Medical Malpractice and Patient safety: Exploring uncharted territory in Eastern Mediterranean Region

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Purpose of Review

- Determine the current situation related to medical malpractice and patient safety;
- Explore the existing challenges and measures to address medical malpractice
Venn diagram representing near misses and adverse events (AEs)

- All episodes of care
- All errors
- All AEs
- Preventable AEs
- Negligent AEs

Derived from Gray A, 2003
Domains of Quality

- Safety
- Effectiveness
- Patient centeredness
- Efficiency
- Timeliness
- Equitable
How can errors Happen

- Every system is perfectly designed to achieve the results that it gets
- People are fallible
- Need to view the delivery of health care as a science
- Need systems that catch mistakes before they reach the patient
Eliminate steps
Blunt or Latent End

Organizational Leadership

Policies

People

Sharp or Active End

Patient
Situation of adverse events and medical Malpractice in the Eastern Mediterranean Region (EMR)
## Adverse events

<table>
<thead>
<tr>
<th>Country</th>
<th>AEs rate/100 admissions (CI 95%)</th>
<th>% preventability (CI 95%)</th>
<th>% admissions resulting in death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egypt</td>
<td>6.0 (4.7 to 7.3)</td>
<td>72.5 (62.8 to 82.2)</td>
<td>1.25</td>
</tr>
<tr>
<td>Jordan</td>
<td>2.5 (2.0 to 2.9)</td>
<td>83.3 (75.7 to 90.9)</td>
<td>0.61</td>
</tr>
<tr>
<td>Morocco</td>
<td>14.8 (12.6 to 17.0)</td>
<td>85.6 (79.9 to 91.3)</td>
<td>3.58</td>
</tr>
<tr>
<td>Sudan</td>
<td>8.2 (6.4 to 10.0)</td>
<td>55.1 (43.9 to 66.3)</td>
<td>0.75</td>
</tr>
<tr>
<td>Tunisia</td>
<td>8.3 (6.5 to 10.1)</td>
<td>85.7 (77.9 to 93.5)</td>
<td>1.29</td>
</tr>
<tr>
<td>Yemen</td>
<td>18.4 (16.5 to 20.3)</td>
<td>92.8 (89.9 to 95.7)</td>
<td>4.28</td>
</tr>
<tr>
<td>Total</td>
<td>8.2</td>
<td>83.0</td>
<td>1.85</td>
</tr>
</tbody>
</table>

Source: Patient safety in developing countries: retrospective estimation of scale and nature of harm to patients in hospital. BMJ. 2012;344:e832.
Type of errors

![Bar chart showing the percentage of events for different types of errors.

- Therapeutic error: 40%
- Diagnostic: 20%
- Operative: 10%
- Obstetric: 5%
- Neonatal: 2%
- Non-surgical procedure: 1%
- Drug related: 1%
- Fracture: 0.5%
- Falls: 0.5%
- Anaesthesia: 0.5%]

![Scatter plot showing the relationship between adverse events (%) and length of stay (days).

Regression line suggests a positive correlation.

- X-axis: Length of stay (days)
- Y-axis: Adverse events (%)

The data points are scattered around the regression line, indicating a trend.]
Achievement of critical standards across domains of patient safety

Areas in which Patient Safety Programme contributes

1st Global Patient Safety Challenge: Clean Care is Safer Care

2nd Global Patient Safety Challenge: Safe Surgery Saves Lives

3rd Global Patient Safety Challenge: Antimicrobial resistance

Patients for Patient Safety

International Classification for Patient Safety (ICPS)

Research on Patient Safety

Patient Safety Award

Knowledge Management

Technology for Patient Safety

High 5s

Solutions for Patient Safety

Reporting and learning
Regional response

### Surgical Safety Checklist

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Verify patient identity (name, age, gender, room number)</td>
</tr>
<tr>
<td>2.</td>
<td>Informed consent obtained from patient</td>
</tr>
<tr>
<td>3.</td>
<td>Medication reconciliation done</td>
</tr>
<tr>
<td>4.</td>
<td>Verify operating room setup</td>
</tr>
<tr>
<td>5.</td>
<td>Verify surgical instruments are sterile</td>
</tr>
<tr>
<td>6.</td>
<td>Verify sterilization equipment is functioning correctly</td>
</tr>
</tbody>
</table>

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### After Birth

#### SAFE CHILD BIRTH CHECKLIST - PILOT EDITION

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mother's blood pressure taken</td>
</tr>
<tr>
<td>2.</td>
<td>Mother's pulse rate taken</td>
</tr>
<tr>
<td>3.</td>
<td>Mother's temperature taken</td>
</tr>
<tr>
<td>4.</td>
<td>Mother's intake and output recorded</td>
</tr>
<tr>
<td>5.</td>
<td>Mother's bowel sounds heard</td>
</tr>
<tr>
<td>6.</td>
<td>Mother's bladder empties naturally</td>
</tr>
</tbody>
</table>

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### WHO Guidelines on Hand Hygiene in Health Care

