



45th Annual International Congress of the
EGYPTIAN SOCIETY OF CARDIOLOGY
CardioEgypt 2018

www.cardioegypt.com



- الطب والتمريض توأمان يتكاملان ولا ينفصلان،
- ولذلك يأتيان بعد علوم الدين في المنزلة والشرف
- لا أعلم علماً بعد الحلال والحرام أنبل من الطب،”



- صناعتان عظيمتا الخطر،
- بالغتا النفع،
- رفيعتا المنزلة،
- من أخذهما بحقهما نال سعادة الدارين،
- الكفاية والشرف في الدنيا والأجر والمثوبة في الآخرة.

45th Annual International Congress of the
EGYPTIAN SOCIETY OF CARDIOLOGY
CardioEgypt 2018

www.cardioegypt.com

Do I have Medical Malpractice Case ?

Abdelmoty Kabbash
Professor of Forensic Medicine & Toxicology
Tanta Univesity

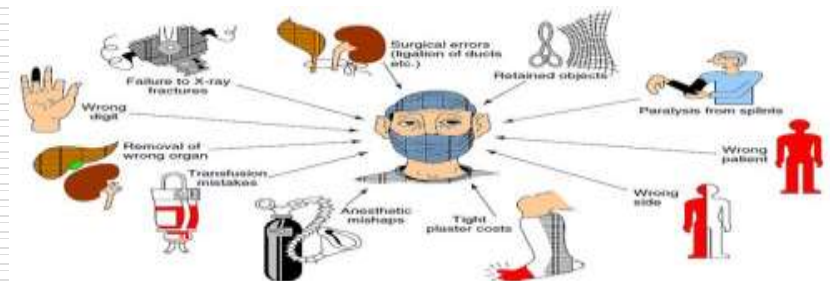
Do I have Medical Malpractice Case ?

- ❑ From 5 to 10 % of patients experience some kind of medical malpractice each year.
- ❑ But few will win in the court due to common misunderstanding.



In the United states

- ❑ 1999 about 99,000 cases of ME



- ❑ 2013 about 440,000 cases of ME

Do I have Medical Malpractice Case ?

- When a patient is harmed by a medical professional who fails to give correct health care.
 - Fortunately, doctors & other medical professional make mistakes in a small number of cases.
-

Medical Malpractice

- Certain types of errors come out more often than others
 - A patient was unhappy with a course of treatment or its outcome, doesn't mean malpractice necessarily occurred
-

Medical Malpractice

- In order to meet the legal definition of medical malpractice ,medical provider must have been negligent in some way:
 - Not reasonably skillful or Competent ,
 - That incompetence harmed the patient
-

أخطاء المهنة

(1) الخطأ القائم على الإهمال

- عدم الحصول على موافقة المريض أو أهله
 - عدم إسعاف من هو بحاجة إلى إسعافه
 - إفشاء السر المهني
 - يخطئ في كمية " جرعات " الدواء التي يعطيها للمريض
 - أن يجري العملية خطأ على العضو السليم
-

أخطاء المهنة

(2) الخطأ الفني

- التشخيص أو العلاج أو العمليات الجراحية
 - اشتراط القضاء أن يكون الخطأ الفني جسيماً لمساءلة الطبيب
 - يُسأل الطبيب عن موت المريض أو إصابته الناجمين عن خطئه وكذلك عن تفويت فرصة الشفاء
-

Basic Requirements for a Claim

- 1- A doctor-patient relationship existed.
 - 2- Doctor was negligent.
 - 3- Doctor's negligence caused the injury.
 - 4-The injury led to specific damages.
-

1- A doctor-patient relationship existed



Texas case



Texas case,

- Bleeding and with labor pains
 - Dr. Weis ask her to go to her own physician in Dallas
 - She lost the baby
 - Relation of physician and patient does not exist
-

Basic Requirements for a Claim

A patient-physician relationship is generally formed when a physician positively acts in a patient's case by examining, diagnosing, treating, or agreeing to do so.



2- The doctor was negligent

Just because a patient is unhappy with treatment or results does not mean the doctor is liable for medical malpractice



Basic Requirements for a Claim

- Patient able to show that the doctor caused harm in a way that a competent doctor, under the same circumstances, would not have.



3- The doctor's negligence caused the injury

if a patient dies after treatment for lung cancer, and the doctor did do something negligent, it could be hard to prove that the doctor's negligence caused the death rather than the cancer.

