

Investigation of causes and effects of malpractice claims against dentists judged in Rasht medical council, 2006 – 2011

Original Article

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Abstract

Introduction: Medical claim is one of the most concerning subjects for both patients and physicians. In addition, it has lots of financial and nonfinancial costs for health care systems. To define the number and causes of medical claims against dentists of Rasht since 2006 till 2011 in Guilan medical council.

Materials and Methods: A retrospective cross-sectional study was performed since 2006 till 2011. To collect the initial data, a check list has been designed, including demographic data of patients, claims against physicians and results on their counseling. All data have been collected and analyzed employing descriptive methods.

Results: In this study, 69 claims were recorded in 6 years which mostly were due to malpractice, treatment complications and financial issues.

Conclusion: Giving patients sufficient information about the illness, treatment methods, probable complications and avoiding financial issues between patients and dentists can help decrease the medical claims and would result in more reliance.

Key words: •Medical claim •Malpractice
•Dentist

Introduction

Most clinicians do their best to practice with compassion and responsibility to ease the suffering of patients and patients in response, pay their trustee and confidence.

But this bilateral sincere relationship between physicians and patients is not always stable, and in absence of mutual consent in any way, it might even result in hostilities and the patients' claim.

Medical error has been defined as the failure of a planned interventional action or using an improper plan to achieve an aim. It is often either intercepted by redundancies in the system or frequently is not clinically significant. These errors most of the times do not harm the patients, but sometimes they do and claims come up as the follow.⁽¹⁾ Medical claims are one of the most stressful conditions of any physician and can cost lots of financial and nonfinancial problems to both physicians and patients.⁽²⁾

Besides, involvement in medical errors often provokes intense emotional distress that seems to considerably increase the risk for burn-out and depression. The evidence suggests a reciprocal cycle of these symptoms and future suboptimal patient care and error.⁽³⁾

Following reports and studies of recent years, medical claims are increasing worldwide⁽⁴⁾ and similarly in Iran.^(5,6)

Several studies carried out in different countries, report different statistic, for example in the US by the National Center for Vital and Health Statistics, there are one in 25 hospital admissions that result in an injured patient. About 23,000 hospital patients die each year from injuries linked to medication use and approximately 180,000

unnecessary deaths and 1.3 million injuries occur each year from medical treatment in the U.S.⁽⁷⁾

Unfortunately there is not much data about the medical claims in Iran which consequently leads to medical errors among dentists and physicians.

Despite significant promotions in both diagnosis and treatment of dental disease, there are lack of enough data about claims and causes in dentistry.⁽⁸⁾

Dentists, as part of health care system, can also face medical claims as much as physicians. This study is performed to reveal causes and effects of malpractice claims against dentists judged in Rasht Medical Council from 2006 till 2011.

Materials and Methods

This study was run as a retrospective cross-sectional study during 2006 -2011. To extract information from records, a check list consisting of a set of research questions were plaintiffs in the case, including case history, treatment history, date of medical practice leading to complaint, demographic data profession and specialty, location of remedial action that led to the complaint registered and results of judged case. In order to protect the identity of patients and dentists, all check lists were filled without any name or identity data. In so doing, the license numbers of dentists were collected in a range of ten thousands of study.

After collection and classification of checklist data, results were obtained by descriptive method and utilizing software SPSS 18.

Upon the advice of respected Medical Ethics Committee of Guilan University of Medical Sciences, the confidentiality of the identity

of the complaining party and dentists, only the Medical Council of Rasht was the prosecutor. No names, last name, address and occupation of the dentists, plaintiffs was recorded in all stages of the study. No case file was taken out from the Medical Council archive of Guilan.

Results

By the time of this study, there are 457 dentists at practice in Guilan Iran. In six years of study, 69 claims were recorded against dentists. Dedicated number of claims in each year is as follows in Figure1.

