KNOWLEDGE AND EXPERIENCES OF PHYSICIANS ABOUT MEDICAL MALPRACTICE

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ABSTRACT

BACKGROUND: In Egypt, medical malpractice problems have been magnified during the last few years. **AIM OF THE WORK:** to evaluate and address the knowledge and previous experiences of the physicians regarding malpractice in Egypt and to increase the physician's awareness to avoid medical litigation through good malpractice and ensure a good doctor patient relationship. **PARTICIPANTS AND METHODS:** a cross-sectional study was done through spreading of a simple formatted questionnaire among 181 randomly selected physicians in Kasr alainy teaching hospital from 2019 to 2020. **RESULTS:** (72.37%) of the physicians thought that sometimes malpractice affects doctor's thinking and actions. About (34.25 %) of the physicians thought that failure of diagnosis is the most common cause of malpractice. The majority of the physicians agreed that the patient, stress and overwork have a role in the adverse events, and malpractice. More than half of the physicians (58.56 %) handled malpractice cases. The majority (83.43 %) of the physicians thought that the patient should be told if any mistake happened & (86.25 %) of the physicians agreed that patients should be compensated. Most physicians (72.92 %) agreed that malpractice could be avoided, and (45.30 %) thought that staying up to date is the best way to avoid malpractice. More than half of the physicians (54.14 %) disagreed that informed consent is enough to protect the doctors from malpractice. **CONCLUSION:** More education and training systems are recommended for doctors to increase doctors' competence and awareness about medical responsibility, performing regular assessment and evaluation, creation of a conducive working environment, encouraging communication between all departments, encouraging reporting and discussing possible errors. The insecure sensation of the physicians should be put in mind and more efforts should be exerted to improve doctor patient relationship.

Keywords: Medical malpractice, physicians, consent, Egypt.

INTRODUCTION

The term malpractice in medicine is defined as any act or omission by a health care provider during the course of treatment, which does not meet the accepted standard of care and harm the patient **(Kadakia et al., 2021).** Medical malpractice can occur in the form of patient harm or death due to negligence by a physician **(Ritchey, 2014).**

Because of the increased number of malpractice cases filed against health providers by patients (or their families), this has a huge effect in costs and compensations, health care providers and organizations underwrite liability insurance policies to avoid their risks (**Bonetti et al.**, **2016).**

Exerting many efforts in the educational field to increase physicians' understanding of the expected risks may decrease the complications **(Smith and Berry 2007)**. However, the cost of

healthcare services will likely increase as physicians increasingly practice defensive medicine, thereby over-using resources to protect themselves from being accused because of malpractice, rather than aimed at the patient benefit (**Kessler, 2011).**

It is very important that physicians should understand the basic law that regulate their practice; firstly, they should practice in a good way and lessen the fear of the unknown; secondly, they can work cautiously to decrease the complications; thirdly, they can communicate in a good way with risk attorneys, managers, and insurers; and finally, they can understand and participate better in legal and public policy development **(Kamel et al., 2015).**

This study aimed to evaluate and address the knowledge and previous experiences of the physicians regarding malpractice in Egypt. To increase the physician's awareness to avoid medical litigation through good malpractice and ensure a good doctor patient relationship.

Materials and methods

This is a cross-sectional study including Kasr alainy university hospital physicians from 2019 to 2020. Data were collected randomly and through a self-structured questionnaire.

A total of 181 physicians participated in this study with different scientific degrees and specialties. Informed consent was taken from each participant after clarifying the aim of the work. Names of the participants were kept secret in this questionnaire.

we collected data from physicians among different specialties in kasr alainy school of medicine regarding: 1) The most leading causes of medical errors and malpractice. 2) The opinion of physicians about disclosure or hiding of the error to patients. 3) Types of medical errors they did if occurred, 4) The opinion of physicians about the best ways to avoid malpractice. This study highlights the commonest causes of malpractice and how to prevent malpractice according to the physician's opinions.

