1. Why do you think Dr. Ofri decided to write this book? Why might this book be important for both casual readers and those in the medical field?

2. We all expect the medical system to take care of us and not cause harm. However, as the author mentions, medicine is a human profession. People are fallible and subject to uncertainty. How do you—as a potential patient—grapple with that reality?

3. The media shapes how we view and interact with issues. In what ways has the media driven the call for change of the medical system? How might it also have done harm?

4. Efficiency is typically viewed as beneficial, but when might it become detrimental? Have you had experiences where a focus on efficiency has caused unintended consequences?

5. Healthcare is urged to take safety lessons from the aviation industry. In what ways is this a fair—or unfair—comparison?

6. Although money isn’t explicitly discussed much in the book, it is hinted at in several places. Tara wonders if Jay wasn’t transferred to the ICU because of financial issues.
Nancy has a similar thought about Glenn’s delayed transfer to the burn center. How much of a role do you think money plays in clinical decisions by doctors, nurses and hospitals?

7. Dr. Ofri profiles two major pillars of the Danish approach to medical error. All adverse events (even ones that aren’t errors) are reported to a national database, and these reports cannot be used against any medical professional. Separate from this, any patient can apply for compensation for medical care that harmed them (without having to get a lawyer or file a lawsuit.)

   a. From a patient’s perspective, what are the pros and cons of the Danish and the American systems?
   b. What about from a doctor’s perspective?
   c. What about from the perspective of society, in terms of making the healthcare system safer overall?

8. Both Tara and Nancy filed lawsuits over the medical care their husbands received. Do you think lawsuits achieved the goals Tara and Nancy were pursuing? What do you think was the effect of the lawsuits on the hospitals and the individual doctors, nurses, and administrators?

9. There are many nurses featured in this book, most as key patient-care advocates but a few—as in Jay’s medical care—who did not stand up to the system. How does our society view nurses? How does this compare to how it views doctors?

10. Is there a “gold standard” when it comes to practicing medicine? How might the notion of a gold standard serve—or not serve—patients, especially when they are facing a possible medical error?

11. How might bias and discrimination contribute to medical errors? How might the healthcare system root out bias? Do you think it’s possible?

12. If you have experienced medical error or know someone who has, does this book change how you view the experience?

13. Dr. Ofri offers several different ways to potentially minimize error, from training simulations to patient preparedness to the implementation of artificial intelligence into diagnostics. Do you think these can make a practical dent in the system, or will they just nip at the edges? Do you have any other ideas that might help the system?