

Strictly as per the compliance and regulations of

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Received: 12 December 2013 Accepted: 31 December 2013 Published: 15 January 2014

Abstract

To study the issues of medical errors in the private health sector and determine the conviction rate in the decisions by specialty on the defendants from health professions. The total number of decisions issued by the Health Authority within five years 331 resolution and the conviction rate (Number = 192, 58

Index terms— condemnation, plaintiff right, decisions, judgments, health staff, mistakes, health facilities

1 Introduction

he role of private health sector is to provide the health care and services to a large segment of community through different health facilities. The total number of health facilities in the present from operating existing hospitals and dispensaries, and medical clinics is 487 health facility, and 81 health facility licensed under construction in the city of Jeddah, Saudi Arabia [1]. The medical work always aimed at the patient's best interests to make medical care for the diagnosis and treatment, but medical errors have become almost daily phenomenon and no longer confined within the health professions but become the public talk and newspapers. From here is evident to draw attention to the ends of the equation in the field of medical care provided by the private health sector and protect the patient from medical errors from the other side [2]. Medical Errors in content is affect patient safety and the doctor is in charge when breach his obligations literary and profession, and is not required to be wrong index whether simple or big, it's enough to be wrong and clear and direct result of the damage or the injury brought about by a doctor due to negligence and lack of follow-up or wrong behavior is not familiar for medical practice or work not in the field of specialization or without a license [2][3][4]. The Health legitimate authority board their role is in knowing the reasons and linked to get the truth as claim when you get damage or injury to the patient and that attributed the harm causes and distinguish them between the complication and the product of mistake and the adoption of why the product of mistake alone is a reason to harm standard in proving the causation between medical error and damage and the accountability is for their medical mistakes committed against patient in terms of physically, financially and morally [5]. So the objectives of this study: 1) To determine the percentage of the conviction in the decisions on the defendants doctors by specialty; 2) and to determine the percentage of disability and deaths and compensation in cases of medical errors in the private health sector.

2 II.

3 Methodology

This is a retrospective study issued by the Health Authority basic legitimacy on the medical errors cases and decisions in the private health sector Jeddah Saudi Arabia from 2007-2011. The study was approved by the Biomedical Ethics Research Committee Human Investigation at King Abdulaziz University (Ref. No. 1084-13). To determine the distribution decisions on health facilities and categorized by specialty. The verdicts results were studied on defendants health professions on "doctors, nurses, midwives and technicians" to know the number and percentage of convicts and compared to non-convicts. Also, the conviction of deaths and disability were studied from the decisions to know the amount of compensation as a result of medical errors. This study is based on statistical data analysis to know the conviction rate from medical errors and result from verdicts (condemnation

in two rights together, plaintiff and public rights, or waiver plaintiff, and with no condemn or irrelevant in the two rights) on the defendants from health professions. Statistical analysis was performed using the package SPSS version 19 (SPSS, Chicago, IL USA). Data were presented as numbers (n), percentage (%), cumulative percentage and the trend. Chi-square test or Fisher's exact test for categorical data. The value less than (< 0.05) considered statistically significant.