The questionnaire contains 22 questions. The questionnaire was categorized into three sections. **Section A:** The Physician's general knowledge about medical malpractice and its causes, **Section B:** physician's malpractice experience & patient's right, and **Section C:** the physicians' opinions to avoid malpractice.

Sample size:

Using EPI INFO sample size calculator for descriptive studies; with 0.05 alpha error and power of the study 0.80, confidence interval of 95%. According to literature most common cause of non-disclosure of errors among 53.3% doctors considered to be ineffective and confounded by a 'blame culture'. And 53.3% of doctors would never report wrong medicines (**Kollipara et al., 2020**). Sample size calculated to explore knowledge and experiences of physicians about medical malpractice in kasr alainy school of medicine is 180 physicians.

Analysis of the results was done and demonstrated in tables and pie charts in order to highlight some crucial results and simplify the core message of this work.

RESULTS

All 181 physicians answered the questionnaire; the vast majority of the participants were residents representing (83.90%), and (11.60 %) were specialists, while the least were consultants representing (4.4%) **(Figure 1).** Regarding the specialty, the highest percentage was for anesthesia (70.71%), followed by Surgery (24.3%) & ophthalmology (18.78 %). The least specialty percentages were pediatrics (16.57 %), gynecology / obstetrics (13.25 %) & others representing (9.39 %) as family medicine, general medicine, andrology, oncology & ENT **(Figure 2).**

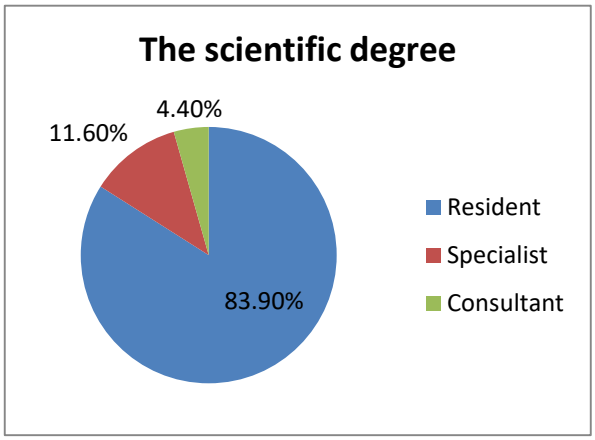

Figure (1): the scientific degree of the participated physicians.

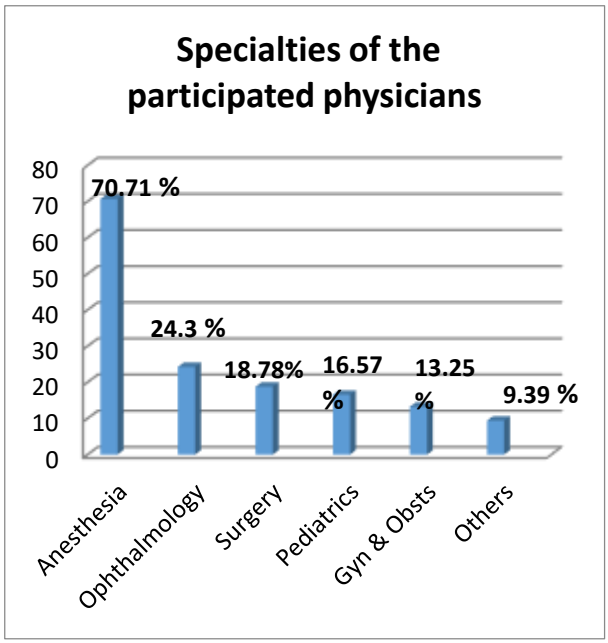

Figure (2): The specialty of the participated physicians.

