Summary
The public is often poorly informed by the media about various medical problems. In many parts of the medical information is a problem not only in the interactive dynamics, which includes journalism and the medical profession, but also in the acceptance of responsibility on both sides about the right way to inform the public. Sensationalism, bias, conflicts of interest and lack of continuous coverage are just some of the reasons for poor informing of public by media. Serious Untoward Incident (SUI) is an accident or incident in which a patient, medical staff or citizen suffered a serious injury, major permanent harm or unexpected death (or the risk of death or injury) in the hospital, other areas associated to hospital or other areas where providing medical services and activities where medical staff can cause significant concern of the public and the media. SUI is a serious medical problem with the possible unwanted consequences not only for patients but also for people involved in their care. Although the Law on Defamation built defensive power of individuals in the UK, it is still needed to work more on fight against media defamation and libel from the Internet web site and forums.

Keywords: media, medicine, SUI, serious untoward incident, UK

1. Introduction
NHS (National Health Service) in United Kingdom is the largest publicly funded health service in the world. From its beginnings in 1948 it is one of the most effective, most equal and most comprehensive world health systems. This system was created on the basis that health care should be available to all citizens regardless of their assets. With small exceptions for the payment of some recipes and ophthalmic and dental services system is free for all citizens with residence in the UK, which represents more than 60 million people.

The health system employs more than 1.5 million people, of which little bit less than half are clinically qualified, including about 90 000 doctors in hospitals, 35 000 general practitioners, 400 000 nurses and 16 000 emergency medical personnel. The entire system is based on concern for patients and patients are in the center of all events in the system. Free care for patients is based on the needs of the patient, not the payment options, continuous improvement, reduction of health inequalities, respect patient privacy and open access to services, and is just some of the basic principles on which the system is based.

The public is often poorly informed by the media about various medical problems (1). Medical workers blame the media coverage saying that journalists are careless in their statements because of competitive pressures and ignorant to the scientific medical process. On the other hand, journalists blame the medical profession for obstruction and inadequate access to medical archives. In many parts of the medical information is a problem not only in the interactive dynamics that includes both the profession, but also the acceptance of responsibility on both sides of the right to inform the public. Sensationalism, bias, conflicts of interest and lack of continuous coverage are just some of the reasons for poor information to the public by the media.

Reports of medical events that can be confusing because of unresolved medical problems open to multiple information. Patients have different information needs and desires than the rest of the public. Journalist’s priority should be accurately and clearly reporting the results with secondary concern for the success of their media reports. While journalists generally consider themselves reporters, rather than educators, at the same time the public expects their report that includes an educational element. (2) Financial and other interests can affect the quality and content of medical reports in the media. Full information about financial support and formal guidelines on media reporting could limit improper financial interests.

Journalists which report to the citizens about medical issues, consciously or unconsciously, provide information that can affect the behavior of medical workers and the general public. (3) It has already been proven that many journalists agree that they are insufficiently trained in the complete understanding of all medical studies. (4) It is clear that the medical profession would not only have
to look for better education of journalists in the field of medical science, but should also to seek medical news to be published in the form of understandable reports relevant to the reality of the complexity of medical problems.

2. SUI

Serious Untoward Incident (SUI) is an accident or incident in which a patient, medical staff or citizen suffered a serious injury, major permanent harm or unexpected death (or the risk of death or injury) in the hospital, other areas associated to hospital or other areas where providing medical services and activities and where medical staff can cause significant concern of the public and media. (5) “Near misses” or prevented incidents for patient safety must also be registered.

Reporting about SUI is provided as a way of strategic information to official medical authorities and health departments on incidents that require direct action. (6) SUI committee is established by the responsible local official medical authorities for the purpose of taking statements from all who were involved in the incident as soon as possible, and to provide all necessary support and advice. If it is a case of clinical incident than the patient, his closest relatives and their GP will be notified about this investigation and its progress. Serious adverse incidents that fall under the category of SUI are the ones who cause serious adverse effects on one or more patients, causing serious interruption of medical services, attract media attention or lead to legal cases.