A doctor performed the expected standards in his field, patient can't sue for malpractice if he suffer any



Examples of the types of harm patients can sue for:

- A doctor leaving a sponge in a patient's abdomen during an operation.



- Failing to tell a patient that a prescribed drug might cause heart failure.
-

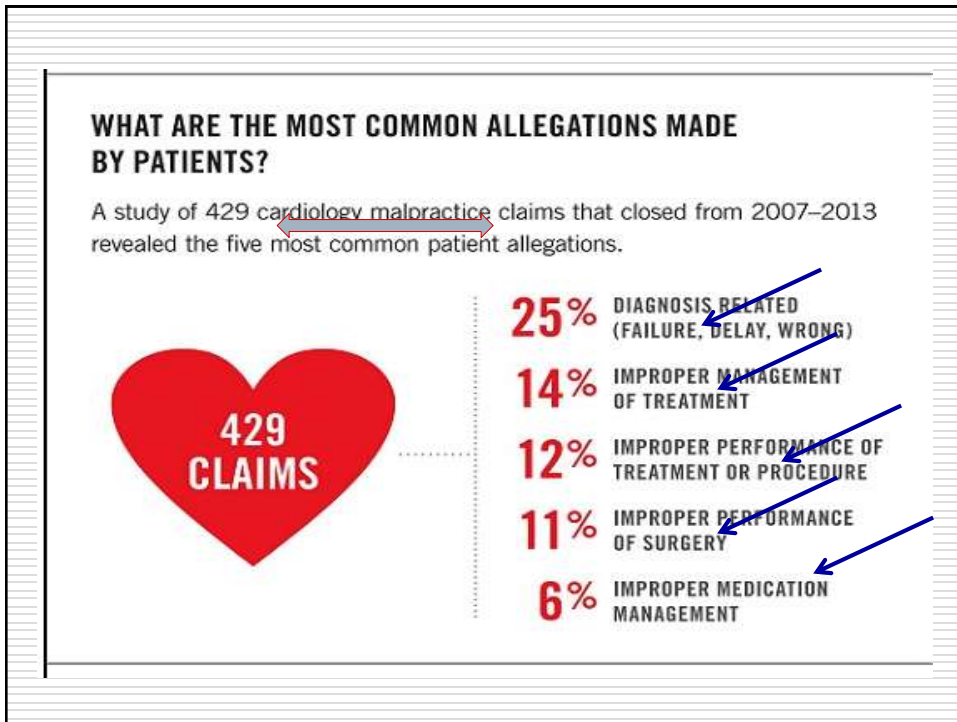
Most medical malpractice fall into one of these categories:

- ***Failure to diagnose***

A serious disease, the patient might miss treatment & cause harm or death.

- ***Improper treatment***

An intervention that deviates from the accepted medical standard.



Medication Errors Affect Half of Heart Patients

- 1- Missed or incorrect doses.
 - 2- Stopping a medicine before instructed.
 - 3- Taking a medicine less or more than prescribed
-

Case



case

- ❑ A 42-year-old obese woman presented to the ED with vague abdominal pain, nausea, vomiting, and dizziness, along with shortness of breath and upper back pain for the previous 2 hours.
 - ❑ No abdominal pain, diarrhea, fevers. BP 145/90, with a pulse of 52 /min
-

case

- Her oxygen saturation was 99%. [CBC], electrolytes, and lipase levels were within normal.
- Received 1L of saline & 4 mg of ondansetron
- Repeat vital signs were BP 138/70, pulse 50 /min, and SpO₂ 98%.

case

-
- She reported improvement after an antiemetics in the ED and was discharged home with a prescription for ondansetron, with instructions to see her PCP in 1-2 days or return to the ED if there was no improvement.
-

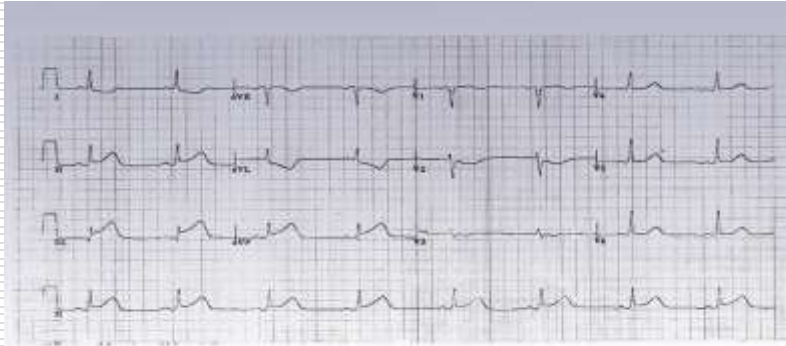
case



She returned 4 hours later with dizziness & vomiting. Her BP was 80/60 . An ECG demonstrated ST elevation. She was rushed to the catheterization lab for acute management of an inferior wall ST-segment elevation myocardial infarction