Regarding Section A questions, as shown in Table 1, the vast majority of the physicians (72.37%) stated that sometimes malpractice threats affect and influence doctor's thinking and actions. (22.09%) of the participants answered that malpractice always threats doctor's thinking and actions, but (5.52%) of the physicians stated that physicians are never been affected by malpractice. About (34.25 %) of the physicians thought that failure of diagnosis is the most common cause of malpractice, followed by poor documentation (18,78 %). failure to follow safety procedure (15.46%), surgical negligence, failure to treat, not obtaining informed consent representing (10.49%) each. Regarding the most common surgical error, (37.56 %) of the physicians answered that anesthesia error was the most common surgical error followed by injuring a nerve during surgery representing (25.96%), leaving surgical equipment representing (23.75%), and performing an incision in a wrong location (12.70%). According to specialty commonly concerned with malpractice cases, anesthesia was the commonest (35.91%), followed by surgery (33.14 %), obstetrics and gynecology (19.33%), orthopedics (8.23%) and oncology (3.31%).

(48.06%) of the participants answered that the physicians are mainly responsible for the bad outcome, but (35.91%) thought that the nurses are mainly responsible for the adverse events, while (16.02%) stated that other healthcare professionals are mainly responsible for the adverse events.

(89.50 %) as well as (88.95 %) of the participants agreed that the patient, stress and overwork respectively have a role in the occurrence of the adverse events and malpractice.

Regarding Section B questions, as shown in table 2, more than half the physicians (58.56 %) handled malpractice cases. Also, more than half of the physicians (57.47 %) failed to order the proper investigations. The majority (78.45 %) didn't describe a drug without knowing the patient's history, but if a drug was misdescribed (73.48 %) dare to admit. (87.29 %) of the participants thought that the hospital should be informed if any mistake happened

When asked about the patient's rights, the majority (96.13 %) agreed that the patient's rights should be respected and medical ethics should be considered while treating the patient (91.16 %). Also, the most (83.43 %) of the physicians thought that the physician should tell the patient if any mistake happened & should be compensated (86.25 %).

Regarding section C questions, as shown in table 3, most of the physicians (72.92 %) agreed that malpractice could be avoided and (45.30 %)

of the physicians mentioned that staying up to date is the best way to avoid malpractice. More than half (54.14 %) the physicians disagreed that informed consent is enough to protect the doctor, while the majority (90.60 %) agreed that educational and training systems might play a role in the doctor's competence.

(45.30 %) of the physicians thought that the Egyptian medical syndicate might have a role in reducing lawsuits, and most of physicians (71.82 %) thought that no enough laws protecting the doctor's and patient's rights

Table 1: Section A questions (physician's general knowledge about medical malpractice and its causes)

Question	Number	Percentage
Q1 How often do malpractice threats influence doctors' thinking or action?		
1- Always	40	22.09%
2- Sometimes	131	72.37%
3- Never	10	5.52%
Q2 What is the Commonest form of malpractice, in your opinion?		
1- Failure to diagnose	62	34.25%
2- Negligence	19	10.49%
3- Failure to treat	19	10.49%
4- Poor documentation	34	18.78%
5-Failure to follow safety procedures	28	15.46%
6- Not obtaining informed consent	19	10.49%
Q3 What is the commonest surgical error?		
1-Injuring a nerve during surgery	47	25.96%
2- Anesthesia error	68	37.56%
3- Performing an incision at the wrong location	23	12.70%
4- Leaving surgical equipment	43	23.75%
Q4 Which specialty has the highest incidence of malpractice cases?		
1-Obstetrics & gynecology	35	19.33%
2- Orthopedics	15	8.23%
3- Surgery	60	33.14%
4- Anesthesia	65	35.91%
5- Oncology	6	3.31%
Q5 Who is responsible for the occurrence of adverse events?		
1- Nurses	65	35.91%
2- Physicians	87	48.06%
3- Other healthcare professionals	29	16.02%
Q6 Do you agree that the patient has a role in the adverse events?		
1- Yes	162	89.50%
2- No	19	55.24%
Q7 Do stress and overwork have a role in malpractice?		
1- Yes	161	88.95%
2- No	20	11.04%

Table 2: Section B questions (the physician's malpractice experience and patient's right)

