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Physicians' Views On Quality Of Care: A Five-Country Comparison

All agree that quality of care is deteriorating, but U.S. physicians face some unique problems as well.

by Robert J. Blendon, Cathy Schoen, Karen Donelan, Robin Osborn, Catherine M. DesRoches, Kimberly Scoles, Karen Davis, Katherine Binns, and Kinga Zapert

ABSTRACT: Interest is resurging in the problems relating to the quality of patient care. This paper provides a comparative perspective on this issue from a five-country physician survey conducted in Australia, Canada, New Zealand, the United Kingdom, and the United States in 2000. Physicians in all five countries reported a recent decline in quality of care and concerns with how hospitals address medical errors. Physicians in four countries expressed serious concerns about shortages of medical specialists and inadequate facilities. U.S. physicians reported problems caused by patients' inability to pay for prescription drugs and medical care. Asked about efforts to improve quality of care in the future, physicians indicated support for electronic medical records, electronic prescribing, and initiatives to reduce medical errors.

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PHYSICIANS HAVE A DIFFERENT LEVEL of experience than the general public does with their health care systems and how recent policy changes affect their ability to provide high-quality patient care. In this paper we present the results of the third Commonwealth Fund International Health Policy survey, developed by the Harvard School of Public Health, the Commonwealth Fund, and Harris Interactive.¹ It reports the assessments of physicians in five countries of their nation's overall health care system performance and provides an in-depth look at the daily realities physicians face when caring for their patients.

■ **Survey methods.** We surveyed 517 physicians in Australia, 533 in Canada, 493 in New Zealand, 500 in the United Kingdom, and 528 in the United States. To obtain a comparable representation of both generalist and specialist physicians, the sample was stratified into two categories: generalist physicians (general practitioners and

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 Bob Blendon, Karen Donelan, Catherine DesRoches, and Kimberly Scoles are with the Harvard School of Public Health. Cathy Schoen, Robin Osborn, and Karen Davis are with the Commonwealth Fund. Katherine Binns and Kinga Zapert are with Harris Interactive.

primary care physicians) and a sample of medical specialists, limited to cardiologists, gastroenterologists, and oncologists. Approximately 400 randomly selected generalist physicians and 100 specialist physicians were interviewed in each country. This ratio of generalists to specialists is the norm found in four of the countries. Only in the United States are medical specialists found in a higher proportion to generalists. The physicians were selected from lists of practicing physicians in each country that were available through private or government sources.

The surveys were conducted by a combination of mail, telephone, and Internet by Harris Interactive in the United States and their subcontractors in the other four countries. The surveys used a single questionnaire administered to physicians in all five countries. Interviews were conducted during the period 27 April–27 July 2000. Samples of 500 respondents are associated with sampling errors of approximately ± 4 percent. Sources of nonsampling error include potential nonresponse bias, question wording and ordering effects, and cross-cultural differences in question interpretation. To interpret the results, exhibits include t-tests for statistical differences in responses, with each country compared to the United States as a reference group. Variations in responses by generalists and medical specialists in each country were not included in the text because they were found statistically insignificant in most cases. Differences of standard practice in each country for measuring and reporting sample disposition and response rate information make the publication of one common response rate infeasible.²

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Survey Findings

■ **Views on quality of care.** Across all five countries, physicians expressed concern that quality of care has deteriorated (Exhibit 1). More than half of all physicians in the United States, Canada, and New Zealand, as well as 38 percent of doctors in Australia and 48 percent in the United Kingdom, felt that their ability to deliver high-quality care has decreased over the past five years. Only one-quarter or fewer of the physicians in any country felt that it has improved.

A similar trend can be seen in physicians' views of medical care in the future. Two-thirds of Canadian physicians and around half of U.S. and New Zealand physicians were very concerned that the quality of patient care will decline in the future. In addition, 75 percent of Canadian physicians thought that in the future, patients will have to wait longer than they should to get medical treatment; only in the United States did fewer than half of physicians hold the same opinion.