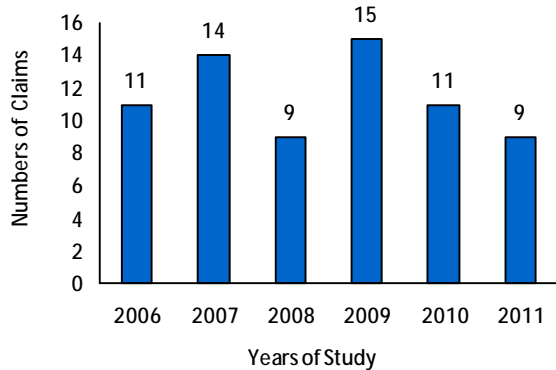


Figure1. The number of claims in each year in the study period

The average time of claims investigation was 5.5 months, by maximum and minimum time of 3 days and 60 months .43.47% of complainants (30 patients) were male and 56.53 % (39 patients) were female.

In 54 cases, (78.3 %) the patients debate their claims themselves, 10 cases (14.5%) considered by patient’s parents, 4 claims (6%) mooted by patient’s mates and in 1 case (1.2%), the claim was presented by other members of their family.

At the other hand, 52 indicted dentists (75.36%) were male and 12 female who

were accused (24.64%). There were 48 General post graduate indicted dentists and 21 specialist dentists who were accused.

52 claims (75.4%) against dentists that practiced in nonprofit clinics, 9 claims (13%) in dentistry polyclinics and 8 claims (11.6%) in Guilan University of medical sciences related clinics.

On view of claim causes, 41 cases (59.5%) were about treatment complications and malpractice such as infection, trauma or extracted adjacent tooth, Maxilla fractures and others. 17 cases (24.6%) were financial issues between dentist and the patient, 8 cases (11.6%) proposed claim about improper morality of dentists and 1 case (1.2%) of mortality. There were 2 other cases (3.1%) which were proposed in a wrong subject in medical council and were returned to desired organizations (see Figure2).

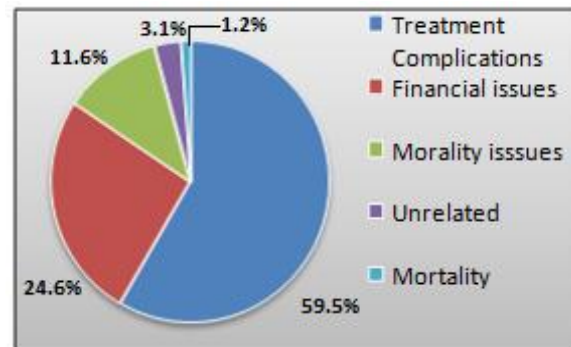


Figure2. Claim causes against dentists in order of prevalence

Considering the 69 complaints in this study, in 56 (81.15%) cases, Rasht medical council vindicated exoneration of dentists, 11 cases (15.9%) revealed malpractice and in 2 cases (2.95%) plaintiff suspended the proposed claim before judgment.

Discussion

As mentioned earlier, there are not enough data and studies on medical claims and in those few dentistry medical claims were as part of studies. Indeed one study which is done in Tehran is purely concentrated on surgical maxillofacial dentistry claims and does not include an overall view to whole dentistry claims.⁽⁸⁾

In comparison to a study in Tehran⁽⁸⁾, in Rasht 75.36% claimed Dentists were male and 24.64% were Female. Whereas, in the previous one, 84% of claimed dentists were male and 16% were female. In current study, we had 81.15 percent of exoneration, in contrast to the other one which was 67%.

Dentists with 69 claims are the first subgroup of medical occupations in quantity of claims in study time and regarding to 475 dentists in Guilan, it is estimated there are 2.4 claims each year for 100 dentists. As mentioned before, while there is no other similar data on this aspect of study, no comparison to other cities of Iran could be done.

Conclusion

Results of this study showed treatment complications and medical malpractices as the first cause of claims. Considering this fact, informing patients on their medical issues, explaining the medical condition,

treatment methods and probable complications to them along with updating medical staffs with the latest medical knowledge and also having enough practice during residency can beneficially reduce these figures.

According to the results of the former studies the second cause of medical claims is the financial issues the good insurance engaged health care system and negligible connection between dentists and patients could be the reason that these types of claims are not often reported as top causes elsewhere in the world. Considering the high expense of dentistry services, we suggest rules to modify financial connections of both dentist and patient interactions and revival of insurances to take part in medical payments.

The third main cause of medical claims as we found is the inappropriate behavior of dentists. In such dissatisfactions of patients, and implicitly remind of wide range of socioeconomical levels of patients, observance of medical ethics and protect dentists from substantial numbers of claims.

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