Tips to Avoid Lawyers

Assoc. Prof. Dr. Sadiye Yolcu

Adana City Research & Education Hospital

Adana-Turkey 2019

sadiyeyolcu@yahoo.com


Nobody
is perfect

And also the doctors..

PLAN

- Definition
- Common medical mistakes
- Claims against doctors
- Advices

Malpractice (WMA)

- Not to apply standard medical intervention
- Lack of ability
- Not to administer treatment / wrong treatment

HARM

- A careful medical care is **MANDATORY..**
- The clinician is responsible for the default after treatment (malpractice)

Medical Application Fault Areas

- Permissive risk (complication)
- Non-predictable or predictable but precautions were not taken..
- The fault shouldn't happen due to deficiacy of medical knowledge/ability
- Then.. Complication → **MALPRACTICE**

Much more detail..

If not recognised on time
Recognised but precautions were not taken
Recognised+enough precautions but standard treatment was not administered…

Standard medical care

- Painstaking that a doctor must have under same conditions and same ability level..

Why are we discussing malpractice so much?

- Improvement in technology
- Increased expectations and justice
- Higher education and consciousness level
- Emerging of insurance systems
- ↓ Satisfaction ↓ Justice feeling
- ↑Claims ↑Judisal admissions ↑Media news

Default Areas

Lack of communication	Procedural defaults and technical errors
Doctor-patient dissonance	Leaving
Giving order on the phone	Refusing to give medical care without reason
Misunderstanding	Leaving the patient during procedure
Recording errors (recording is aloyal necessity..)	Discharging the patient before the right time
Exceeding the authority borders	Not giving the approppriate orders by the time of discharge
Painstaking deficiecy & incautiousness	Not to take the patient constent

Patient Constent Form

- Status of the patient
- Adviced treatment method, duration and risks
- Drugs and probable side effects
- Results, probable treatment choices ..

- If the patient refuses the procedure of treatment the results of this condition and the risks should be written on the form
- The conversation between the doctor and the patient must be noted and signed.

The constent form is not necessary?

- Emergency procedures (CPR)
- Unusual situations occured during normal treatment procedure
- Menthal disorder / patients under government care
- Forensic examination necessities

Forensic Reports

- Burns
- Industry injuries
- Blow
- Child abuse
- Elder people abuse
- Suicidal attempts
- Drug abuse
- Motor vehicle accidents

Cases according to specialities (TR)

Speciality	Number of cases	%
Gynecology & obstetrics	41	17.55
General surgery	27	12.22
Practitioner	27	12.22
Orthopaedics	20	9.05
ENT	12	5.43
Neurosurgery	11	4.98
Anaesthesiology	10	4.52
Paediatrics	9	4.07
Dentistry	8	3.62
Emergency Medicine	7	3.17
Plastic surgery	6	2.71

MEDICAL MALPRACTICE
in the United States

17,000
Number of US Medical Malpriactice cases every year

Most Common Malpractice Claims:

Wrong Surgery Site
Wrong Patient Surgery
Misdiagnosis
Birth Injuries
Overprescribing

$799,000=
Average Jury Award to Malpractice Cases

Doctors Most Frequently Sued

Neurosurgeons 20%
Cardiovascular Sureons 19%
General Surgeons 16%
Orthopedic Surgeons 14%
Plastic Surgeons 13%
Gastroenterologists 12%
OB/GYN 11%

60%
of individuals who sue for Medical Malpractice were female

Surgery Errors make up 34% of medical malpractice cases.

Z&D
Zinda & Davis PLLC
ATTORNEYS AND COUNSELORS AT LAW

Sources: www.aana.com | www.medscape.com | www.medicalmalpractice.com

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Medical Malpractice

Medical malpractice occurs when a Medical Provider fails to fulfill his or her standard of care. This means the Medical Provider does not act as a reasonable doctor would have in that situation.

Who commits medical malpractice?