EXHIBIT 1**Generalist And Medical Specialist Physicians' Views On Quality Of Care, In Five Countries, 2000**

	AUS	CAN	NZ	UK	US
Percent who said their ability to provide quality care has					
Gotten worse in the past five years	38% ^a	59%	53%	46%	57%
Improved in the past five years	26 ^a	10 ^a	21 ^a	25 ^a	15
Stayed about the same	33 ^a	28	26	29	25
Thinking about the future, percent who were ^b					
"Very concerned" that quality of care will decline	44 ^a	62 ^a	52	39 ^a	53
"Very concerned" that patients will wait longer than they should for medical treatment	53 ^a	75 ^a	67 ^a	68 ^a	41

SOURCE: Commonwealth Fund/Harvard/Harris 2000 International Health Policy Survey of Physicians.

^a $p < .05$ for differences with the United States.

^b Response categories for assessment of the future included very concerned, somewhat concerned, and not too concerned.

■ **Concerns about hospital care.** In all five countries many physicians gave low marks for the jobs their hospitals do in finding and addressing medical errors. They also reported that their hospitals discouraged them from reporting or did not encourage them to report medical errors. (Exhibit 2). Thirty percent of U.S. physicians and 37 percent of Canadian physicians rated their hospitals as fair or poor at finding and addressing medical errors, as did 41–56 percent of physicians in Australia, New Zealand, and the United Kingdom. Of similar concern, 43 percent of physicians in Canada and 41 percent in the United States said that they are discouraged from report-

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EXHIBIT 2**Generalist And Medical Specialist Physicians' Ratings Of Hospitals In Which They Practice, In Five Countries, 2000**

	AUS	CAN	NZ	UK	US
Finding and addressing medical errors					
Excellent	6% ^a	9% ^a	5% ^a	3% ^a	15%
Good	41 ^a	47	39 ^a	29 ^a	50
Fair	37 ^a	31 ^a	38 ^a	38 ^a	25
Poor	9 ^a	6	8	18 ^a	5
Nursing staff levels					
Excellent	5 ^a	3 ^a	2 ^a	2 ^a	11
Good	32	27 ^a	23 ^a	10 ^a	34
Fair	49 ^a	45	51 ^a	39	41
Poor	13	23 ^a	21 ^a	45 ^a	12
Emergency room facilities					
Excellent	16 ^a	8 ^a	13 ^a	5 ^a	26
Good	49	43	50	42	46
Fair	26	34 ^a	25	28	23
Poor	8 ^a	13 ^a	8 ^a	18 ^a	4
Discouraged from reporting or not encouraged to report medical errors	64 ^a	42	63 ^a	31 ^a	41

SOURCE: Commonwealth Fund/Harvard/Harris 2000 International Health Policy Survey of Physicians.

^a $p < .05$ for differences with the United States.

ing or not encouraged to report medical errors, as are 63–64 percent in Australia and New Zealand. Only in the United Kingdom was the figure lower, at 31 percent.

In all five countries a majority of physicians rated hospital nurse staffing levels negatively. Eighty-four percent of U.K. physicians rated nursing staff levels as fair or poor, as did 53–72 percent of physicians in the other four countries (Exhibit 2). Also, a substantial number of physicians expressed concerns about the adequacy of emergency room (ER) facilities. In Canada and the United Kingdom nearly half of physicians rated the adequacy of their hospitals' ERs as fair or poor.

■ **Resources.** In four of the five countries, physicians reported major shortages of resources in areas important to quality of care. Only in the United States were shortages not seen as a significant problem, with the exception that U.S. doctors shared other physicians' belief that there are inadequate numbers of nurses in the hospitals where they practice or to which they admit a majority of their patients (Exhibit 3). The survey found that 63 percent of Canadian and 47 percent of U.K. physicians reported shortages of the latest medical and diagnostic equipment in their communities. In addition, more than 70 percent of U.K. and Canadian physicians reported a shortage of hospital beds; only 12 percent of U.S. physicians did so.

