Analysis of French civil court cases in obstetrics: how is anaesthesia involved? (SHAM insurance data)

Theissen A.¹, Fuz F.², Follet A.³, Rouquette-Vincenti I.¹, Carles M.⁴, Tran L.⁴

¹Princess Grace Hospital, Dept of Anaesthesiology & Intensive Care, Monaco, Monaco, ²SHAM Insurance, International Risk Management, Lyon, France, ³SHAM Insurance, Business Analyst, Lyon, France, ⁴University Hospital, Dept of Anaesthesiology & Intensive Care, Nice, France

Introduction:

Obstetrics is a high-risk specialty where the responsibility of the team and therefore the anesthetist can be engaged [1]. The knowledge of these claims must help to improve practices. SHAM insurance is the leading provider of medical liability insurance in France (50 % of the market), insuring 80 % of public and 27% of private hospitals. The study of the insurance claims provided by this insurer is therefore a relevant source of data.

Material and methods:

The aim of this study was to analyse the medico-legal claims related to obstetrics and to seek the involvement of anaesthesia. We did a **retrospective study** of 180 insurance claims provided by SHAM insurances since 1981 and which were settled by a court between 2012 and 2014 (therefore potentially the most serious). Only claims definitively closed in terms of compensation as of May 1, 2015, were included (the claims with the compensation waiting for the legal age of majority regarding the child involved were excluded). Data were extracted from the SHAM database.

Fig 1 Damages and consequences involved in claims

Results:

We analysed 76 definitely closed claims that occurred between 1981 and 2012 in French public hospitals (42 general hospitals and 20 universities), private (6) or among health professionals (8). The average time between the declaration of the claim and the court conviction was 5.3 years (median=4.7 years, min=1.4 and max=23.4).

The damage (**Fig 1**) occurred during natural childbirth (24), caesarean delivery (24), monitoring of pregnancy (14), anaesthesia (6) or during another moment (5). The consequences (**Fig 1**) are very important: death of the new born (22), cerebral palsy (6), death of the mother (2), brachial plexus injuries (3), foetal death in utero (2) or mother reoperation (14).

Discussion:

Identified causes (by experts, **fig 2**) are mainly multifactorial, ensuing from human (misdiagnosis n=16, mistaken medical decision n=22, inappropriate care by a midwife n=7, obstetrician's technical error n=19) and/or medical processes (lack of team procedures n=10, delay in medical care to perform a caesarean n=8 and nosocomial infection n=7).

Obstetrical causes appear to be the most severe and frequent complications-related claims in Obstetrics; anaesthesia is rarely involved (n=6) and always linked to an obstetrical adverse event, thoroughly regarded more serious.

Our data should help strengthen a quality approach in Obstetrics.

Fig 2: Medical causes identified by the expert

[1] J Gynecol Obstet Biol Reprod (Paris). 2016 Jan;45(1):54-61. doi: 10.1016/j.jgyn.2015.02.017. Epub 2015 Apr 8.