



Medical Malpractice: Sight of the Physicians at the Gülhane Military Medical Academy

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Dear Editor-in-Chief

The term malpractice is used nowadays mostly as if it is synonymous with mistakes made in medical procedures, but in Latin it means bad, wrong implementation of any kind. In Law dictionary it is applied to situations where a member of a profession causes damage to a person at the receiving end of a professional service because of the neglect of standards demanded by that profession from its practitioners of average competence and standing, as a result of their not practising their profession with due care and competence (1). The term medical malpractice is used for cases of wrong procedures by members of the medical profession (2). Some data are available indicating that medical errors have increased in recent years. However, different factors play a role in this increase. For example, with advances in technology physicians are at times led to undertake medical procedures which they have not previously attempted, and such procedures can carry high risk factors. There is also increasing pressure on physicians from the rising cost of medical services. On the other hand there is also some confusion between on the one hand the right to obtain attainable and available medical provision and on the other the right to be healthy which cannot be guaranteed. In addition to these the media do not always show the

medical profession in a positive light (3). For any medical procedure to comply with legal requirements it must be undertaken by persons authorized to do so by law, it should be carried out on the basis of medical science data and in accordance with the objectives prescribed in law, and it should be performed with the full knowledge and consent of the patient (4). Financial solutions to the provision of health care differ from country to country. There are different systems in place for compensation arising from the provision of medical services in different countries. In the USA, Germany and Italy there are systems that are based on culpability whereas in Britain, Sweden and New Zealand that is not the case. France and Australia have developed systems which are a combination of the two. Research on this area has revealed that half of the money within the insurance system is used for legal expenses instead of patients, that it take on average 3 to 5 years for a legal case to be finalised and that of 14 patients who have suffered major damage only 1 has been fully recompensated (5-7). With allegations of medical malpractice on the increase daily, it is very difficult for physicians to put a distance between themselves and thoughts of malpractice. This research, conducted with the participation of 222 physicians working at Gü-

lhane Military Medical Academy, sought to evaluate views of military physicians on malpractice, compulsory professional liability insurance and compensation issues. The survey is in five parts: the first consists of four questions covering sociodemographics, the second has seven questions under the heading “Views on medical malpractice”; the third part consists of two questions regarding solutions provided and/or suggested, the fourth part has four questions on professional liability insurance and the last part has ten questions on views on compensation. There are 27 questions in all. Data from the questionnaire have been analysed using the SPSS 15.0 programme.

The findings of our study also indicate that the main reason for medical malpractice is insufficient numbers of medical personnel, and the main reason for the increase in the number of complaints and legal cases is heightened awareness of patients’ seeking to obtain their rights. The reason why medical malpractice is topical is the attitude of the media. Violence against physicians was associated to malpractice . In addition to the recommendations that they have made the participants steps that can be taken to prevent incidents of violence include the imposition of appropriate penalties as a deterrent. The publication of reports which are tantamount to summary executions should be prevented by law, and the public should be kept informed by the relevant authorities. Frequently criticised professional liability insurance clauses, periods of cover etc should be reassessed by bodies and agencies which have studied this matter.

Suggestions by the participants regarding measures to be taken to prevent medical malpractice have been classified under four main headings: institutional, educational, public, ethical. Institutional; The most frequently proposed solution was the provision of a modern working environment with a reduced number of patients. System-centred rather than physician-centred approaches which are constructive rather than punitive were proposed as alternatives. Suggestions were made for compensations to be met

institutionally in order to prevent defensive medical procedures.

Educational; Importance to be accorded to pre- and post-graduation training, courses in communication to be provided, staff meetings geared to cases of medical malpractice to be arranged in clinics, and journals dedicated to medical malpractice to be published so that related issues can be studied in detail in appropriate departments and the outcomes disseminated.

Public and media; Ministry of Health geared to early diagnosis and preventive medicine which can help raise awareness in the public. By stressing the difficult education and training processes physicians undergo as well as their deeply involved and dedicated work, the media must help physicians achieve the respect to which they are entitled.

Ethical; There is a clear aspiration for medical practitioners to be of the highest quality, to have integrity and be conscious of whom they serve and what their professional aims should be. To this end, it is felt that ethical issues should always be to the fore.

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