More than half of physicians in Australia, Canada, and the United

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EXHIBIT 3
**Generalist And Medical Specialist Physicians' Views On Problems In Health Care,
In Five Countries, 2000**

Problem	AUS	CAN	NZ	UK	US
Inadequate community resources					
Latest medical and diagnostic equipment	13% ^a	63% ^a	29% ^a	47% ^a	8%
Hospital beds	67 ^a	72 ^a	57 ^a	79 ^a	12
General practitioners	17	55 ^a	5 ^a	44 ^a	19
Medical specialists or consultants	30 ^a	61 ^a	36 ^a	62 ^a	13
Home care	55 ^a	60 ^a	48 ^a	66 ^a	24
Long-term care and rehabilitation facilities	74 ^a	74 ^a	48 ^a	81 ^a	35
"Major problem" for their own medical practice					
Limitations on hospital care	34	35	33	51 ^a	38
Limitations on or long waits for specialist referrals	54 ^a	66 ^a	78 ^a	84 ^a	27
Long waiting times for surgical or hospital care	66 ^a	64 ^a	80 ^a	77 ^a	7
Limitations in ordering diagnostic tests or procedures	9 ^a	37 ^a	26	30 ^a	21
Patients cannot afford necessary prescription drugs	10 ^a	17 ^a	27 ^a	10 ^a	48
Limitations on drugs one can prescribe	12 ^a	17 ^a	37	8 ^a	41
External review of clinical decisions to control costs	21 ^a	13 ^a	16 ^a	19 ^a	37
Not having enough time with patients	37	42	32 ^a	62 ^a	42

SOURCE: Commonwealth Fund/Harvard/Harris 2000 International Health Policy Survey of Physicians.

^a $p < .05$ for differences with the United States.

“Nearly half of U.S. physicians reported that patients’ not being able to afford prescription drugs was a major problem.”

Kingdom reported a shortage of home care, compared with 24 percent of U.S. doctors. Likewise, more than 70 percent of physicians in Australia, Canada, and the United Kingdom reported shortages of long-term care and rehabilitation facilities (versus 35 percent in the United States). In Canada and the United Kingdom more than 60 percent of physicians reported community shortages of medical specialists; only 13 percent of U.S. physicians did so.

■ **Waiting times.** The survey also asked about quality-of-care problems in the physicians’ own medical practices. Waiting times for care emerged as a key concern among physicians in all countries but the United States (Exhibit 3). More than half of physicians in all but the United States said that waiting lists for specialist referrals and for hospital and surgical care were a major problem.

To probe for comparisons of waiting times, the survey included two profiles of patients in need of medical procedures and asked physicians how long such a patient would typically wait for care in their country. When asked about waiting times for a breast biopsy for a woman with an ill-defined mass but not adenopathy, more than eight of ten physicians in the United States (85 percent), the United Kingdom (83 percent), and Australia (82 percent) said that this patient would get a breast biopsy within two weeks, versus 58 percent in Canada and 62 percent in New Zealand. Nearly four in ten physicians in Canada and New Zealand said that women with this condition would have to wait more than three weeks; this figure was just 8 percent in the United States. When physicians were asked about another more elective procedure, hip replacement, the gap between the other four countries and the United States widened. The survey found that 93 percent and 92 percent of New Zealand and U.K. physicians, respectively, and 60 percent and 70 percent of Canadian and Australian doctors, respectively, said that a sixty-five-year-old patient who required a routine hip replacement would have to wait more than six months, compared with 1 percent of U.S. physicians. For this procedure, the United States is unique in that 51 percent of U.S. doctors reported that their patients would wait less than one week for a hip replacement operation.

■ **Other limits on care.** There were two other areas in which the United States was found to be unusual in physicians’ reports of practice problems. Nearly half (48 percent) of U.S. physicians reported that patients’ not being able to afford necessary prescription

drugs was a major problem in their medical practice. This problem was named by only 10 percent of U.K. and Australian doctors. More than a third of U.S. physicians said that external review by outside groups for clinical decisions to control costs was a major problem for their medical practices. U.S. physicians also led the other countries in the proportion of physicians reporting limitations on the medications they could prescribe.

