

### New Patient Compensation System for Turkey:

PCS is an official administrative body formed by the Turkish Medical Chamber and Ministry of Health. Patients or their lawyers can apply to PCS to request for or demand inquisition, determination, and compensation of their damages. PCS is formed by physicians, nurses, hospital administrators, and other healthcare professionals. All medical records are evaluated by a rotational PCS board, and if a patient sustains an avoidable medical damage, PCS grants compensation and the result of the case is declared within 6–9 months. The PCS panel would use the following criteria to determine whether compensation can be granted: “Medical injury” means a personal injury or wrongful death due to medical treatment, including a missed diagnosis, wherein the provider performed a medical treatment on the applicant; the applicant suffered a medical injury with damages; and the medical treatment was the proximate cause of the damages. Based on the facts at the time of medical treatment, it may be identified whether an accepted method of medical services was not used for treatment or an accepted method of medical services was used for treatment but executed in a substandard fashion.

PCS fund for payment will be sustained by a fixed payment from all physicians regardless of the number of claims, and physicians would not need to purchase medical malpractice insurance because they could not be sued. PCS pays a fixed amount of compensation, and physician costs remain stable in contrast to medical malpractice insurance premiums. In PCS, there is no claim to defend, no depositions, no cross-examinations, no defense lawyers, and no financial losses incurred by long-lasting courtroom sessions. In PCS, all complaints would be reviewed, more patients would have access to justice, and payment would be made in months rather than in years, as is common now. In addition, the amount paid would be rational, reasonable, and predictable. Physicians would be able to speak openly and plainly about medical errors, thereby enabling safety initiatives to be implemented.

In PCS, physicians will not be required to practice defensive medicine and will be free to exercise their judgment. Human and financial resources of the healthcare system could be saved by good clinical judgment without causing harm to patients. Those who benefit from the current system will fight against the change. Legal experts who have reviewed the proposed PCS believe that a new PCS law will be constitutional and applicable.

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DOI:10.5152/AnatolJCardiol.2015.6543

## Clopidogrel and morphine: Aggregation disturbance?

To the Editor,

Clopidogrel is the new useful drug that is widely used at present (1). Clopidogrel is a thienopyridine (1). This drug mainly affects platelets by “irreversibly inhibiting platelet aggregation by selectively binding to adenylyl cyclase-coupled ADP receptors on the platelet surface” (1). At present clopidogrel is indicated for the “prevention of ischemic stroke, myocardial infarction, and vascular death” (1). The efficacy and the safety of clopidogrel are issued to be discussed in *Clinical Cardiology* (2). Drug–drug interaction is an interesting issue while using clopidogrel (3). Compared with morphine, clopidogrel is found to have a lower efficacy when the two drugs are concordantly used (3). Recently, Hobl et al. (4) reported that “morphine delays clopidogrel absorption, decreases plasma levels of clopidogrel active metabolite, and retards and diminishes its effects, which can lead to treatment failure in susceptible individuals.” It is no doubt that this drug–drug interaction is well recognized. However, it is still questionable whether morphine, itself, has any additional protective or inductive effects on aggregation. Here, the authors use a standard chemoinformatic technique named Aggregator Advisor (Shoichet Laboratory, UCSF) for determining the aggregation property of morphine. According to the study, morphine has only a slight aggregation property (101.1 comparing to neutral agent). However, this may indicate that using morphine in combination with clopidogrel can result in many unwanted outcomes on clopidogrel treatment, and the possible induction of aggregation is an unwanted outcome that should be of concern.

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DOI:10.5152/AnatolJCardiol.2015.6559