Internists, family physicians, and other physicians are often named in cardiology-related malpractice claims. Here are some ways to lessen your risks.

**Source:** Physicians Practice

Cardiologists are involved in 22 percent of all claims involving a cardiology-related diagnosis, followed in frequency by internists (19 percent), family medicine practitioners (14 percent), hospitalists (8 percent), emergency medicine doctors (7 percent), anesthesiologists (4 percent), and cardiac surgeons (3 percent), according to The Doctors Company, the nation’s largest physician-owned medical malpractice insurer.

All physicians should take note of a recent study of cardiology malpractice claims in which cardiologists were named, because other specialties also tended to be named in these lawsuits.

The study by The Doctors Company of 429 cardiology claims that closed from 2007 to 2013 showed that the most common allegation made by patients was diagnosis-related. In 25 percent of claims, patients alleged failure to diagnose, delay in diagnosis, or wrong diagnosis.

**Other common patient allegations detailed in the study were:**

• Improper management of treatment, such as cardiac arrest during intervention for cardiac tamponade; or appropriateness of ordering stress tests for patients who suffered cardiac arrest during the procedure (14 percent).
• Improper performance of treatment or procedure. Examples of claims included hematomas and retroperitoneal bleeding (12 percent).
• Improper performance of surgery, such as arterial injury during mitral valve repair (11 percent).
• Improper medication management, such as improperly monitoring and managing anticoagulants, leading to stroke (6 percent).

The top patient allegation was similar to the findings of expert physician reviewers, who looked into the top factors contributing to patient injury in these claims. The experts identified patient assessment issues, including failure to establish a differential diagnosis, as the number-one factor. Patient assessment issues contributed to injury in 25 percent of cases.

**More than one factor can contribute to a patient injury, with other factors identified as:**

• Technical performance, with most issues related to known complications discussed with the patient prior to the procedure (21 percent).
• Patient factors, such as nonadherence with the treatment plan (20 percent).
• Selection and management of therapy, such as inappropriate surgical or other invasive procedure (18 percent).
• Communication among providers, including failure to review the medical record (15 percent).
• Communication between patient/family and provider, including poor follow-up instructions (14 percent).

This study is unique from other analyses of malpractice claims because a panel of expert physicians
analyzed each individual claim to determine what led to patient injury. These recommendations, based on the findings of the study, can help physicians lessen risks when treating cardiac patients:

• Be aware of the most common types of diagnosis or procedural errors.
• Engage in a thorough informed consent discussion with the patient. Even if a patient is unhappy with the outcome of care, a patient who feels engaged in his care and treatment may be less inclined to attribute the outcome to negligence or file a liability claim.
• Pay close attention to documentation, workup, and follow up, particularly after a complication occurs.
• Document all discussions with patients regarding their condition, particularly when choosing a high-risk, liability-prone medication. Inform the patient about the drug's inherent risks and vigilantly monitor for side effects.
• Implement a program that ensures timely follow up when a patient fails to schedule or misses an appointment, or cancels an appointment and does not reschedule.

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