Question	Number	Percentage
Q1 Have you ever handled a malpractice case?		
1- Yes	106	58.56%
2- No	75	41.43%
Q2 Have you ever failed to order the proper investigations?		
1- Yes	104	57.47%
2- No	77	42.54%
Q3 Have you ever described a medication without knowing the patient's history?		
1- Yes	39	21.54%
2- No	142	78.45%
Q4 If you mis-describe a drug, will you have the courage to admit it?		
1- Yes	133	73.48%
2- No	48	26.5%
Q5 Should the hospital be informed if any mistake happens?		
1- Yes	158	87.29%
2- No	23	12.70%
Q6 Do you agree that patients' rights should be respected?		
1- Yes	174	96.13%
2- No	7	3.86%
Q7 Do you consider "medical ethics" while treating your patient?		
1- Yes	165	91.16%
2- No	16	8.83%
Q8 Do you think the physician should tell the patient if any mistake happens?		
1- Yes	151	83.43%
2- No	30	16.57%
Q9 Should the patient be compensated if any mishaps happen?		
1- Yes	157	86.74%
2- No	24	3.25%

Table 3: Section C questions (the physician's opinion to avoid malpractice).

Question	Number	Percentage
Q1 Is malpractice an avoidable problem?		
1- Yes	132	72.92%
2- No	49	27.07%
Q2 What is the best way to avoid malpractice?		
1- Stay up-to-date	82	45.30%
2- Communication	57	31.49%
3- Follow-up	42	23.20%
Q3 Do you think informed consent is enough to protect the doctor if malpractice occurs?		
1- Yes	83	45.85%
2- No	98	54.14%
Q4 Do educational and training systems may play a role in the doctor's competence?		
1- Yes		
2- No	164	90.60%
	17	9.89%
Q5 Does the Egyptian medical syndicate have a role in reducing lawsuits?		
1- Yes	62	34.25%
2- No	37	20.44%
3- Maybe	82	45.30%
Q6 Are there enough laws to protect the doctors' and patients' rights?		
1- Yes	51	28.17%
2- No	130	71.82%

DISCUSSION

Improving the physician's performance and the doctor-patient relationship can decrease the malpractice claims, firstly we should assess the general malpractice knowledge, their experience with malpractice, patient's rights, and the methods that can protect them against malpractice suits.

In this study, according to the physicians' answers, the majority answered that malpractice will affect their actions representing (94.48%), and this agrees with **Jena et al., 2011** who found in their study that physicians threat of malpractice leads to increase in practicing defensive medicine, the perceived threat of malpractice may have three elements: the risk of a malpractice sues, the probability of a claim leading to a compensation, and the size of payment that the physician should pay for the patient or his family.

In the present study, failure of diagnosis is the most common malpractice cause (34.25 %), followed by poor documentation (18,78 %), then failure to follow safety procedures (15.46%), and equal percentages (10.49%) for negligence, failure to treat, and failure to obtain informed consent.

Garg et al., 2020 found that most participants in their study (47.7%) felt that most malpractice claims documented are due to surgical negligence or wrong communication during the postoperative period. **Phillips RL et al., 2004** in the United States found that one-third of all claims of errors and death were due to misdiagnosis. **El sayed et al., 2021** found that

the leading cause is poor communication with patients with percentage (48.84%) followed by deficient skills (27.91%). Other causes reported were poor communication with colleagues (20.93%), followed by wrong diagnosis and treatment (16.28%).

In the current study, anesthesia error was the most common error (37.56 %) followed by nerve injury (25.96 %), then leaving surgical equipment (23.75 %), and the least was performing an incision at the wrong location (12.70 %). **In Orosco et al., 2012**, it was found that the commonest errors were improper medical performance (41.81%), retained foreign body (6.03%), bad management (5.96%), and wrong body part (3.21%).

The results in the present study disagrees with **El sayed et al., 2021** who found that the faulty anesthetic procedure has the least percentage (4.65%). While the commonest error mentioned by consultants was surgery in non-equipped places (30.23%) followed by delayed transfer and improper treatment with equal percent (16.28%) then improper supervision of residents and other staff (11.63%), other types of errors occurred was unethical conduct, surgical foreign body left in patients, non-indicated surgery all with the same percent (6.98%)

Mwaheb, (2016) found that (40%) of malpractice cases were due to surgery complications, followed by (23.6%) due to negligence, (21.8%) due to medication errors, and (14.5%) due to forgotten gauze.