4 III.

5 Results

The total number of decisions issued by the Health Authority basic legitimacy within five years 331 resolution and the total of convictions (n = 192, 58%). Table [1] shows the number and percentage of convictions in the decisions, judgments or "verdicts" and compensations as a result of medical errors from each year from 2007-2011. The direction of decisions issued through five years where there was a higher proportion of decisions issued in 2009. The classification decisions issued on the specialty: obstetrics and gynecology (n = 64, 19.3%), general surgery (n = 48, 14.5%), orthopedics (n = 30, 9.1%), surgical Urology (n = 9, 2.7%), Neurosurgery (n = 14, 4.2%), Ear, Nose and Throat (n = 11, 3.3%), ophthalmology (n = 11, 3.3%), surgical specialties (n = 37, 11.2%), internal medicine (n = 19, 5.7%), anesthesia and intensive care (n = 2, 0.6%), pediatric (n = 30, 9.1%), dental (n = 23, 6.9%) and other disciplines (n = 33, 10%). Figure [2] comparison shows the trend of resolutions by specialty for each year. There was high percentage on issued decisions on the Gynecology and Obstetrics and general surgery and statistically significant (< 0.05). The total percentage of the decisions according to all specialties for five years as shows in Figure [3]. According to the result of verdicts issued decisions during the five years the highest rate was in 2011 in two rights condemnation and in 2009 the highest condemnation was in the public right as shown in Chart [2]. It should be noted that the overall total percentage of verdicts rate was higher in the public right compared to the right of plaintiff as shows in Figure [4], and is a statistically significant (< 0.05). The cumulative conviction rate in the decisions issued was almost five times fold in 2011 compared to 2007 as shows in Figure [5]. The defendants were total 845 of the health professions during the study period. Chart [3] shows the direction of the highest percentage of defendants from health professions was in 2009. Chart [4] shows the trend rate Convicted (n = 252, 29.8%) compared to non convicted (n = 593, 70.2%) of the Health Professions at rate (1:3.4) convicted. They classified as follows: Doctors (n = 236, 93.7%), nursing and midwifery (n = 13, 5.2%), technicians (n = 2, 0.8%) and other professionals (n = 1, 0.4%) as shown in Figure [6]. Those doctors were convicted according to the specialty: obstetrics and gynecology (n = 55, 16.6%), general surgery (number = 33, 10%), orthopedics (n = 11, 3.3%), surgical Urology (n = 5, 1.5%), neurosurgeons (n = 7, 2.1%), Ear, Nose and Throat (n = 6, 1.8%), ophthalmology (n = 4, 1.2%), plastic surgery (n = 12, 3.6%), surgical specialties (n = 6, 1.6%), internal medicine (n = 14, 4.2%), anesthesia and intensive care (n = 22, 6.6%), pediatric (n = 26, 7.9%), dental (n = 17, 5.1%), dermatology (n = 1, 0.3%), radiology (n = 3, 0.9%), other disciplines (n = 15, 4.5%), laboratory and blood banks (n = 1, 0.3%). The highest condemnation were against Obstetricians and Gynecologists and general surgery, this is consistent and confirmed with literature studies [5][6]. It should be noted that the trend rate of doctors convicted were high and the non convicted in a decline with an inverse relationship as shown in the chart [5]. The cumulative percentage of convicted doctors compared with nonconvicted was more than five times, and statistically significant (< 0.05) as in Figure [7]. The total number of deaths (n = 86, 26%), and the percentage of compensations in the deaths (n = 46, 13.9%) and disability "partial or total loss" as result of medical errors (number = 32, 9.7%) within the five years. Chart [6] shows the trend of medical errors compared with the deaths condemnation and is a statistically significant (< 0.05). The cumulative mortality rate is on the rise from result of medical errors as shows in Chart [7]. In 2011 the percentage of compensation in the deaths and disability were higher compared to other medical errors. This reflects the rise in the amount of the compensation for the plaintiff right in mortality and disability as a result of medical errors, especially from the beginning of 2010-2011 and is a statistically significant (< 0.05) as in the Figure [8] & Charts [8-9], respectively.

6 Volume XIV Issue II Version

Chart 7 : The cumulative mortality trend as a result of medical errors

7 Discussion

Undoubtedly the study and analysis of the issues of the private health sector for medical errors is to consolidate the principle how we are dealing with medical errors in terms of analysis of the reasons and reach the problem for diagnosis. So, it is imperative to know the errors and irregularities to reduce them and educate the health professions on the adverse events in medical practice for purpose to raise the awareness and raise the society's culture of health and participation in the decisions and recommendations to become part of the indicators that help to develop a mechanism to avoid those mistakes and improve the way of medical follow-up and develop solutions necessary and recommendations to the competent health authorities [7][8]. And the follower of this vital sector in particular there are large number of issues and the complaints against the private health facilities [9][10]. So it is necessary to highlight and analyze the decisions and convictions to know the medical errors in

the private sector where to? After studying the decisions and judgments and convictions, the total percentage of the public right was greater versus the plaintiff private right. Although the mistakes due to lack or bad of the communication are one of causes, there was lack of patient counseling, the expected complications from the treatment which are recognized medically not explained to the patient and poor documentation [11][12]. Also, the surgical intervention expectation not discussed, lack of follow-up of the medical team or lack of the policies, procedures and systems clear for health facilities care, patient safety and the medical services recognized by profession assets [4]. Failure to enlist the expertise in the difficult cases make the patient at risk and the complications could have been avoided by transfer into centers for which there are all possibilities of medical cadres specialized health and medical equipment to the crisis [3]. The negligence of such factors was one of the reasons that made high conviction rate in the decisions and the cumulative percentage to more than five times during this study, and statistically significant (< 0.05).

