Adverse Events involved in liability claims of alleged Anaesthesiology malpractice between 2001-2013

Parera A.¹, Gómez-Durán E.L.², Martín-Fumado C.³, Arimany-Manso J.²

¹Hospital de Sant Pau, Dept of Anaesthesiology & Pain Medicine, Barcelona, Spain,

²Col·legi Oficial de Metges de Barcelona, Professional Liability Service, Barcelona, Spain,

³Legal Medicine Institut of Catalonia, Catalanian Justice Department, Barcelona, Spain

Background and Goal of Study

Although anesthesiologists have been pioneers in patient safety interventions, professional liability claims are still a reality of great concern and the distribution of medico-legal claims in Catalonia (Spain) remains unknown in our field. The aim of our study is to identify areas of high medicolegal risk and describe infrequent but potentially harmful events leading to anesthesia-related injuries which could help to develop preventive strategies.

Materials and methods

We analysed the claims database of the Professional Liability Department of the Catalanian Council of Physicians' Official Colleges (PLD). It collects information from the main physician's professional liability insurance company in Catalonia. We performed a descriptive analysis of the most common events leading to a claim.

Results and discussion

- We identified **146 cases**. Alleged adverse event was typically surgery-linked (141 cases; 96.57%), mainly intraoperative (121 cases; 85.82%). The most frequently involved surgical fields were **General Surgery** (abdominal procedures), **Orthopaedics** (prostheses), and **Obstetrics and Gynaecology** (labour and delivery).
- Most non-surgery-linked cases regarded chronic pain-management.
- **23 claims** concerned a clinical case resulting in a **fatality** (15.75%).
- The remaining **123 cases** involved different forms of impairment (84.25%): **traumatic dental damage** (mainly during endotracheal intubation in dentures previously in poor condition), **peripheral neurological impairment** (mainly lower limbs disability after spinal anaesthesia) and **severe central nervous system damage** (mainly anoxic damage).
- The adverse event was attributed to an **anaesthesiologist's practice defect** in 38 cases (26.03%), reaching the 30.43% among those cases resulting in a fatality.

Conclusions

In our environment, adverse events in Anaesthesiology typically involve both severe damage (fatalities and severe impairment) and minimum damage (dental damage), but real medical error is involved in only a low percentage of claims.

Nevertheless, the **analysis of closed claims** makes it possible to **identify areas of high medico-legal risk** and also **frequent adverse events** which should lead to the **development of preventive strategies**.

References

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