The present study revealed that the specialty that is commonly concerned with malpractice cases is anesthesia (35.91 %) followed by surgery (33.14 %); this agrees with **Kamel et al., 2015** study that included 1355 claims (1996 - 2005) concluded that anesthesia representing the largest percentage (29.7%) followed by surgery representing (20.8%), and gynecology/obstetrics representing (15.42%) but disagrees with **Mwaheb, 2016 who** found that the majority was due to obstetrics and gynecology malpractices representing (36.4%), followed by (14.5%) for orthopedic, while general surgery (10.90%) and finally anaesthia representing (3.60 %).

The results in the present study disagrees also with **Bonetti et al., 2016** who found that injuries were obviously linked to surgery and orthopedics departments, probably due to the invasive nature of these specialties, but anesthesia departments represented the smallest number of claims, probably because anesthesia is always engaged with some surgery, and the activities of this type of department are more visible to the patients.

In the present study, the majority (89.50 %) agreed that the patient and also (88.95 %) stress and overwork have a role in occurrence of the adverse events and malpractice. Also, **El sayed et al., 2021** mentioned that work overload and poor communication with colleagues with an equal percentage (25.58%) can cause malpractice.

The present study revealed that more than half of the physicians handled malpractice cases; this agrees with the same results of **Garg et al., 2020** study who found that about three-fourths of respondents had experience with malpractice suits.

In the present study, more than half of the physicians failed to order the proper investigations. This agrees with the study of **Gandhi et al., 2006** who concluded that the leading breakdown points in the diagnostic process were failure to order the desired diagnostic test (100 of 181 [55%])

In the present study, the majority of the physicians (78.45 %) didn't describe a drug without knowing the patient's history; this agrees with **Garg et al., 2020** study, who found that almost half of the participants thought that the advent of teleconsultation is further compounding the risk of malpractice suits.

The current study revealed that (73.48%) dare to admit if a drug is mis-described; this disagrees with **Minei et al, 2020** study who found that only (5.26 %) of the physicians inform the patient if any changes in the treatment plan happened; this may be due to small sample size (19 doctors).

The majority (96.13 %) agreed that the patient's rights should be respected and medical ethics should be considered while treating the patient (91.16 %); this goes in accordance with **Ranasinghe et al., 2020** who concluded that doctors should be cautious to avoid causing harm to the patient (90.7%), doctors should never harm another person physically or psychologically (88.8%), doctors should not threaten the dignity of another individual by any means (88.8%), doctors should treat patients as they would wish others to treat them if they were the patients (80.8%).

Also, the majority of the physicians in this study (83.43 %) thought that the physician should tell the patient if any mistake happened & the patient should be compensated (86.25 %).

In an Iranian study, Soroosh et al., 2020 concluded that 125 (7.94%) individuals were ready to disclose the medical malpractice to the patient's family, in case of the patient's death, and 1448 (92.05%) were not willing to do so, in the same study 52 (3.30%) individuals answered "yes" to the question "would you disclose your medical malpractice without serious harm that improves without treatment to the patients and their family?"; and 1521 (96.69%) individuals answered "no"

In the current study, the majority (72.92 %) thought that malpractice could be avoided and (45.30 %) answered that staying up to date is the best way to avoid malpractice

El Sayed et al., (2021), in their study in Sohag governorate, found that (42.7%) of the participants, answered that directing risky procedures to qualified hospitals will prevent errors. (51.3%) of the respondents said that refusing or referral difficult cases would save the patients and doctors, (34.3%) need to give physician more time to communicate with patients, (12.3%) of the participants stated that increase number of nurses and assistant staff would decrease the occurrence of errors, only (2%) said that counting surgical items used during any invasive procedure will prevent recurrence of errors. From all these we can conclude that the majority thought that malpractice is preventable.