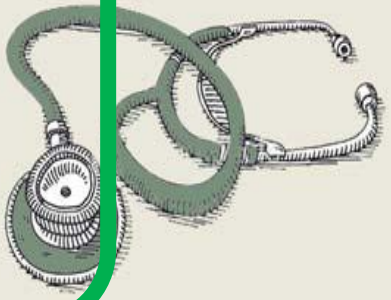
- Anesthesiologists
- Doctors
- Emergency room staff
- Pharmacists
- Technicians
- Dentists
- Hospitals
- Nurses
- Surgeons
- Therapists

What You may be Compensated for:

- Medical Bills
- Pain and Suffering
- Wrongful Death
- Lost Earnings
- Disfigurement
- Loss of Consortium

Types of Medical Malpractice:

- Failure to diagnose
- Misdiagnosis
- Anesthesia mistakes
- Wrong prescriptions
- Wrong treatment
- Birth injuries
- Surgical errors



$3.6 Billion

According to one study, medical malpractice result in about $3.6 billion each year.

52%

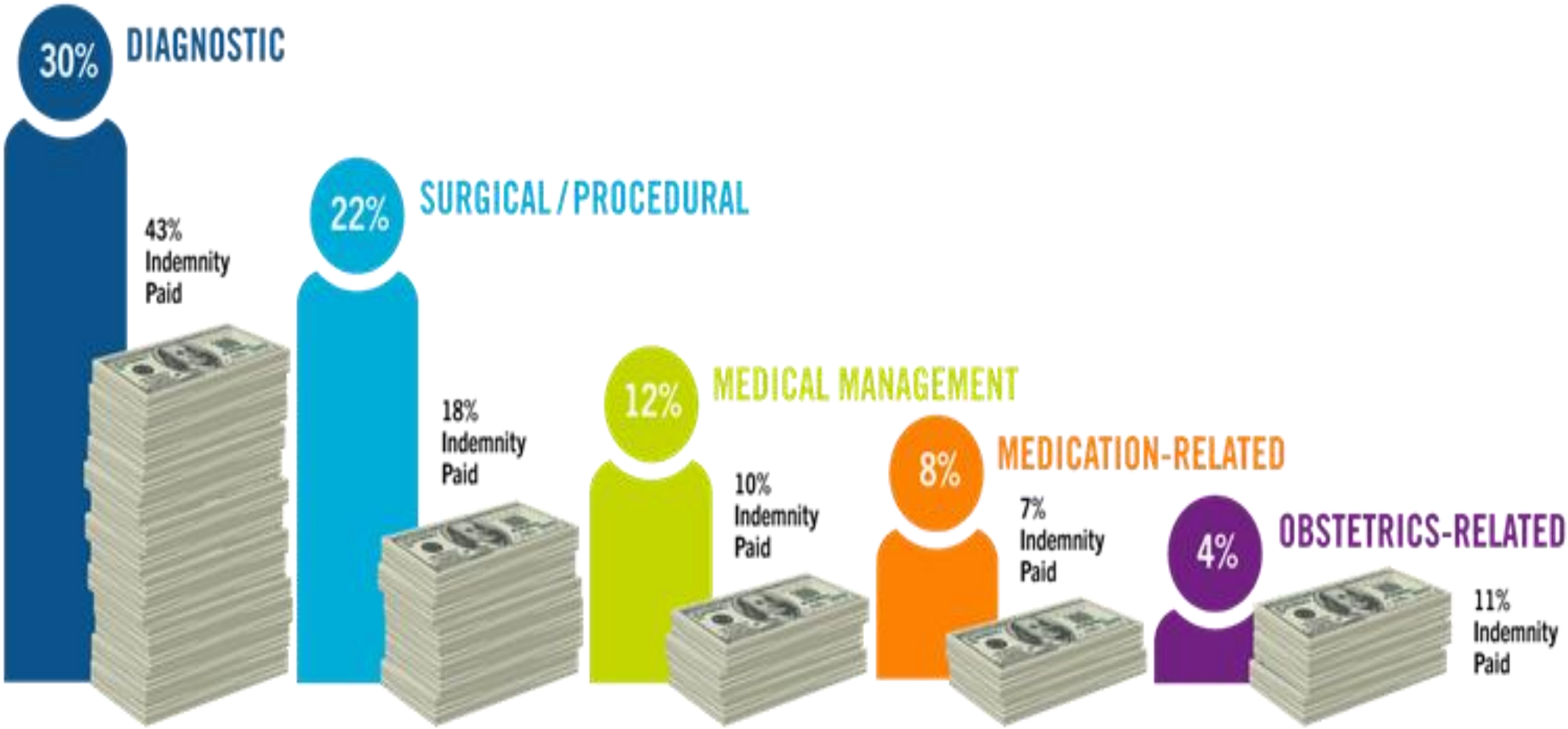
Almost 52% of all emergency room medical malpractice involved diagnostic errors (failure to diagnosis, delayed diagnosis, or misdiagnosis).