This case highlights the importance of considering an ECG in older adults & women, who present to the ED with abdominal pain and vague GIT **symptoms**. No ECG was performed on this patient's initial ED evaluation because ACS was not considered in the DD.



- ❑ Not all patients with acute MI will complain of chest pain

Suggestions

- ❑ Special medical malpractice review panel is suggested to review evidence and expert testimony,
 - ❑ Then decide whether malpractice has occurred or not.
-

The Committee goals to encourage

- ❑ Teamwork in the diagnostic process;
 - ❑ Healthcare professional education and training in the diagnostic process;
 - ❑ Develop approaches to identify, learn from, and reduce diagnostic errors in clinical practice;
-

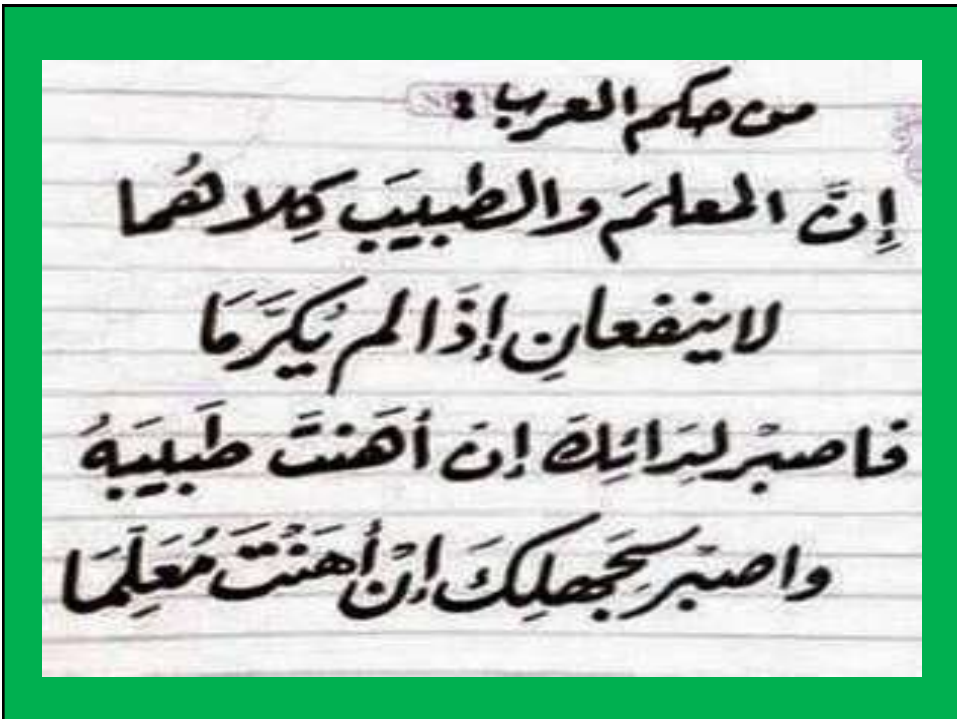
-
- ❑ Develop a reporting environment & medical liability system that facilitates improved diagnosis through learning from diagnostic errors .
-

الطريقة الصحيحة للتعامل مع الخطأ الطبي

- توجيه الطاقات لدراسة سبب هذا الخطأ وتغيير النظام الطبي بحيث يمنع حدوث مثل هذا الخطأ في المستقبل،
- هذا هو المهم لأن الإنسان بطبيعته البشرية الإنسانية معرض للخطأ ولا يُستثنى من ذلك أحد من البشر،

القيم المهنية السلبية المنبوذة

- ▶ السمسرة
- ▶ التدليس (التقارير غير الصحيحة)
- ▶ عدم الاستجابة للاستغاثة
- ▶ الإهمال بمصالح المريض
- ▶ تغليب المصلحة المادية
- ▶ القسوة في التعامل مع المريض
- ▶ الإساءات اللفظية



Thank you