In addition to state and local accredited health institutions, if needed, it is necessary to inform the Service of the Ministry of Health authorized for patient safety and investigations, Service for serious Hazards of Transfusion (SHOT), Health Protection Agency (HPA), the National Agency for patient safety (to which all incidents must be reported), the Service for litigation, the National Service for confidential inquiries, the Strategic Health Services, etc. (7)

As examples of serious untoward incidents that must be reported may be taken: (8)

- Infections associated with health services:
- Death caused by MRSA or Clostridium difficile bacteria;
- Two or more cases of Clostridium difficile infection in the same department during one week and/ or third case in the same department during one month, etc.

Motherhood:
- Death of mother at birth;
- Unplanned hysterectomy;
- Unexpected admission to intensive care of mother;
- Forgotten gauze or instruments after surgery;
- Unexpected neonatal death of infants aged 0-28 days, etc.
- Admission of persons under the age of 16 years on the Department of Mental Health of adults:
- Planned transfer to the appropriate department within 48 hours;
- Planned medical care for persons under the age of 16 years in the meantime, etc.

Death in custody:
- All deaths in custody must be logged on as an SUI. Murder with the participation of users of mental health services:
- When a murder is committed by a person who was under the care of mental health services, etc.
- Protection of vulnerable elderly:
- Closure of old age homes because of allegations related to health care and/or when such states may have media interest, etc.

Incidents related to security of information:
- All incidents that may lead to breach of confidentiality of data relating to information about a particular person and loss of data, etc.
- Surgery on the wrong side or the wrong organ.
- Wrong way of administration of chemotherapy.
- Wrong places nasal- or oro-gastric tube undetected before use.
- Intravenous administration of concentrated potassium chloride, etc.

SUI report should include:
- Description of the incident and possible consequences.
- Date of incident.
- Type of incident.
- Medical area.
- Effect on the patient.
- The level of seriousness.
- Risk assessment prior to formal investigation.
- Background context.
- Project description.
- Investigation team.
- The scope and level of investigation.
- Type of investigation, process and methods to be used.
- Inclusion and support to patients and their relatives.
- Inclusion and support assured for the personnel involved.
- Information and collected evidence.
- Chronology of events.
- Incident detection.
- Significant practice.
- Problems with provision of adequate care for the patient.
- Contributing factors.
- The original causes.
- Lessons learned.
- Recommendations.
- Arrangements for mutual learning.
- Action Plan
- Distribution list.
- Appendices.
- Name of author, title, date.

The main parts of SUI reporting process are:
- Initial report;
- Incident management;
- Investigation of the incident;
- Final Report.
When SUI incident occurs it should be categorized according to the recommendation of NPSA (National Patient Safety Agency). This categorization is as follows:

- Category A: The disastrous incident (e.g. death caused by an incident related to security of care for the patient);
- Category B: A serious incident (permanent or long-term injury);
- Category C: Moderate incident (short-term injury);
- Category D: Incident with low intensity (minimal injury);
- Other.

The SUI incident should be resolved by following the appropriate prescribed protocols. Immediately after the incident, it is necessary to track the event and inform the medical center director or his deputy. He then will organize further investigation of the process and inform the general director, Ministry of Health, representatives for communication with the media and if necessary nominate a person for a relationship with staff, patients and the family, media, etc. It also brings the decision to inform the media. Within 5 days and form a group for coordination of the incident, which is closely coordinated with the panel to study the incidents? This panel to study the incident is organized by the medical institution and it is consisted of administrative director, medical director/director of the hospital, surgery director and supporting medical staff and Management board member. They meet every two weeks and earlier if necessary. In the case of SUI they make inferences about the SUI and its resolution within a maximum of 60 days after the incident.

3. MEDIA RELATIONS

Wherever possible, health care organizations and institutions, together with the police should arrange a joint statement in communication with the media.

It is necessary to establish a working group to communicate with the media, which will include representatives of all parties involved in the incident and coordinate closely with and report to the Coordination Group of the incident. Working group for communication should focus on the organization of actions such as:

- Informing the patient/family prior to informing the media;
- Match the facts about the incident, the previous and future events;
- Making decision on a clear target for the media messages with their limitation to a maximum of three concise and specific messages;
- Creating a list of all organizations involved in the incident, their response and recommendations, and implementation of these recommendations in resolving the incident;
- Report on actions taken to prevent recurrence of the incident;
- Match all involved in working group around the main report for the media and constantly review it;
- Searching for legal advice for the main report to the media;

- Sharing responsibility for communicating with the media with the decision on the appointment of people to communicate with the media.

