



# Human Factors in Medicine

## Perspectives from 1-g and micro-g

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HFES journal club  
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# The Articles

- Morris AH. Rational use of computerized protocols in the intensive care unit. Crit Care. 2001 Oct;5(5):249-54. Review.
- Williams DR. A Historical Overview of Space Medicine. McGill Journal of Medicine. 2001; 6(1): 62-65.
- Melton S, Beck G, Hamilton D, Chun R, Sargsyan A, Kirkpatrick AW. How to Test a Medical Technology for Space: Trauma Sonography in Microgravity. McGill Journal of Medicine. 2001; 6(1): 66-73.



# A Thought Exercise...

What are some of the human factors issues associated with using a thermometer to take a patient's temperature?





# Factors in Medical Error

- Vast information recall
- Multiple alarms (33 in one ICU)
- Long work hours
- Complex interfaces
- Communication breakdown between doctors and nurses (2% of staff comm)
- High stress levels
- Complex technologies
- Often reactive rather than proactive
- Intermittent contact with high patient volume
- **Doctors' handwriting...**



# Deadly Errors...

**MEDICAL CENTER HOSPITAL**  
500 - 600 W. 4TH STREET ODESSA, TEXAS Ph. 333-7111

FOR Varguez Raulon AGE             
ADDRESS 1111111111111111 DATE 6/23/95

Plendil 20mg # 120 -  
20mg P.O. Q6hr

NO REFILLS ☐ Ferron sulfate 300mg # 100  
REFILLS 300mg P.O. TID c meals -

LABEL ☐ Humulin N  
30 units SQ QAM.  
Ram/Callan

PRODUCT SELECTION PERMITTED DISPENSE AS WRITTEN

D.E.A. #           

730 037-2/88 IM 88-270

“Although it allegedly calls for Isordil, the pharmacist filled it as Plendil. The jury's \$450,000 judgment, finding both the cardiologist and pharmacist negligent, is believed to be the first of its kind nationwide to focus solely on bad handwriting.” – *American Medical News*, 1999



# Reducing Clinical Error

- Clinical error rates may be as high as 50%
  - Inter-clinician variability
  - Internal inconsistencies
  - Nonstandard use of medical terminology

“Standardization of clinical decisions is needed not only for clinical practice but also for rigorous clinical research.”



# Computerized Protocols

- Standardize clinical decisions
- Lead to uniform implementation of clinical interventions
- Aids in both clinical practice & research

**patient-  
specific  
data**



**patient-  
specific  
therapy**



# Not Perfect...

What sorts of issues would you expect a tool like this to introduce to the problem?







# Time to think again...

What are some  
of the unique  
challenges for  
diagnosis and  
treatment in  
microgravity?





# Some Complicating Factors

- Organs and sites of pain can shift in micro-g, making diagnosis quite a challenge
- Many crews lack doctors & crew medical training is limited to <60 hrs (usually only 16!)
- Even trained physicians don't get much practice on a long mission
- An unscheduled medical evacuation would cost around \$500 million



# Telemedicine



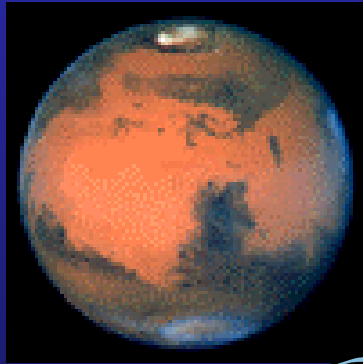
“Utilizes information and telecommunications technology to transfer medical information for diagnosis, therapy and education”

- images
- audio and video
- patient medical records
- output data from medical devices

<http://www.atmeda.org/about/aboutata.htm>



# Long-distance bills...



But...  
communications  
lags on a Mars mission  
could be as high as 40  
minutes round-trip...

And an emergency  
return to the Earth  
could take up to  
a year...



# 3 Levels of Care

Increasing Access to Information



Data Acquisition by CMO with  
Real-Time Guidance & Analysis  
Provided by the Ground

Independent Data Acquisition  
by CMO with Expert Analysis  
Provided by the Ground

Independent Assessment,  
Analysis, and Action by CMO

Decreasing Interaction and Time





# Crew Health Care System (CHeCS) for ISS

- Environmental Health System
  - Monitors radiation, air & water quality, and surface microbes
- Countermeasure System
  - Provides exercise, fluid loading, drugs, etc. to help fight the deconditioning effects of micro-g
- Health Maintenance System
  - Prevention, diagnosis, and treatment of ISS crew



# Considerations for Medical Hardware & Care Kits

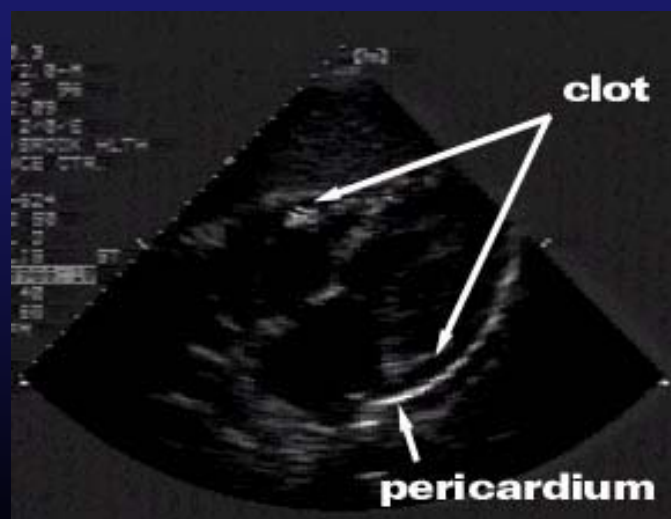
- Mass, volume, and power requirements
- Shelf life of components
- Simplicity of use and maintenance
- Modular
- Safe and effective in reduced gravity





# Trauma Sonography

- Blunt trauma is one of the most likely serious medical events in space
- FAST sonography can be used to detect trapped fluid or air
- Ultrasound is harmless, portable, and already available on ISS







# Looking Forward



<http://robosapiens.mit.edu/davinci.htm>

- Expert medical systems
- Minimally-invasive surgery
- Robotic surgery
- Mandatory appendectomy for space travelers?



# Discussion Point

How can we take advantage of the microgravity environment in developing medical care, rather than fighting against it?