That an Article (27) of the Regulations for practicing health professionals in Saudi Arabia defined the plaintiff private right is "all wrong professional from the doctor or from one of his assistants and the consequent harm to the patient is committed to the committed compensation and the legitimacy of Health Authority board forth in this system the amount of compensation" In the case waive your right, this not mean dropping the public right according to the Regulations for practicing health professionals in Saudi Arabia, but convicted for each violation or out of the doctor in his behavior on the rules and medical recognized assets time when the implementation of the medical work [3,13]. The proportion of waiving plaintiff right and in the presence of condemnation in the public right was 10.6% versus without public condemnation 8.2 through five-years.

That negative behavior in the communication lead to increase the proportion of litigation against doctors, even when there were no negative results, in the year 2009, was the largest proportion of defendants of the health professions and with the rate 1:3.4 convicted during the five years. Also the delay in giving the truth to the patient and his family or treatment failure or refrain from giving the patient a detailed medical report "diagnosis and treatment" is one of the factors that accelerate sued the doctors [9,14]. The orbiter and through of this study that the conviction rate for defendants began to climb (50. remained within this percentage (62.3%) as shown in Table [1], and statistically significant (< 0.05). where the cumulative percentage for the conviction rate was (30%) in 2011, compared to (5.6%) in 2007 as shown in Figure [7].

This study also showed the proportion of serious medical errors, such as a death or disability as a result of neglect and lack of follow-up and experience or the delay in therapeutic or surgical intervention where the total compensation rate in the deaths were 46 (13.9%) and disability was 32 (9.7%) from partial or total loss functions or permanent disabilities as a result of medical errors. The compensation from disability were three times fold 11 (20.8%) in 2011, compared 5(7.2%) in 2008, and statistically significant (< 0.05). This reflects on rising in the amount of the compensations to the plaintiff right for deaths or disability, and especially the beginning of 2010-2011 as shown in Table [1].

V.

8 Conclusion

The conviction rate in the decisions of the health profession, and especially the doctors in five years is on the rise and thus this is reflected on the trend of medical errors into upward in the private health sector. The highest condemnation were against Obstetricians and Gynecologists and general surgery compared to other disciplines



Figure 1: Figure 1 :

Years	2007	2008	2009	2010	2011	Total
	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)
Decisions	73(22.1%)	69(20.8%)	75(22.7%)	61(18.4%)	53(16%)	331
Convictions	40(54.8%)	35(50.7%)	46(61.3%)	38(62.3%)	33(62.3%)	192(58%)
Condemnation (two rights)	22(30.1%)	14(20.3%)	13(17.3%)	21(34.4%)	20(37.7%)	90(27.2%)
Conviction (Plaintiff right)	2(2.7%)	2(2.9%)	6(8%)	2(3.3%)	1(1.9%)	13(3.9%)
Conviction (public right)	9(12.3%)	11(15.9%)	19(25.3%)	9(14.8%)	6(11.3%)	54(16.3%)
Conviction (public right & Plaintiff waiver)	7(9.6%)	8(11.6%)	8(10.7%)	6(9.8%)	6(11.3%)	35(10.6%)
No Conviction (public right & Plaintiff waiver)	6 (8.2%)	4 (5.8%)	5 (6.7%)	6 (9.8%)	6 (11.3%)	27 (8.2%)
No condemnation (two rights)	27 (37%)	30 (43.5%)	24 (32%)	17 (27.9%)	14 (26.4%)	112 (33.8%)
Compensation (Death)	9 (12.3%)	5 (7.2%)	7 (9.3%)	7 (11.5%)	18 (34%)	46 (13.9%)
Compensation *(Disability)	-	5 (7.2%)	9 (12%)	7 (11.5%)	11 (20.8%)	32 (9.7%)
Other Compensation	38 (52.1%)	29 (42%)	36 (48%)	30 (49.2%)	10 (18.9%)	143 (43.2%)

Figure 2:

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