

On World Patient Safety Day on 17 September 2020

What about patient safety for people with Multiple Chemical Sensitivity (MCS)?

The International Patient Safety Day was established after the World Health Assembly 2019, where 194 countries decided to improve and ensure patient safety worldwide. To realize this purpose, relevant measures are to be initiated and implemented. Patient safety is defined, among other things, as the extent to which the health care system and the people who act on it from the patient's perspective: "have a condition in which undesirable events occur rarely, safety behaviour is promoted and risks are controlled" [1].

For MCS patients, many gaps are emerging with regard to the issue of patient safety. Because:

The situation of MCS patients is characterized by medical underuse and malcare [2].

In the early stages

⇒ it is important to recognise signs of MCS more quickly in order to avoid losing valuable time through unsuitable therapy attempts and possibly risking a worsening of health [16]. For example, the German Robert Koch-Institute confirmed (2020) that MCS patients did not notice any improvement after psychotherapeutic treatment and that in some cases the delayed environmental medical diagnosis led to chronic problems and secondary to psychological stress [2].

During the progression of the disease

⇒ it is important to ensure the best possible patient care by specialists in clinical environmental medicine. The necessary measures are to be implemented to reduce symptoms and to avoid chronification, which often increases, as far as possible. In many cases this leads to incapacity to work and social isolation [10][16]. Then the everyday life of MCS patients is comparable with "corona restrictions forever".

From looking at many medical histories the German Robert Koch-Institute got the impression that "early environmental medical care could contribute significantly to the performing of purposeful diagnostics in order to shorten the path of suffering and possibly prevent secondary mental stress" [2].

In case of emergency

⇒ are MCS patients certainly confronted with dedicated doctors, but most of them also lack the necessary MCS knowledge and therefore the specific treatment competence. In addition, the incompatible hospital environment can become a problem. MCS patients represent a risk group without adequate medical care (also) in an emergency [3].

Overview: Problems for MCS patients with medical care, in an emergency or during a hospital stay:

- Lack of MCS knowledge of the doctors consulted
- Lack of a doctor of clinical environmental medicine
- Lack of supply of medicines
- Incompatible environment in surgeries and hospitals
- Incompatibility reactions during patient transport
- Lack of treatment and care competence in emergency medicine and clinics (related to MCS patients!)
- Incompatible medications and materials
- Lack of pollution free patient rooms for patients with environmental illnesses
- Lack of a central information database with references to suitable clinics (fragrance-free, environmental hospital rooms, experience with MCS patients)
- Lack of MCS guidelines and emergency protocols for hospitals and health care personnel
- Missing emergency sets for MCS patients
- Lack of a competence centre of clinical environmental medicine for any inquiries from doctors (for example tolerated narcotics), patient counselling or treatment



Valuable informations on first aid and hospital care of MCS patients

contains the "Italian Consensus on MCS (2019)" [3], which is supported by about 100 doctors, scientists and organisations. Important information on MCS is summarized here in compact form. The document is available in four languages.

The hospitalisation of MCS patients should be done in pollutant- and fragrance-free hospital rooms for environmental sick persons.

However, this offer is very rare, which is why a continuous expansion is necessary. Such patient rooms are also helpful for the increasing number of people who are allergic to fragrances! Study results (2019) by Prof. Steinemann [4] provide concrete details. In the four countries studied (USA, Australia, UK and Sweden): 7.4 % of the population reported medically diagnosed MCS, 19.9 % chemical sensitivity and 32.2 % fragrance sensitivity.

The study also states that a majority of the general population would prefer healthcare facilities to be fragrance-free [4]. Fragrance-free is also important for the aspect of creating more barrier-free!

International examples of fragrance-free clinics:

Sweden (Gothenburg region, since 2008) [7]

In principle, the idea of integration is very much cultivated in Sweden and consideration and use of fragrance-free products is also requested elsewhere [8].

USA (David Thompson region) [3]

Canada (Kingston General Hospital) [3]

There are also guidelines on fragrance-free policies in the regular workplace, supported by the Canadian Commission on Human Rights [6]!

France

Some clinics use scent-free cleaning and disinfecting products [15].

Further international examples of rudimentary solutions for more protection of chemically sensitive patients:

Australia:

The Department of Health of Victoria has already published guidelines for clinics in 2011 to help hospital administrators and healthcare professionals better meet the needs of MCS patients [5].

USA:

Mercy Medical Center in New York developed a protocol for chemically sensitive patients that represents a milestone in the availability of hospital facilities for these patients and which is the basic reference protocol [3].

Spain:

In the Madrid region, an emergency admission protocol for MCS patients was introduced in 2018 for all hospitals [3].

Italy:

In Ferrara and Lecce there are special clinic protocols for the admission and care of MCS patients. An MCS emergency admission protocol has also been implemented in Rome. Other regions have introduced exceptional ambulatory admission and hospitalisation protocols for MCS patients at their clinics (without integration into the hospital day) [3].

Luxemburg:

Luxemburg founds a national centre for environmental medicine. A treatment environment free of harmful mobile phones, electrosmog, perfumes or chemical emissions for the most serious cases of hypersensitivity [9].

Germany:

Two environmental patient rooms were installed in North Germany in 2011 [12]. Another environmental patient room is now under construction in southern Germany [13]. However, these hospital rooms are not accompanied by an environmental medicine department or a treatment centre for MCS patients [12].

There is an urgent need to improve the medical care of MCS patients and thereby to guarantee their patient safety, too. There are also helpful aspects of solution to the "challenge of hospitalisation". Even if the problem situation cannot be solved in one step due to its complexity: There are approaches for a successive optimization, as international examples show [3].

Non-binding draft for theme-related publication on homepages of self-help groups etc. (other organisations which know MCS)! No copyright - welcome to use for copying, further distribution or changing (necessary adaptation to the national situation). For press work or similar, additional explanations about MCS would of course be necessary. Disclaimer: Non-binding, not professional, translation made with DeepL.

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