Physicians in all five countries expressed concerns about not having enough time with patients, with a third or more saying that this is a major problem for their practice. U.K. physicians appeared to be particularly concerned, with 62 percent reporting this as a major problem.

■ **Patients’ problems.** When asked about problems patients encounter when seeking care, the U.S. and New Zealand health care systems stand out for physicians’ reports of financial burdens on patients and the problems patients face paying medical bills. While U.S. physicians did not report shortages or long waiting times and were generally satisfied with hospital resources, they expressed general concerns about their patients’ ability to pay for care and prescription drugs (Exhibit 4). Out-of-pocket costs were seen as a problem by a majority of physicians in only two countries, the United States and New Zealand, where more than 60 percent of doctors said that patients “often” have difficulty affording out-of-pocket costs. Only in the United States (52 percent) and New Zealand (54 percent) did a majority of physicians express concern that this problem will worsen in the future.

Physicians were also concerned that their patients lack access to

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**EXHIBIT 4
Generalist And Medical Specialist Physicians’ Perceptions Of Patients’ Problems, In Five Countries, 2000**

Cost problems	AUS	CAN	NZ	UK	US
Percent reporting occurs “often”					
Patients have difficulty affording out-of-pocket costs	34% ^a	19% ^a	60%	26% ^a	61%
Patients get sicker because they are not able to get the health care they need	7 ^a	12 ^a	25	18	17
Percent saying they are “very concerned” that patients will not be able to afford the care they need	33 ^a	32 ^a	54	23 ^a	52
Care problems					
Percent reporting occurs “often”					
Patients do not receive preventive care	26 ^a	24 ^a	36	39	36
Patients lack access to newest drugs or medical technology	15 ^a	26	51 ^a	26	26

SOURCE: Commonwealth Fund/Harvard/Harris 2000 International Health Policy Survey of Physicians.

^a $p < .05$ for differences with the United States.

preventive care. Although access to the latest drugs is being discussed in all five countries, only in New Zealand did a majority of physicians report that patients often lack access to the newest drugs and medical technology (Exhibit 4).

■ **Improving quality of care.** Physicians in all five countries favor reforms that would allow them to spend more time with their patients, improve patients' access to specialized medical care, provide improved systems for reducing medical errors, improve nursing or home care follow-up after discharge, allow for better access to preventive care, and further patient education (Exhibit 5). The only question showing differences of opinion among physicians was one discussing better access to new prescription drugs. Nearly half of U.S. and New Zealand physicians saw this as a very or extremely important way to improve quality of care. For U.K. physicians (17 percent), the issue was not such a concern.

In addition to these more basic approaches to improving quality of care, physicians were queried about other system changes that might improve the quality of care in their countries. Improved use of new information technologies emerged as one strategy. Asked about current use of electronic medical records or electronic prescribing

EXHIBIT 5

Generalist And Medical Specialist Physicians' Views On Ways To Improve Care And Usefulness Of Quality Information, In Five Countries, 2000

	AUS	CAN	NZ	UK	US
Ways to improve quality of care ^a					
Spending more time with patients	70% ^b	70% ^b	64% ^b	76%	76%
Better access to specialized care	55	77 ^b	72 ^b	71 ^b	49
Better access to new prescription drugs	33 ^b	40 ^b	50	17 ^b	48
Improved systems for reducing medical errors					
Better nursing or home care follow-up after discharge	53 ^b	49 ^b	48 ^b	54 ^b	63
Better access to preventive care and patient education	76 ^b	76 ^b	64	76 ^b	67
	70 ^b	70 ^b	76	61 ^b	78
Quality information ^c					
Electronic prescribing of drugs	54 ^b	36 ^b	56	88 ^b	42
Electronic patient medical records	43	43	49	66 ^b	49
Comparisons of medical outcomes of selected procedures	37	42	38	37	41
Treatment guidelines or protocols	45 ^b	51 ^b	33	30	34
Reports from patients and families about satisfaction with care	36 ^b	36 ^b	36 ^b	34 ^b	42
Profiles comparing doctors' practices relative to peers	25	25	31	26	26

SOURCE: Commonwealth Fund/Harvard/Harris 2000 International Health Policy Survey of Physicians.

