

Complications Versus Lawsuits !



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Not every medical claim or lawsuit is necessarily result of a complication or a malpractice. This is especially true in Plastic surgery practice.

It was interesting to compare serious surgical complications and mortality risk in various specialties. Gastric bypass surgery, a very popular bariatric procedure designed to treat obesity carries a mortality risk of 0.3% within a month (1:333 cases). Laparoscopic cholecystectomy carries a mortality risk of 0.15% or (1:666) within a month of the surgery as well. Whereas Liposuction as a sole procedure (probably the most common aesthetic operation globally) carries a mortality risk of 1:5000 based on one of the most critical reviews on this issue (Grazer et al. PRS 2000; 105:436-66).

As per a study published in the new England journal (NEJ) 2011 by Anupam et. al. aimed to review malpractice risk according to physician specialty, 15 % of plastic surgeons in the USA are being sued annually for a claim of surgeon's negligence compared to 7% only for all other specialties combined! The same study had illustrated that only minority of those lawsuits however end up by payment to plaintiff in plastic surgery compared to other many surgical specialties. This obviously reflects that majority of those claims were not genuine in the first place. *In other words, serious complications are generally rare in plastic surgery relatively speaking but risk of litigations is high.* In a specialty such as Obstetrics and Gynecology, they were shown to have relatively high incidence of payment to plaintiff.

It is unfortunate that fear from litigations often lead surgeons to practice defensive medicine, which is defined as: Medical practices carried out primarily to avoid malpractice liability rather than to benefit the patient. Examples include doing unnecessary tests or imaging studies, prescribing prolonged duration antibiotics without solid medical indication for the rationale of "just in case!". It is interesting that patients that are categorized as VIPs do often receive such a defensive treatment by doctors in general based on their critical social status. Many of such individuals would be subjected to MRI as an example for supposedly a simple lipoma. One interesting study among all plastic surgeons in a country has shown that 51% are in fact practicing defensive medicine. Meanwhile it is important to realize, such defensive medicine practices are also not risk free to the patients.

The outcomes of the malpractice study among various specialties from NEJ and also based on our personal experience in reviewing many medico-legal cases, we were able to extrapolate few possible explanations for such a hype on plastic surgery malpractices: *1. Most of the surgeries are optional 2. Many of these procedures are not covered by insurance 3. Generally, patients are healthier and younger 4. These patients and or customers have more free time to complain and get engaged in medicolegal issues 5. The media talks on "Plastic surgery gone wrong" has often being an attractive topic 6. Many of the complaints in aesthetic surgery are subjective, unmeasurable 6. Psychosocial issues are commonly associated.*

The last 2 points are probably extremely important to understand. An Unhappy patient is a well-known phenomenon or complication written about to several aesthetic procedures such as: Facelift, Rhinoplasty, Mammoplasty etc. Verbal or even physical aggressiveness towards the surgeons have been documented. It is interesting to know that physician's homicide cases by their own patients was found to be highest in Psychiatrists followed by Plastic surgeons (AAOHN J 1992,40: 219-28).

Not every complication should end up in the court not every lawsuit is necessarily a result of a complication.

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