All media of communication should:

- Have the highest standards of public accountability and transparency;
- To guarantee the legality and legitimacy;
- Broadcast messages to the public ensuring their safety trough commitment to draw lessons from specific incidents and improve services if necessary.

The principles of “openness” (“being open” principles) are a sign of affection to advancement of communication between health care institutions, institutions and patients to improve care for patients. These principles include confirmation, apology and explanation about events related to the patient and/or their careers involved in the incidents.

In most cases SUI incident will cause great interest in the media and the public, although this does not have to happen immediately after the incident. Incident management, investigations and conclusions adopted after the incident may also be the basis for the beginning of media interest, even after many months or years following incident. It is therefore important that every health organization has developed “Protocols for media relations” which will contain instructions for proper action that must start after the incident, including protocols for cooperation with local organizations and agencies related to the coordination process with the media, as well as strategies for current and long-term way to manage media processes. It is essential that the person for communication with the media work closely with all senior associates and agencies. If the forensic or criminal cases, it is best that all media communications over to police.

Despite good organization, it is possible that the media coverage itself be reversed into an incident. Then it is necessary that the person for communication in a medical institution or region is in direct communication with a Strategic communications team of Ministry of Health to discuss with them and organizes appropriate media strategies and plans.

With the development of the Internet, media coverage is no longer just on television, radio or in newspapers. Internet websites and chat forums are part of everyday life and represent a new way of writing and raw and impulsive conversations, where the majority of participants pay little attention to any legal implications. Internet writings can be read at any place, which brings into question their validity. It is also seen as a place where you can write anonymous comments, although the increase in Internet child pornography and appropriate prosecutions raised the importance of monitoring trace through the ISP addresses (ISP–Internet Service Provider). In the past there were doubts who are the current online publishers of information related to the issue. The primary print press published the news organization and any charges due to defamation have been directed to the author of the text, the editor of newspapers or both of them. It is very rare to sue a secondary publisher or the person who sold newspapers. Unlike this, the problem with online articles is...
whether the publisher is the person who leads a website or ISP who is hosting the site.

Media publications and publication of news on television, radio, and internet or in newspapers may become subject to civil and criminal legal proceedings and the person accused of defamation may be sent to jail or pay fine. Law against defamation protects the reputation of individuals from any unjustified attacks. This law tries to balance between individual rights for freedom of speech and press freedom. Therefore, this law not only provides ways to protect the people and their reputation, but also provides the possibility of defense allegations of defamation from the set of unjustified reasons.

Allegation can be regarded as slander if it intends to:
- Expose someone hatred, ridicule or contempt.
- It causes the person to be avoided by other people.
- Decrease the value of that person by the estimation of others.
- Causes loss of employment, business, ranking or professional standards.

A person who is not suing for defamation does not have to prove that harm actually occurred. It only needs to prove that harm could occur. It must also prove that the statement was slander, that ordinary people understand that the statement refers to the plaintiff and that the statement was released to a third party.

Defamation law comes from the act on defamation from 1996 (Defamation Act) with the two publication from acts that came into force in 2000 (Defense of Offer of amends and Disposal of claims). Defamation law covers the entire spectrum of communications media from books, newspapers, magazines and other print media, to film, television and the Internet. Thanks to this law, more and more cases of successful lawsuits against defamation, and which are of particular interest and recent court decisions that a person needs to receive £10,000 from the ISP for Internet defamation. With this law, journalists are also under obligation to respect the Code of Practice of the Press Complaints Commission (Press Complaints Commission Code of Practice) with particular respect to the rights of bereaved and injured persons.

4. CONCLUSION

Although the main responsibility for the improvement of reporting and media coverage of medical problems must lie in the journalistic profession, health professionals also need to be more engaged and help journalists, especially trough education. SUI present a serious medical problem with the possible untoward consequences not only for patients but also for people involved in their care. Although the Law on defamation built defensive power of individuals in the UK, it is still needed to work more on fight against media defamation and libel from the Internet web site and forums.

REFERENCES


Corresponding author: Adnan Zubovic, MD. Regional Medical Center “Dr. Safet Mujic”, Mostar, Bosnia and Herzegovina.