^a The survey asked physicians to rate how effective they thought each would be for improving quality of care on a scale of 1 to 5, with 5 being extremely effective. The exhibit reports scores of 4 or 5.

^b $p < .05$ for differences with the United States.

^c Percent saying would be (or are) "very useful."

“Physicians in all five countries are more satisfied than the public is with their health care systems overall.”

systems, a minority of physicians (17–24 percent) in the United States, Canada, and Australia (three countries reporting frequent use) said that these systems were often used by physicians in their countries. Physicians in the United Kingdom and New Zealand were more likely to indicate current use of such systems, with a surprising majority of generalists in both countries saying that such systems were often used (59 percent and 52 percent, respectively), although only a minority of specialists agreed (22 percent and 14 percent, respectively).

Across the five countries, nearly half of physicians (66 percent in the United Kingdom) thought that electronic records would be “very useful” if put in place (Exhibit 5). Doctors in all five countries were less enthusiastic about the usefulness of comparisons of medical outcomes of selected procedures, treatment guidelines or protocols, and reports of patient satisfaction. There was support for all three efforts, with one-third to more than 40 percent of physicians saying that they thought these efforts would be very useful and a considerable number of Canadian physicians saying that the implementation of treatment guidelines or protocols would be very useful. Use of profiles comparing doctors’ practices relative to peers received the least support, with only one in four physicians rating these efforts as very useful.

In addition, a large majority of physicians in all five countries favored releasing information to the general public about the quality of care provided by hospitals (Exhibit 5). The survey, however, did not ask about specific types of quality information to be released. Thus, some measures of hospital quality may remain controversial among physicians even though they endorse the idea of publicly released quality data as a general principle.

■ **Satisfaction with the health care system and medical practice.** Despite the problems they see with their own health care systems, physicians in all five countries are more satisfied than the public is with their health care systems overall. They also reported satisfaction with their medical practices, although many were concerned about their ability to keep up with developments in medical practice.

The study used a measure of physician satisfaction with health system performance that has been used in prior surveys of both the general public and physicians. Physicians’ views were slightly more

negative in the United States than in the other four countries (Exhibit 6). U.S. physicians were somewhat less likely to see their current system as working well and more likely to think that it needed complete rebuilding. (The differences between the United States and the other countries were small but statistically significant.) Since 1991 there has been a decline in U.S. and Canadian physician satisfaction with their health care systems.³ However, it should be noted that they are the only two countries with trend data available. In 1991, 23 percent of U.S. physicians said that their health system worked pretty well and only minor changes were needed. By 2000 the figure had fallen to 17 percent. A similar attitude change is observed in Canada: from 33 percent in 1991 to 24 percent by 2000.

Along with these findings, physicians in all five countries reported that they were relatively satisfied with their medical practices, even in the face of constraints on their practices. About two-thirds of New Zealand (63 percent) and U.S. (68 percent) physicians said that they were very or somewhat satisfied with their current medical practice, as did more than seven of ten physicians in the United Kingdom (72 percent), Australia (72 percent), and Canada (71 percent). However, in none of the five countries did the majority of physicians report that they were “very” satisfied with their medical practice (only 21 percent in Australia, 18 percent in Canada, 12 percent in New Zealand, 14 percent in the United Kingdom, and 18 percent in the United States).

Physicians also expressed concerns about their ability to remain knowledgeable and to keep up with the latest developments in medicine. Only a minority of physicians in all five countries (ranging from 33 percent in the United States to 15 percent in New Zealand) reported that they were very satisfied with their ability to keep pace in their profession.