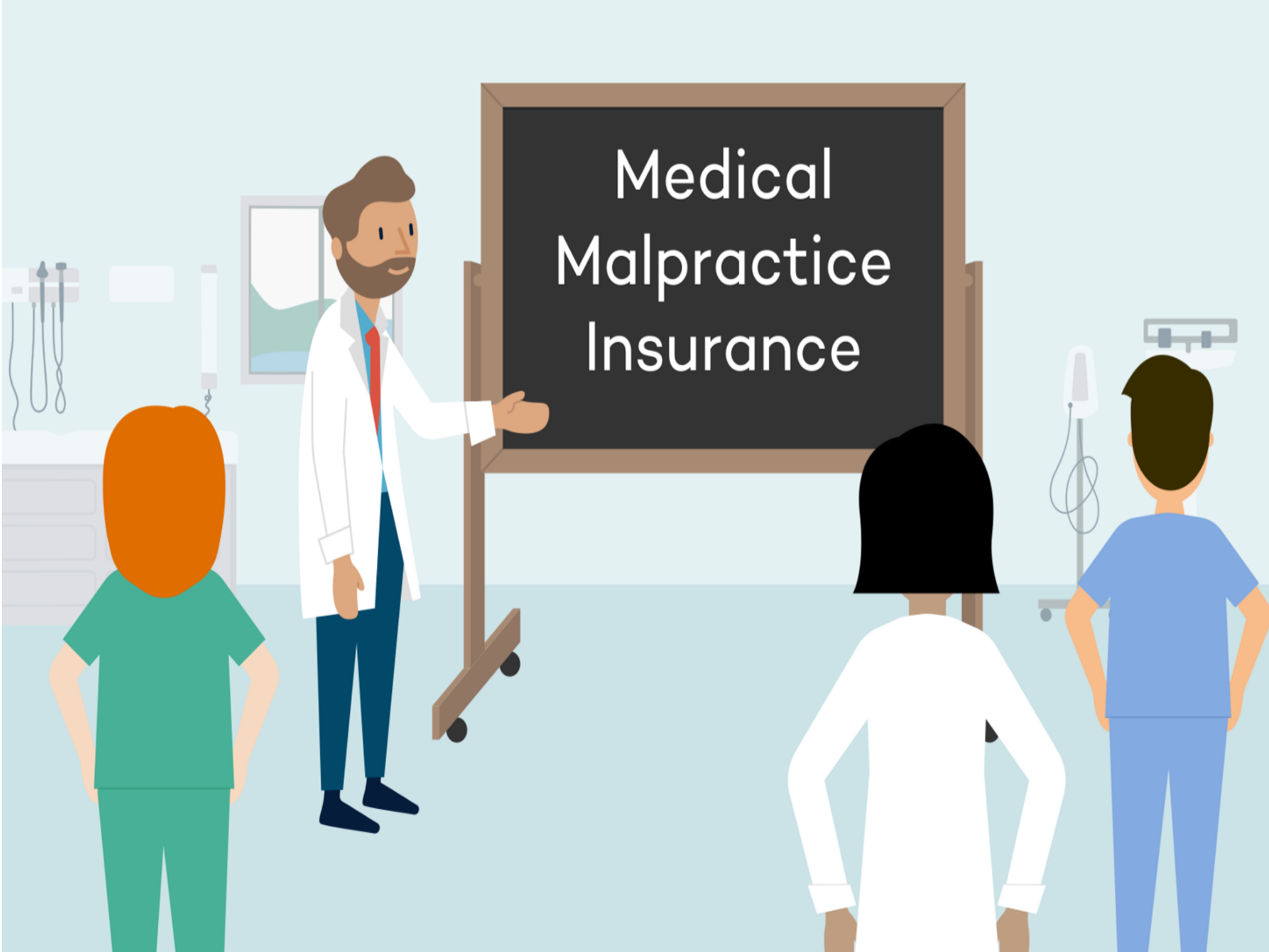
93%

93% of medical malpractice payouts are reach through settlement.

The Safety Bellwether: Studying Malpractice Claims Data

Coverys recently completed a root-cause analysis on five years of historical claims and found that just five areas accounted for a staggering 76% of all claims and nearly 90% of indemnity paid.




Medical
Malpractice
Insurance

Differences between countries

- In the US unnecessary laboratory or screening tests are queried by the insurance companies because of private insurance system..
- In our country most of the citizens are insured by government so doctors are almostly questioned for lack of laboratory or screening..

Case 1. Unpredictable-not preventable. No medical history- no risk factor

Inguinal hernia operation under general anaesthesia.

Sudden death after 24 for hours by the time of discharge. Unsuccessful CPR.

Claim: Doctor default

Autopsy report: Pulmonary embolism due to deep venous thrombosis

Decision: No doctor default

Case 2. Unpredictable, precaution was tried to be taken

Gunshot injury, open tibia fracture

Tetanous and antibiotic treatment were administered.

Respiratory arrest after 24 hours

Unresponsive to CPR, exitus, sudden death

Claim: doctor default

Autopsy report: fat embolism

Decision: no doctor default

Case 3. Predictable, precautions were taken

Peptic ulcer perforation, late presentation

Gastric repair and clearance of abdomen after constent. Antibiyotic treatment was started.

Death due to sepsis

Claim: doctor default

Autopsy report : peritonitis, sepsis

Decision: No default

Case 4. Predictable, precautions were not taken

Peptic ulcer perforation, late presentation

Gastric repair and clearance of abdomen after constent. Antibiotic treatment was started. No prescription and discharge

Cardiac arrest and death after 24 hours

Claim: doctor default

Autopsy report : peritonitis, sepsis

Decision: doctor's default

Case 5. Ability default

First blind enterance after Lapaoroscopic colesystectomy and sudden hypotension and death

Claim: doctor default

Autopsy report: aortic rupture

Dcision: doctor default

Recently, number of medical malpractice claims have been arised abour 40-120% in TR.

1/30 doctors are claimed (1/12 in US)

This increment in claims and high redresses consist pressure on medical doctors.

Brown TW, McCarthy ML, Kelen GD, Levy F. An epidemiologic study of closed emergency department malpractice claims in a national database of physician malpractice insurers. Acad Emerg Med. 2010 May;17(5):553-60.