These results differ from the results of **Yassa and Peter (2018)** study in Assiut governorate, where physicians believed that the hospital management system can decrease the risk of malpractice. As (39.1%) of doctors said that the disclosure policies should be integrated into quality improvement programs, (29.5%) of them encouraged hospitals to report serious medical errors to the monitoring agency. The need for training on how to disclose reported by 20% of them and 11.4% advised that high-risk procedures should take place in tertiary care hospitals.

In the current study, more than half the physicians (54.14%) disagreed that informed consent is enough to protect the doctor; these results disagree with **Minei et al., 2020** study; whereas (94.44%) of the doctors agreed that Informed consent is a protective shield for doctors.

In the present study, the majority (90.60 %) agreed that education and training systems might play a role in the doctor's competence. According to **Garg et al., 2020** (66.4%) of respondents felt that they weren't trained properly during the residency period to face the medicolegal issues and the associated risks and challenges.

CONCLUSION AND RECOMMENDATIONS

From our study we conclude that more education and training systems are recommended for doctors to increase doctors' competence and awareness about medical responsibility, performing regular assessment and evaluation, creation of a conducive working environment, encouraging communication between all departments, encouraging reporting and discussing possible errors. The insecure sensation of the physicians should be put in mind and more efforts should be exerted to improve the relation between the physician and the patient.

Ethical consideration

The study was conducted after taking the approval of ethical committee - forensic

medicine and clinical toxicology department - faculty of medicine Cairo university.

Disclosure statement

All authors declare that there are not any financial and personal relationships with other people or organizations that could inappropriately influence their work.

The first author **(Noha Elrewieny)** is an associate editor in the Egyptian journal of forensic medicine and applied toxicology

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الملخص العربي

معرفة وخبرات الأطباء عن الأخطاء الطبية

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خلفية البحث: لقد تفاقمت في مصر مشاكل سوء الممارسة الطبية خلال السنوات القليلة الماضية. **المشاركون والطرق**:في هذا البحث قمنا بإجراء دراسة مقطعية من خلال التوزيع العشوائي لاستبيان بين 181 طبيبًا بمستشفى قصر العيني التعليمي خلال الفترة من 2019 إلى 2020 **هدف البحث**: تقييم المعارف والخبرات السابقة للأطباء فيما يتعلق بسوء الممارسة في مصر وزيادة وعي الطبيب لتجنب التقاضي الطبي من خلال سوء التصرف وضمان علاقة جيدة مع المريض.**النتائج:** اعتقد (37.72٪) من المشاركين بالبحث أنه أحيانًا سوء الممارسة الطبية تؤثر علي تفكير وتصرفات الأطباء، حوالي (34.25٪) اعتقدوا أن الفشل في تشخيص حالة المريض هو أشهر أسباب سوء الممارسة الطبية، وقد اتفق أغلبية الأطباء على أن للمريض، التوتر والإرهاق دور في حدوث الآثار السلبية وسوء الممارسة الطبية، أكثر من نصف الأطباء (58.56٪) تعرضوا سابقا لحالات سوء الممارسة الطبية، اعتقد الأغلبية أنه يجب إبلاغ المريض إذا حدث خطأ طبي (83.43٪) وأجاب (86.25٪) من المشاركين أنه يجب تعويضه عما حدث من ضرر ، وافق معظم الأطباء على أن الممارسات الطبية الخاطئة يمكن تجنبها وأجاب (45.30٪) من المشاركين أن أفضل طريقة هي استمرارية الاطلاع علي كل جديد، ولم يوافق أكثر من نصف الأطباء (54.14٪) على أن الموافقة المستنيرة كافية لحماية الأطباء.**الخلاصة**: مما سبق يوصى بتكثيف برامج التعلم و التدريب للأطباء لزيادة الكفاءة والوعي فيما يخص المسؤلية الطبية، والقيام بالتقييم المنتظم وخلق بيئة عمل إبداعية، تشجيع التواصل بين جميع الأقسام، وكذلك التبليغ والمناقشة عن الأخطاء الجائزة الحدوث، يجب وضع عدم احساس الطبيب بالأمان في الاعتبار، وبذل الجهد لتحسين العلاقة بين المريض والطبيب.