

LETTERS

METAL-ON-METAL HIP IMPLANTS

We must not forget the benefits of these devices

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I have congenital acetabular dysplasia of the left hip and had three unsuccessful operations before having a hip resurfacing procedure.

I read the Medicines and Healthcare Products Regulatory Agency alert and Cohen's article from two perspectives—as a patient who is unsure whether my implant is covered by the alert, and as a human factors specialist who works to understand why incidents and errors occur.

From a human factors perspective I would say that healthcare organisations are good at complying with standards and regulation, but if the regulatory context has weaknesses, compliance won't always equal safety.

To learn about what went wrong we must consider human factors. Cohen's article describes unheeded warnings by senior managers and decision making traps like "groupthink" and "fixation" being at play as the evidence about the risks emerged.¹

As a patient, I would say that the next few months present the best opportunity to identify the size of the risk and the number of patients affected. The central alerting system must collect

robust data, not simply a statement assuring the Department of Health of each trust's compliance with the alert.

It would be useful to issue patient information describing the process from now on. For example, I have moved since 2002 and know that my operation took place before the National Joint Registry was fully operational. I have told the treating hospital of my latest address, but other patients may not think to do this.

Finally, these devices have greatly improved the quality of life for many patients. My operation in 2002 transformed my life and I am now physically active. We must not forget these benefits.

Competing interests: JC is a human factors specialist who supports NHS organisations to embed human factors and improve patient safety.

1 Cohen D. How safe are metal-on-metal hip implants? *BMJ* 2012;344:e1410. (28 February.)

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