**First Global Patient Safety Challenge**

**Clean Care is Safer Care**
Medical Malpractice: Sporadic Information from EMR Countries

- 91 claims of malpractice investigated by Egyptian Medical Syndicate [2008-09] indicated improper procedure (21%), unethical conduct (19%) and surgery in a non-equipped place (16%) - Urban settings, private sector, obstetrics/gynecology departments, high preventability [Azab 2013]

- Fars Legal Medicine Department in Iran reviewed 370 complaints [2008-11] – against 60% males, 40% females staff, 170 found negligent, most mistakes happened in the fields of plastic surgery, general, surgery, gynecology, orthopedics [Bahador et al. 2013]
Medical Malpractice: Sporadic Information from EMR Countries

- Pakistan - faulty operation techniques, leaving gauze pieces and instruments in abdomen, administration of wrong injections, use of expired drugs, wrong diagnosis and treatment leading to complications and death [Shiwani and Gadith, 2011]

- Morocco – diagnostic errors, lack of communication, lack of materials, overcrowded hospitals, and lack of competent and experienced doctors.

Medical Malpractice: Sporadic Information from EMR Countries

- 1765 anesthesia related cases referred to the Medico- Legal Committee by MOH in Saudi Arabia [1999-2003]
- 3.8% of claims where anesthesia-related of which 9.1% ended with legal action
- In 2013, around 200 malpractice cases registered in Jeddah, ranking the highest region in Saudi Arabia (Al Hamid 2014)
- Dubai Health Authority reported more than 500 medical complaints against doctors operating in private, public and clinical settings in 2013 (Bell 2014)
Key Components of Regulatory Mechanisms for addressing Medical Malpractice

- Regulatory approaches focused on individuals (essentially through litigation) or control through professional bodies, such as government-sanctioned self-regulation

- An “associationist” model – direct association between risk and trust

- Four essential characteristics related to regulatory mechanisms: Trust, Risk, Accountability and Control – [Fiona 2012]
Trust, Risk, Accountability and Control

- Trust – Effectiveness or otherwise of the regulatory system
- Risk – Frequency of ‘scandal’ and number of victims affected
- Accountability - absent if there is no mechanism through which the public could turn to hold healthcare professionals or professional regulatory bodies accountable for failings or malpractices
- Control - Increased perception of risks, mistrust of regulators and ineffective accountability mechanisms, call for control measures.
Pyramid of Regulatory Mechanisms

- Command and control
- Meta-regulation
- Co regulation
- Self-regulation
- Marketing mechanisms
- Voluntarism

Examples of mechanisms:
- Judicial decision on patient litigation
- Medical malpractice
- Public reports on clinical performance
- Registers of professionals
- Professional disciplinary procedures
- Quality assurance activities
- Public reporting
- Reporting adverse events
- Open disclosure of adverse events
### Regulatory mechanisms: Protecting professionals, protecting patients

<table>
<thead>
<tr>
<th>Regulatory mechanisms</th>
<th>Protecting professionals</th>
<th>Protecting patients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to profession</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registers of professionals</td>
<td></td>
<td>▲</td>
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<tr>
<td>Professional disciplinary</td>
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<td>▲</td>
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<tr>
<td>procedures</td>
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<td></td>
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<tr>
<td><strong>Good practice</strong></td>
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<td>▲ ▲ ▲</td>
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<tr>
<td>Quality assurance activities</td>
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<tr>
<td>Public reporting on clinical</td>
<td>▲</td>
<td>▲ ▲ ▲</td>
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<tr>
<td>performance</td>
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<tr>
<td><strong>Safer Patients</strong></td>
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<tr>
<td>Adverse reporting systems</td>
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<tr>
<td>Open disclosure to patients</td>
<td>▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲  ▲</td>
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<tr>
<td>of AEs</td>
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<tr>
<td>Litigation by patients</td>
<td>▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲  ▲</td>
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</tbody>
</table>
Ethical / Professional Governance

- Improving communication Practices
- Reducing Failure to Maintain Proper Documentation
- Monitoring Prescription Errors
- Ensuring appropriate behavior to Patient Care
- Minimizing prejudice
- Reducing conflicts of Interest

Regulation by Litigation
Regulation by Litigation

- Malpractice lawsuits are intended to minimize unsafe practices, compensate patients, and ensure justice.

- Litigation is regarded as the last resort for a patient who suffers harm due to medical negligence.

- Limitations to litigation as a regulatory mechanism:
  - High litigation rates do not lead to better patient outcomes.
  - Fear of litigation undermines learning from medical errors.
  - Most are settled out of court through confidential agreements.

World Health Organization
Conclusion

- Patient safety and the quality of care is highly variable across the region, safety should be recognized as systemic problems.
- Less information available on the extent of medical malpractice in the region other than isolated studies.
- Systematic effort is needed to understand what could be done to influence the behaviour of provider, managers and patients to better regulate medical practice.
- Several regulatory approaches ranging from self-regulation to regulation by regulatory bodies and litigation are available.
- WHO is committed to support countries in improving patient safety and reducing medical malpractice.
Thank you