Table 1
Top 10 Specialty Groups Responsible for ED Claims, by Total Number of Closed Claims, With Associated Indemnity

Specialty	Closed Claims	% of Total	Paid Claims	% Paid	Total Indemnity	Average Indemnity
Emergency Medicine	2,156	19	662	31	$122,619,720	$185,226
Internal Medicine	1,752	15	528	30	$113,309,655	$214,602
General and Family Practice	1,629	14	566	35	$89,385,139	$157,924
Orthopedic Surgery	1,281	11	374	29	$54,057,564	$144,539
General Surgery	1,155	10	373	32	$55,728,594	$149,406
Radiology	769	7	223	29	$29,571,945	$132,610
Radiation Therapy	726	6	283	39	$80,740,569	$285,302
Obstetrics and Gynecology	298	3	79	27	$13,382,553	$169,399
Cardiology	250	2	55	22	$13,771,348	$250,388
Neurology	228	2	70	31	$27,070,456	$386,721
Other	1,285	11	309	24	$64,514,577	$208,785
Total	11,529		3,522	31	$664,152,120	$188,572

Table 2
Top 10 Categories of Error Attributed to ED Claims, by Total Number of Closed Claims, With Associated Indemnity

Error	Closed Claims	% of Total	Paid Claims	% Paid	Total Indemnity	Average Indemnity
Error in diagnosis	4,233	37	1,642	39	$347,200,036	$211,449
No error identified by insurer	2,091	18	84	4	$14,415,118	$171,609
Improper performance	1,935	17	571	30	$78,283,607	$137,099
Failure to supervise or monitor a case	755	7	321	43	$67,987,917	$211,800
Failure to perform	405	4	172	42	$24,255,313	$141,109
Delay in performance	301	3	114	38	$28,320,109	$248,422
Medication errors	275	2	97	35	$10,805,493	$111,397
Failure or delay in referral or consultation	273	2	110	40	$20,589,683	$187,179
Failure or delay in admission to hospital	269	2	114	42	$25,542,958	$224,061
Failure to recognize treatment complication	255	2	80	31	$13,685,671	$171,071
Other	737	6	217	29	$33,066,215	$152,379
Total	11,529		3,522	31	$664,152,120	$188,572

Table 3
Top 10 Diagnoses Involved in ED Claims, by Total Number of Closed Claims, With Associated Indemnity

Diagnosis	Closed Claims	% of Total	Paid Claims	% Paid	Total Indemnity	Average Indemnity
Acute myocardial infarction	573	5	238	42	$58,384,676	$245,314
Chest pain, not further defined	419	4	142	34	$45,053,898	$317,281
Symptoms involving abdomen and pelvis	377	3	100	27	$22,091,122	$220,911
Injury to multiple parts of the body	306	3	94	31	$17,537,303	$186,567
Appendicitis	260	2	80	31	$4,831,763	$60,397
Fracture of vertebral column	260	2	79	30	$14,884,605	$188,413
Fracture of the radius or ulna	245	2	69	28	$5,118,501	$74,181
Aortic aneurysm	222	2	72	32	$17,285,508	$240,077
Open wound to fingers	184	2	67	36	$3,413,981	$50,955
Fracture of the tibia or fibula	183	2	55	30	$7,951,831	$144,579
Other	8,500	74	2,526	30	$467,598,932	$185,114
Total	11,529		3,522	31	$664,152,120	$188,572

Provider and Practice Factors Associated With Emergency Physicians' Being Named in a Malpractice Claim

Jestin N. Carlson, MD, MS; Krista M. Foster, MS; Jesse M. Pines, MD, MBA; Christopher K. Corbit, MD; Michael J. Ward, MD, PhD; Muhammad Zia Hydari, PhD; Arvind Venkat, MD*

*Corresponding Author. E-mail: arvind.venkat@ahn.org.

Study objective: We examine the association between emergency physician characteristics and practice factors with the risk of being named in a malpractice claim.

Methods: We used malpractice claims along with provider, operational, and jurisdictional data from a national emergency medicine group (87 emergency departments [EDs] in 15 states from January 1, 2010, to June 30, 2014) to assess the relationship between individual physician and practice variables and being named in a malpractice claim. Individual and practice factors included years in practice, emergency medicine board certification, visit admission rate, relative value units generated per hour, total patients treated as attending physician of record, working at multiple facilities, working primarily overnight shifts, patient experience data percentile, and state malpractice environment. We assessed the relationship between emergency physician and practice variables and malpractice claims, using logistic regression.