EXHIBIT 6**Five-Nation Overview Of The Health Care System, Public Versus Physicians, 1998 And 2000**

	AUS		CAN		NZ		UK		US	
	Public	MDs	Public	MDs	Public	MDs	Public	MDs	Public	MDs
System works well— minor changes needed	19%	27% ^a	20%	24% ^a	9%	24% ^a	25%	23% ^a	17%	17%
Some good things— fundamental change needed	49	66	56	72	57	70	58	70	46	71
System needs complete rebuilding	30	7 ^a	23	4 ^a	32	7 ^a	14	7 ^a	33	12

SOURCES: Public: Commonwealth Fund/Harvard/Harris 1998 International Health Policy Survey. Physicians: Commonwealth Fund/Harvard/Harris 2000 International Health Policy Survey of Physicians.

^a $p < .05$ for differences with the United States.

Summary And Policy Implications

The findings of this five-country survey are stark. Despite increased national spending on health care in each of the five countries and substantial improvements in medical technology, practicing physicians believe that the quality of care provided to their patients is deteriorating. To physicians in these countries, efforts to constrain health care costs are seen as being harmful to patient care. National health systems, often described by experts as efficient and well run, are seen by their own practicing physicians as plagued with shortages of health professionals and inadequate facilities and equipment. Canadian and U.K. physicians expressed the most concern. Of particular note, physicians in all five countries were concerned with a serious shortage of nurses or specialized medical care, or both.

Despite some similarities with the other four countries, the situation for health care in the United States is the exception. Physicians saw problems caused by patients' inability to pay for needed care. They worried about patients' going without prescription medications and without other medical care because of their inability to pay for care, rather than overall resource shortages. They also reported having the problem of third-party external review bodies interfering with their ability to provide needed care.

Physicians in all five countries reported a concern that not enough is being done to address the problems of hospital medical errors, an issue gaining visibility in the United States.⁴ The agreement on a shortage of nurses is also striking. This survey finds physicians reporting a serious nursing shortage in all of the English-speaking countries, a situation that seems to have escaped the notice of many of these countries' leaders.

Basic issues dominate reporting of quality concerns. Unfortunately, for policymakers, many of these issues can be addressed only by providing more resources to health care in some of the countries surveyed, particularly for hospitals, or to expand insurance coverage more broadly in the United States and provide more comprehensive benefits in New Zealand.

Yet physicians also endorse efforts that would provide new information resources to help them improve quality of care in their practices. In all five countries, computer and Internet revolutions are sweeping into the world of medicine. Physicians place a high priority on using these tools more effectively to prescribe drugs and monitor medical record information. Although these efforts did not have the same level of salience as did reform ideas for increasing resources for care, physicians' positive support for such measures is notable.

IT IS IMPORTANT TO NOTE that cost containment policies by either governments or private managed care plans are not invisible to practicing physicians. Many see these activities as a direct threat to their patients. Those involved with constraining health expenditures must provide more convincing evidence that limiting resources can still lead to better quality of care. It is striking that physicians in five different health systems feel that their country is headed in the wrong direction on this issue.

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NOTES

1. For results of previous surveys, see K. Donelan et al., "The Cost of Health System Change: Public Discontent in Five Nations," *Health Affairs* (May/June 1999): 206-216; C. Schoen et al., "Health Insurance Markets and Income Inequality: Findings from an International Health Policy Survey," *Health Policy* 51 (2000): 67-85; and K. Donelan et al., "The Elderly in Five Nations: The Importance of Universal Coverage," *Health Affairs* (May/June 2000): 226-235.
2. For more details on survey procedures, contact Kimberly Scoles, Harvard School Public Health, 677 Huntington Avenue, Boston, Massachusetts 02115. The nature of these international surveys makes reporting response rates problematic, for two reasons. First, the survey firms in the different countries (contractors to Harris Interactive) do not collect this information, and their approaches to sample selection and follow-up across the five countries differ enough to make the response rates noncomparable. Second, this particular case sampling was done with different lists of physicians across the five countries. This, again, means that response rates are not comparable because the rosters of those interviewed differed in their composition.
3. R. Blendon et al., "Physicians' Perspectives on Caring for Patients in the United States, Canada, and West Germany," *New England Journal of Medicine* 328, no. 14 (1993): 1011-1016.
4. Institute of Medicine, *To Err Is Human: Building a Safer Health System* (Washington: National Academy Press, 1999).