Commentary

Analysing the Complexities of Medical Malpractice

Jeami Nikolay*

Department of Medicine, University of Toronto, Ontario, Canada

DESCRIPTION

Medical negligence is a serious hazard in the healthcare occupation, with serious repercussions for patients. It refers to cases where a healthcare provider's actions or deficiencies cause variation from accepted standards of care, resulting in harm or injury to a patient. This study will explore the complexities of medical malpractice, examining its causes, implications, and the measures in place to prevent and address such incidents [1].

Medical malpractice occurs when a healthcare professional, such as a doctor, nurse, or hospital, fails to adhere to the recognized standards of practice, thereby causing harm to a patient [2].

This deviation from the standard of care can manifest in various ways, including misdiagnosis, surgical errors, medication mistakes, inadequate treatment, improper documentation, and communication failures. Inconsiderate actions or negligence cause injury on the part of healthcare providers, such as failing to diagnose a condition or not providing appropriate treatment [3].

Communication breakdown

Inadequate communication among healthcare providers, leading to errors, misunderstandings, and lack of coordination in patient care [4].

Inadequate training and supervision

Insufficient training, inadequate supervision, or lack of experience can contribute to medical errors and malpractice [5].

Systemic issues

Deficiencies in healthcare systems, such as understaffing, inadequate resources, time pressures, and defect processes, can create an environment conducive to errors and malpractice [6].

Documentation errors

Inaccurate or incomplete medical records, including improper documentation of procedures, medications, or patient information, can contribute to malpractice cases [7].

Implications and consequences Medical malpractice can have profound implications for patients, healthcare providers, and the healthcare system as a whole. Patients who experience medical malpractice may suffer physical and emotional effect, endure prolonged recovery periods, incur additional medical expenses, and face long-term disability or even death [8]. Additionally, patients' trust in the healthcare system and their healthcare providers may be significantly undermined. For healthcare professionals, medical malpractice claims can have serious professional and personal repercussions. They may face injury to their reputation, increased malpractice insurance premiums, loss of income, and potential legal consequences. Medical malpractice cases also affect the healthcare system, leading to increased healthcare costs, loss of public confidence, and the need for regulatory reforms [9,10].

Prevention and mitigation strategies efforts to prevent medical malpractice focus on enhancing patient safety, improving communication, and promoting a culture of quality and accountability within healthcare organizations. Some key prevention strategies include:

Adherence to standards and guidelines: Healthcare professionals should adhere to evidence-based guidelines and best practices in diagnosis, treatment, patient care and effective communication and teamwork [11,12].

Continuous education and training: Encouraging open and effective communication among healthcare providers, patients, and their families can reduce errors and improve patient outcomes [13].

Ongoing professional development and training programs can ensure that healthcare professionals stay updated with the latest medical knowledge and techniques. Accurate and complete medical record-keeping is essential to maintain a comprehensive overview of patient care and facilitate effective communication among healthcare providers. Healthcare organizations should implement quality improvement programs to identify and address system failures, conduct root cause analyses, and implement corrective measures. Mediation and alternative dispute

Correspondence to: Jeami Nikolay, Department of medicine, University of Toronto, Ontario, Canada, E-mail: jeami@Nikolay.ca

Received: 06-Jun-2023, Manuscript No. LDAME-23-24890; Editor assigned: 08-Jun-2023, Pre QC No. LDAME-23-24890 (PQ); Reviewed: 22-Jun-2023, QC No. LDAME-23-24890; Revised: 29-Jun-2023, Manuscript No. LDAME-23-24890 (R); Published: 06-Jul-2023, DOI: 10.35248/2385-5495.23.9.053

Citation: Nikolay J (2023) Analysing the Complexities of Medical Malpractice. Adv Med Ethics J. 9:053.

Copyright: © 2023 Nikolay J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

resolution offering mediation and alternative dispute resolution processes can help resolve malpractice claims without protracted legal battles, promoting timely compensation and restoring trust between patients and healthcare providers [14].

CONCLUSION

Medical malpractice is a multifaceted issue that requires attention from healthcare providers, policymakers, and regulatory bodies.

Understanding the causes, implications, and prevention strategies associated with medical malpractice is crucial for fostering a healthcare system safety and quality care.

By focusing on prevention, continuous improvement, and open communication, healthcare organizations can mitigate the risk of medical malpractice and ensure that patients receive the care they deserve while preserving the integrity of the healthcare profession.

REFERENCES

- Hu D, Liu H, Xiao S. Medical Malpractice Litigation After Spine Surgery in Beijing Between 2013 and 2018. World Neurosurg. 2023.
- Pecorari IL, Flaquer I, Bergemann R, Funari A, Alvi MA, Agarwal V. Medical malpractice and intracranial hemorrhages in the US: An analysis of 121 cases over 35 years. Heliyon. 2023;9(4):e14885.
- Solomon L, Emma M, Gibbons LM, Kusulas MP. Current risk landscape of point-of-care ultrasound in pediatric emergency medicine in medical malpractice litigation. Am J Emerg Med. 2022;58:16-21.
- Megalla M, Imam N, Bukowiec L, Coban D, Malik M, Grace ZT, et al. Medical malpractice litigation after total shoulder arthroplasty: a comprehensive analysis based on the Westlaw legal database. J Shoulder Elbow Surg. 2023;32(3):539-545.

- 5. Sirignano P, Galiero G, Sirignano A, Taurino M. Acute limb ischemia due to iliac thrombosis following laparoscopic surgery for hiatal hernia: Report from a medical malpractice litigation. Ann Med Surg. 2021;67:102505.
- Kadakia RJ, Orland KJ, Sharma A, Akoh CC, Chen J, Parekh SG. Medical malpractice trends in foot and ankle surgery. J Foot Ankle Surg. 2022;61(1):104-108.
- Zabinski Z, Black BS. The deterrent effect of tort law: evidence from medical malpractice reform. J Health Econ. 2022;84:102638.
- 8. Sauder N, Emara AK, Rullán PJ, Molloy RM, Krebs VE, Piuzzi NS. Hip & Knee Are the Most Litigated Orthopaedic Cases: A Nationwide 5-Year Analysis of Medical Malpractice Claims. J Arthroplasty. 2022.
- Shenoy A, Shenoy GN, Shenoy GG. Expert witness testimony in medical malpractice litigation: Minutiae and methods-In credence and credibility. Ethics, Med. Public Health. 2022;21:100755.
- Tharp K, Santavicca S, Hughes DR, Kishore D, Banja JD, Duszak Jr R. Characteristics of radiologists serving as medical malpractice expert witnesses for defense *versus* plaintiff. J Am Coll Radiol. 2022;19(7):807-813.
- Singh R, Shlobin NA, Romaniuk RA, Luan K, Suarez-Meade P, Potts MB, etal. Medical Malpractice Litigation Involving Arteriovenous Malformations of the Central Nervous System. World Neurosurg. 2022;160:e601-7.
- Lim H, Yi Y. Effects of a web-based education program for nurses using medical malpractice cases: A randomized controlled trial. Nurse Educ Today. 2021;104:104997.
- Bass GD, Zhao FS, Schweickert WD, Manaker S. A retrospective analysis of malpractice-related procedure rates for internal medicine specialists at an academic medical center. Jt Comm J Qual Patient Saf. 2021;47(11):704-710.
- 14. Peterson Jr JE. Survey of medical malpractice cases and settlements with pathology or laboratory standard of care issues. Semin Diagn Pathol. 2019;36(5):366-371.