Results: Of 9,477,150 ED visits involving 1,029 emergency physicians, there were 98 malpractice claims against 90 physicians (9%). Increasing total number of years in practice (adjusted odds ratio 1.04; 95% confidence interval 1.02 to 1.06) and higher visit volume (adjusted odds ratio 1.09 per 1,000 visits; 95% confidence interval 1.05 to 1.12) were associated with being named in a malpractice claim. No other factors were associated with malpractice claims.

Conclusion: In this sample of emergency physicians, 1 in 11 were named in a malpractice claim during 4.5 years. Total number of years in practice and visit volume were the only identified factors associated with being named, suggesting that exposure to higher patient volumes and longer practice experience are the primary contributors to malpractice risk. [Ann Emerg Med. 2017;■:1-8.]

Please see page XX for the Editor's Capsule Summary of this article.

0196-0644/$-see front matter

http://dx.doi.org/10.1016/j.annemergmed.2017.06.023

Table 1. Characteristics of emergency physicians with and without malpractice claims.

Variable	Physicians With No Malpractice Claims (N = 939)	Physicians With 1 or More Malpractice Claims (N = 90)	Odds Ratio (95% CI)*
Physician characteristics			
Total years in practice (SD)	11.8 (9.4)	15.7 (9.2)	1.04 (1.02–1.06)
Board certification in emergency medicine (N, % yes)	758 (80.72)	81 (90)	1.14 (0.49–2.69)
Predominantly night practice (N, % yes)	53 (5.6)	6 (6.7)	1.31 (0.50–3.44)
Operational characteristics			
Total number of visits (IQR)	7,572 (3,471–13,501)	13,787 (10,282–17,352)	1.09 (1.05–1.12)†
Median monthly physician Press Ganey percentile (IQR)	60 (25–90)	60 (30–90)	1.00 (0.99–1.01)
Median monthly RVUs/h (IQR)	9.6 (8.6–10.6)	9.78 (8.8–10.7)	1.00 (0.87–1.15)
Median monthly admission percentage rate (IQR)	20 (13.6–26.5)	18.6 (13.4–23.8)	2.92 (0.32–26.9)
Work at multiple facilities (N, % yes)	217 (23.1)	26 (28.9)	1.34 (0.63–2.87)
Jurisdictional characteristic: ACEP report card			
Grades A and B	States: 2/15 (13.3%) Physicians: 188/939 (20%)	States: 2/15 (13.3%) Physicians: 27/90 (30%)	[Reference]
Grades C, D, and F	States: 13/15 (86.7%) Physicians: 751/939 (80%)	States: 13/15 (86.7%) Physicians: 63/90 (70%)	0.65 (0.27–1.54)

CI, Confidence interval; *IQR*, interquartile range; *ACEP*, American College of Emergency Physicians.

*Odds ratios represent the results of multivariable analysis for physician-level risks of being named in one or more malpractice claims during the study period.

†Odds ratio per 1,000 visits. Hosmer-Lemeshow statistic for logistic regression model: 8.905.

What can we do?

Improvement of:

