



# پیشگیری از شکایات و قصور پزشکی

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**Failure to Diagnose**

**Referral**

**Examination**

**PITFALLS OF MEDICAL MALPRACTICE**

**SUPERVISION**

**Documentation**

**COMMUNICATIONS**



# خطاهای پزشکی

- خطای شناختی (cognitive)

- خطای قضاوت بالینی (clinical judgment)

- خطای اجرا (performance)

- لغزش

- عدم تسلط بر روش اجرا

- اشکال در سیستم (system error)

# قصور پزشکی

## ■ شروط قصور:

- پزشک وظیفه مراقبت و درمان را به عهده گرفته باشد
- نقصی در انجام این وظیفه وجود داشته باشد
- در اثر عملکرد پزشک و نقص فوق الذکر آسیب جسمی یا روانی به بیمار وارد آمده باشد



## شاخص های اصلی پیشگیری از شکایت

1. Practice effective communication
2. Establish good relationships
3. Be thorough before, during, and after appointments
4. Set higher standards
5. Keep complete records and documents
6. Understand informed consent



# Practice effective communication

- spending time with patients
- patient feel confident that you know what you're doing
- effective written communication
- enough reasoning behind treatment decisions



# Establish good relationships

- establish trusting and open relationships with patients
- patients are more likely to reveal personal information
- patients are more likely to:
  - adhere to a medication regimen
  - obtain recommended follow-up tests and procedures



# Keep complete records and documents

- “I can’t do anything if they don’t have a note with enough detail “
  - “If a lawsuit does arise years later, we can recreate what happened at that visit.”
- DOCUMENTATION must be:
  - BEFORE
  - THROUGH
  - AFTER





# Understand informed consent

- Informed consent is the communication between the physician and patient that leads to the patient agreeing to undergo a medical intervention.
- A valid informed consent involves a patient with **decision-making capacity**, an intentional decision by the patient with understanding free from undue influence by the medical staff and an ability to communicate the acceptance of treatment to the treating physician

# Three main components

- Disclosure
- Capacity
- Voluntariness

The physician should disclose and discuss: The **diagnosis**, the nature and purpose of **treatment** or procedure, the **risks and benefits** of proposed treatment or procedures, **alternatives**, the risks and benefits of alternatives, the risks and benefits of **not receiving** treatments or undergoing procedures.

# Ethically

- informed consent fulfills the ethical principal of **respect** for persons
  - The person has the right to **make decisions** for him/herself.
  - The person has a right to **information** that will help them make that decision.
  - The person has a right to enough **time** to make a decision without feeling coerced.
  - The person has a right for information to be presented in a **language** and in words that they can understand.



# The ideal informed consent thus requires that:

- 1- The patient appreciates his clinical situation
- 2- Understands the consequences of the proposed treatment and alternative therapy options
- 3- Appreciates the specific implications of this information into his future and integrates this information into his decision.



# Failure in understanding

- Some times patients became dissatisfied with their treatment team despite receiving appropriate and good care, because they felt inadequately prepared and lack of proper information before and during their procedures. This may be due to failure to achieve *understanding despite informed consent*.



## Some affecting factors on failure to achieve understanding despite informed consent

- Discordance between patient and physician expectations from treatment
- Inappropriate patient–physician relationship and satisfaction
- Inadequate use of patient comprehension techniques
- Inadequate use of interactive technology
- Unclear and complex consent forms
- Inappropriate time regulation of the consent

# Discordance between patient and physician expectations from treatment

- An insufficient understanding of the risks and benefits of treatment can result in a difference between patient's than physician's expectation from treatment.
- physicians are often able to give a concise prognostic estimate that is reflected in the real outcome. However patients tend to perceive it with more optimism view, resulting in an overestimation of the treatment success rate, despite realistic estimates by their treating physicians.

# Inappropriate patient–physician relationship and satisfaction

- Patients become dissatisfied with their treatment team (despite receiving appropriate and good care) because they felt inadequately prepared.
- In comparison, fully informed patients are more likely to adhere to the treatment regimen and may thus improve long-term compliance.



# Inadequate patient comprehension techniques:

- Techniques aimed at improving patient comprehension including written and multimedia interventions, extended discussions and test/feedback techniques helped informed consent in clinical care, as measured by **recall**.
- As efforts in **improving comprehension** appear to result in better understanding compared with the current standard practice, this indicates that our current clinical consenting process may be inadequate for patient comprehension.

# Enhancing consent forms and Interactive technology



- The design of the consent **forms** must be very simple and comprehensible for the patients.
- Electronic **interactive software** can be used to improve patient comprehension, aid patient engagement and target decisions about treatment strategy. Rather than seeking answers in the general media and the World Wide Web, having access to accurate and updated information about the disease, prognosis, complications and so on could be a valuable tool for patients.



# Timing of the consent

- Often the informed consent is obtained immediately after the decision to undergo the procedure. Providing **consent forms in advance of the actual consent conference** can provide patients with time to understand and contemplate the decision, and may result in improved understanding of the informed consent

# Some cautions to resolve the reason of misunderstanding:

- Minimizing the differences between doctor-patient expectation from therapy
- Improve the patient-physician relationship
- Using more effective comprehension techniques
- Using interactive technology and enhancing consent forms
- Better regulation of the time of getting consent prior and during the procedure



# Iranian Islamic Penal Code (2013)

- Article 158
- Article 495
- Article 496

Informed consent is required for any medical  
and surgical procedures  
(explicit or implicit consent)

## نحوه شناسایی عوامل موثر در نتیجه نهایی موضوع قصور پزشکی

- بیماری یا حادثه ای که منجر به مراجعه بیمار به مرکز درمانی شده است
- بیماری و عوامل زمینه ای که علت مراجعه نیستند ولی می تواند در بروز یا تشدید عوارض ناشی از اقدامات تشخیصی و درمانی موثر واقع شوند .
- قصور ارتكابی از جانب افراد تیم تشخیصی، درمانی و مراقبتی که می توانند شامل يك نفر یا تعدادی از افراد باشد.
- سهل انگاری و اهمال بیمار یا بستگان در پیگیری امور تشخیصی و درمانی که در صورت انجام می توانست در بروز یا کاهش شدت عوارض ناشی از موارد فوق موثر باشد.

# دفاع در جلسات کمیسیون

- شفاف سازی شدت و وخامت بیماری اولیه و نقش آن در بروز عوارض ایجاد شده
- تعیین میزان خسارت و نقص عضو قبل از اقدام درمانی و مقایسه آن با وضعیت پس از درمان
- تعیین و ثبت بیماری و ریسک فاکتورهای زمینه ای که دخالت مستقیم در بیماری فعلی ندارند
- دفاع مستدل بر اساس نوع خطا
- تبیین توانایی علمی شامل مدرک معتبر و دوره های آموزشی تکمیلی ( شناختی)
- اعلام مستندات که اقدام درمانی بر مبنای آن صورت گرفته است (شناختی)
- تبیین شواهدی که براساس آن استدلال بالینی شکل گرفته است (قضاوت بالینی)
- ارائه شواهدی دال بر وجود تسلط و مهارت کافی در انجام پروسیجر خاص (اجرایی)
- ارائه مستنداتی مبنی بر ثبت واعلام خطاهای سیستم به مقامات ذیربط ( سیستم)

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