational Agency - Systemic Harm

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Welcome back. Last week I made the a e ion ha i i i a ional o alk of a ional agenc in heal h ca e. We follo ed he o of a 31 ea old man ho had en ime in a Eme genc De a men (ED), had dial i , and been an fe ed o a gene al medical a d. We a ho he oce of ca e had i ed him of ha li le o o ni he had o e e ci e agenc and elf-de e mina ion. Thi eek e ill b ing o a ien o o i concl ion. We ill al o begin o ea e o he ocial and com le na e of deci ion making. Le con in e o o

I 21:30 and o a ien ha j a i ed on he a d. He ha been in ho i al fo e en een ho . He ha had o n- i ne ed fall . He ha been e ie ed b fo medical o ce , and ca ed fo b a lea i n e .

A 21:30 he a ien i e ie ed b a Regi e ed N e (RN). The RN no e ha he a ien i com laining of hoo ing ain in hi lo e back and al e ed en a ion in hi e high. On e amina ion he RN nd ha he a ien ha bila e al lo e limb eakne and al e ed en a ion. The e nding a e comm nica ed o he medical o ce co e ing he a d fo he e ening. The RN no e ha he e a ea o be ne nding ; and ecommend ha he oncoming hif e fo m ho l ne o a c la ob e a ion .

Indeed he a en nding . A lea f om he e e ci e of he RN. The a ien a i e on he a d and com lain of ain. In he oce of e abli hing ba eline ob e a ion he RN follo hi com lain i h ne o a c la ob e a ion . The ob e a ion a e hen doc men ed and comm nica ed o he medical o ce ho ha en o be on he a d a he ime.

The e e fo ho l ne o a c la ob e a ion gge ha he RN i conce ned abo hi a ien . The e e fo ongoing ob e a ion eek o de e mine if he n m om e hibi a o ening end. B a e a e a e he ain, eakne , and al e ed en a ion a e no n m om . In he eceding 24h o a ien ha had o n i ne ed fall . Af e each fall he ha been e ib ed b a medical o ce . He ha al o com lained of al e ed en a ion io o and af e dial i . In each in ance he ha again been e ib ed b a medical o ce . Each e ib ma gene a ed da a abo he clinical a e of hi a ien . Ye hi da a a ei he na ailable o inacce ible o he n e on he a d. F om he e e ci e of hi n e hi e ib ma he , o ba eline clinical a e men ha co e onded i h he m om . A 22:00 he RN ni hed hi hif and handed o e ca e o he oncoming ni h hif .

A 10:50 he n mo ning he a ien men ioned hi ain d ing a d o nd . The ain a no longe i ola ed o hi lo e back b a al o e en in hi leg . The a ien a nable o mobili e. An - a a e fo med a 14:30 he e l indica ed a com e ion fac e a Tho acic S ine (T7). A CT can a e fo med a 16:45, and a

MRI can be performed at 19:32. The result of the MRI can confirm the diagnosis of a T7 fracture and an epidural hematoma from T1-T12.

The patient has been in hospital for a while now of course. Their

Neither one is correct. We will describe how each individual clinician is responsible for the injury sustained but none can be held accountable.

*This article contains information on a critical incident in the ED. Name, date, and some of the details have been removed or changed to protect the identity of those involved.*

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- [Part 3: Irrational Agency - The Problem of Man Hand](#)
- [Part 4: Irrational Agency - Solving the Problem of Man Hand](#)

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