-health systems

-medical education

-Subspecialities

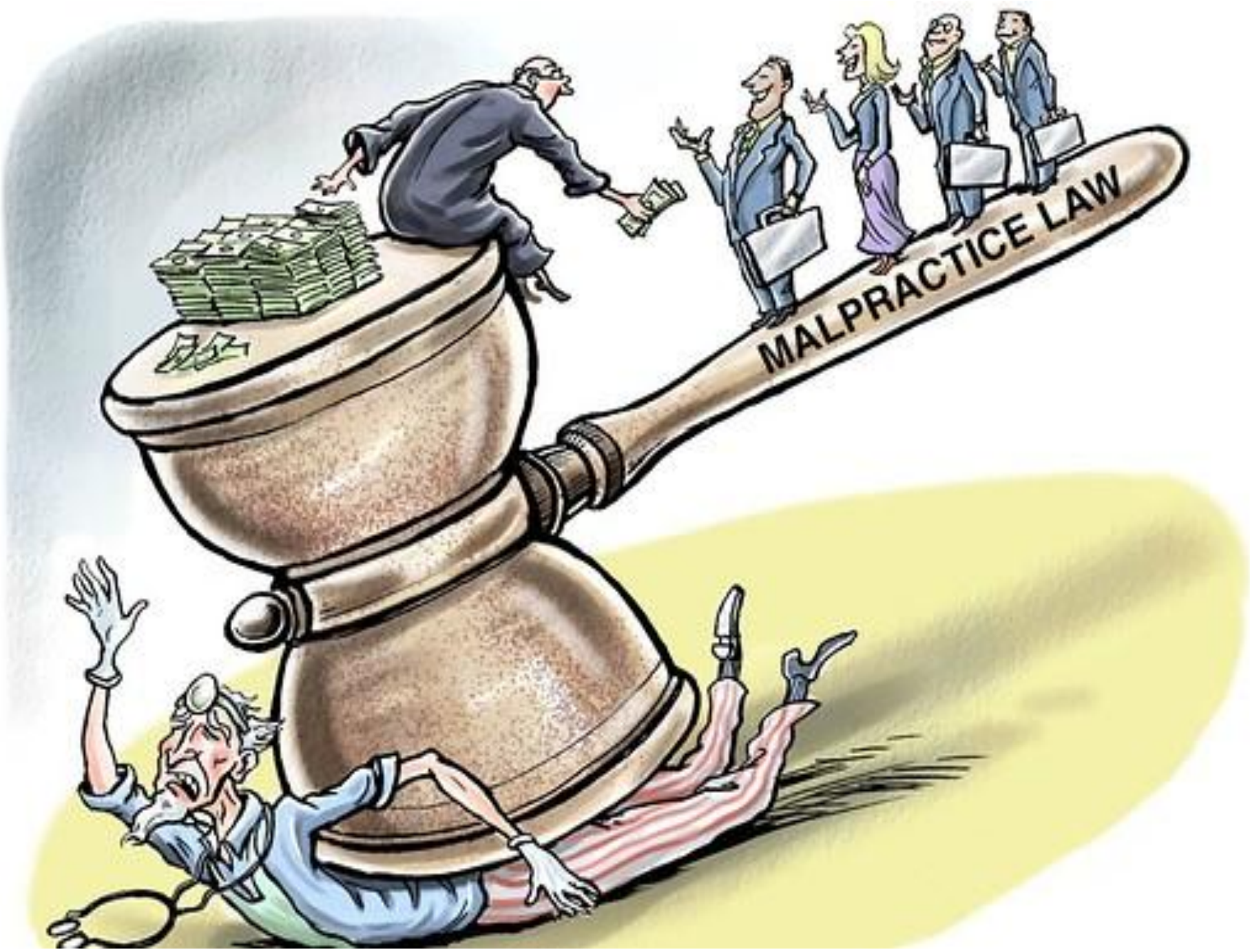
-postgraduate education programs

-accurate triage

-working circumstances, number of shifts, design of the ED, number and quality of healthcare (nurses..),

