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# Are all those pins really necessary?

I removed 16 straight pins from a newly purchased man's shirt. There were 3 pins in the cuff alone, and a few other pins were placed in a seemingly random and excessive manner. I wondered if these pins were meant to make the shirt look better and if, in any way, they would make it wear better. How is the cost of the pins and the labor to place them justified? Perhaps the pins are intended to make a poor-quality shirt appear better, and more desirable.

Locating and carefully removing all those pins to ready the shirt for wearing, I likened the excessive pinning to all the pins that we have stuck into our healthcare system in search of improvements. As we perform "time-outs" and fill in numerous checklists in the name of "quality," do we really have any evidence that these measures work? These processes certainly sell better to those who don't know anything about caring for patients—those who are likely responsible for instituting these rules in the first place. It is difficult to argue against these seemingly innocuous measures, which are intended to reduce the number of medical errors. No one can argue that saying a patient's name before surgery can be harmful. But saying it 5 times and not paying attention to the patient herself? Hmm . . .

At some point, I am willing to wager that these procedures can desensitize. This is essentially the same desensitization technique that was used in early medical sexual education courses when we were shown multiple X-rated movies to desensitize us to sex. Checklist after checklist, name, number, name, number, name, number—desensitize the medical healthcare team and avert their attention to the very issues they are trying to focus upon! And what happens when the procedures fail and someone does get hurt? More procedures and regulations are layered on top of those that didn't work. We need to replace the original process, not add more pins.

Additionally, I wonder what costs these multiple, unproven processes add to our healthcare budget. I am willing to wager that we can cut the healthcare budget significantly if we cut all those who must be hired to ensure that all the checklists are being completed—processes not proven to increase the quality of care. With all of the demand for evidence-based medicine, why don't we require evidence for the efficacy of its monitoring? Even though these processes may be effective in other industries, we might be surprised if we made an effort to document their effect on healthcare outcomes. We may find they are only making the process "appear" safer.

It is time for us to find out which "pins" are needed in the healthcare shirt, remove those that are unnecessary, and get back to caring for the garment at hand.

Collegially,

SANDRA CARSON, MD



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