Malpractice risk: trauma care versus other surgical and medical specialties.

Abstract

BACKGROUND: Medical malpractice has been noted to play an important role in physicians' decisions to pursue or remain in certain presumed high-risk specialties such as trauma surgery, despite little evidence suggesting an elevated malpractice risk. The objective of this study was to compare the malpractice experience for trauma care and other medical and surgical specialties at an academic medical center.

METHODS: Information regarding all potentially compensable medical events (hereafter "events") and actual lawsuits that occurred between 2003 and 2006 at one academic medical institution, including the department or service primarily involved, the current medical-legal disposition of the event, and the actual or expected expenses was obtained. The number of patients admitted to each service and the time they spent in the hospital was also obtained, and the number of events per capita and length of stay was calculated.

RESULTS: Among the 13 medical and surgical specialties considered, there were 194 total events, 183,392 patients seen, and 757,880 days of hospitalization. The trauma service had the fewest events and lawsuits per 10,000 patient-days and ranked 10th (11th for lawsuits) on a per capita basis, and 9th in total estimated cost.

CONCLUSIONS: With the fewest events and lawsuits per patient days and a relatively low amount set aside for claims, trauma care has
better claim experience than almost every other clinical service line. Although these results have some limitations, they refute the perception that trauma care is a higher medicolegal risk. This observation should not be cited as a disincentive for surgeons to provide trauma care.

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