-radiology

-consultation


MALPRACTICE LAW

-Active support of societies

-Relationship with media organs

-Patient constent forms

-Accurate recording of patient data

Personal Factors

Laws should be known

Aconfidental communication with the patient

Patient constent

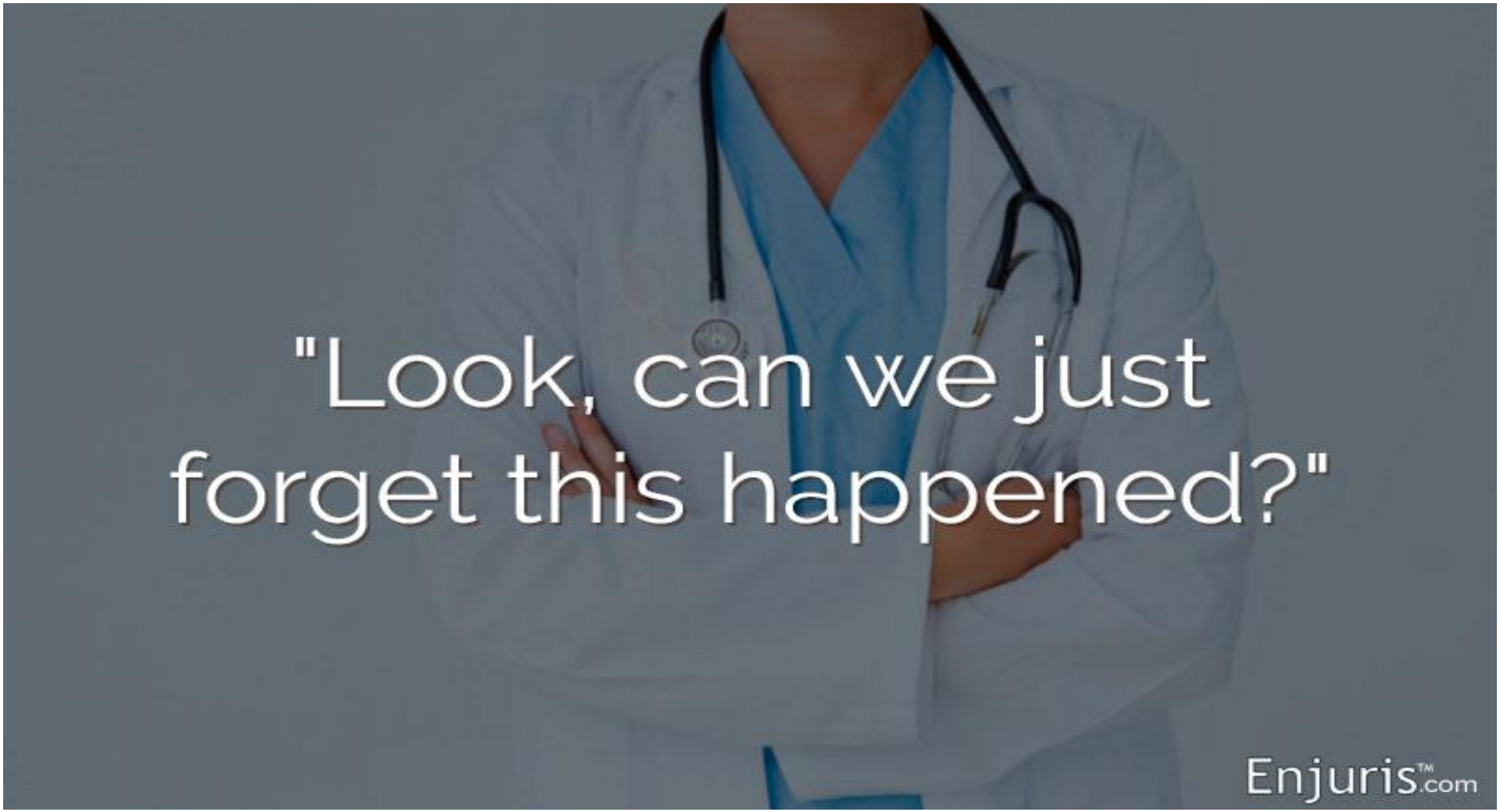
Treatment based on the latest guidelines

Accurate data recording

The anamnesis should be taken by the doctor

Occupational responsibility insurance..
(mandatory since 2005)


WORK AS A MEDICAL MALPRACTICE ATTORNEY
LAW OFFICE
MALPRACTICE SPECIALIST
Study.com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"If it is not written down, it does not exist."