

# EHMA 2024

Shaping and managing  
innovative health ecosystems

## Addressing Medical Malpractice in Romania: An Ecological Analysis

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# Introduction

## **An increase in complaints**

An analysis of the annual distribution of malpractice complaints filed in Romanian courts between November 2007 and April 2018 shows an increase in the number of complaints from 8 in 2008 to 65 in 2017, with 331 complaints filed during the entire study period.

## **Human factor in medical errors errors**

Analyzing the human factor in medical medical errors, the scientific community community agrees that the risk of error error exists and hovers above even the the most experienced physicians.

## **Complex interactions in medical medical practice**

Failure in medical practice is often the the result of complex interactions that go that go beyond the individual limit of the of the doctor involved. Thus, it is about a about a chain of elements that include the include the doctor, the institution in which he/she works, the medical system , system , the patient and the medical science itself, with its inherent limits.

# Addressing Medical Malpractice



## Upholding Best Practices

The medical profession has long emphasized the need to respect norms of good practice, as even the most experienced practitioners face inherent risks of error.



## Patient-Centered Approach

Complaints of medical liability often arise from perceived errors, highlighting the importance of clear communication and managing patient expectations.



## Navigating Legal Complexities

The rise in medical malpractice complaints worldwide underscores the need for robust prevention and resolution strategies within the healthcare system.

# Sanctions Imposed for Medical Malpractice in Romania

## 1 Warning

A formal notification to the doctor about inappropriate behavior, indicating that similar actions must not be repeated.

## 2 Reprimand

A stronger form of warning which is recorded in the doctor's professional file.

## 3 Fine

A monetary penalty imposed on the doctor, with the amount and conditions determined based on the severity of the misconduct.

## 4 Restriction of Certain Professional Activities

Limiting the doctor's ability to perform specific medical procedures or duties for a certain period.

## 5 Temporary Suspension of Medical License

The doctor's right to practice medicine is suspended for a specified period during which they cannot legally practice.

## 6 Permanent Revocation of Medical License

The doctor's medical license is permanently revoked, effectively ending their medical career.

# Factors Considered in Sanctioning

## Circumstances of the Misconduct

The specific details and context of how the misconduct occurred are carefully examined.

1

## Consequences of the Misconduct

The physical and moral impact on the patient is thoroughly evaluated.

3

## Existence of Prior Disciplinary Sanctions

Whether the doctor has any prior disciplinary records that have not been expunged is taken into account.

5

## Working Conditions

The conditions under which the doctor was working at the time of the incident are taken into account.

2

## Doctor's Attitude During Investigation

How the doctor behaved throughout the disciplinary investigation is considered.

4

# Medical Malpractice Resolution in Romania



## Malpractice Committee

The Malpractice Committee of the Directorate of Public Health investigates allegations of malpractice without imposing further consequences.



## Disciplinary Committee

The Disciplinary Committee of the College of Physicians handles cases where the doctor has deviated from legal provisions, imposing disciplinary sanctions.



## Legal Proceedings

Patients or their relatives can also pursue criminal and civil legal action, requiring a mandatory forensic expertise report in addition to any private expert opinions.

# Objectives

## 1 Quantify Incidents by Specialty

Determine the frequency of malpractice complaints and sanctions across different specialties to identify areas with higher risks, by standardizing the number of complaints and sanctions, by analyzing the data from the Disciplinary committee of the College of Physicians.

## 2 Identify High-Risk Areas

Highlight specialties with the most significant concerns, focusing on those with the highest rates of incidents and legal repercussions.

## 3 Policy Implications

Provide data-driven insights to inform healthcare policies, aiming to reduce malpractice incidents and improve medical standards in Romania.

# Methodology - Data Sources

1

## Data Source for Complaints and Sanctions

Data on complaints and sanctions related to medical malpractice were sourced from the Superior Disciplinary Commission of the College of Physicians from Romania (2013-2022).

2

## Data Source for Number of Physicians

Data on the number of physicians across various specialties were obtained from the National Institute of Statistics for the years 2015 to 2022.

3

## Data Standardization

We analyzed complaint and sanction rates per 1,000 physicians for each specialty in Romania. This provided an overview of professional misconduct in the medical field during the specified period.

# Calculation of Estimated Annual Percentage Change (EAPC)

## EAPC trends

We analyzed trends in medical malpractice complaints and sanctions using the average annual percentage change calculation over a specified interval.

1

2

3

## Specialty Analysis

The top 5 specialties with highest complaints and sanctions rates per 1000 physicians for 2015-2022 were identified.

## Correlation Analysis

We used Pearson's correlation method to calculate the correlation coefficient between the number of complaints and sanctions for each year.

# Results

## Complaints

EAPC suggests an average annual increase of 9.07% in reported medical malpractice cases, but it is not statistically significant (p-value=0.28).

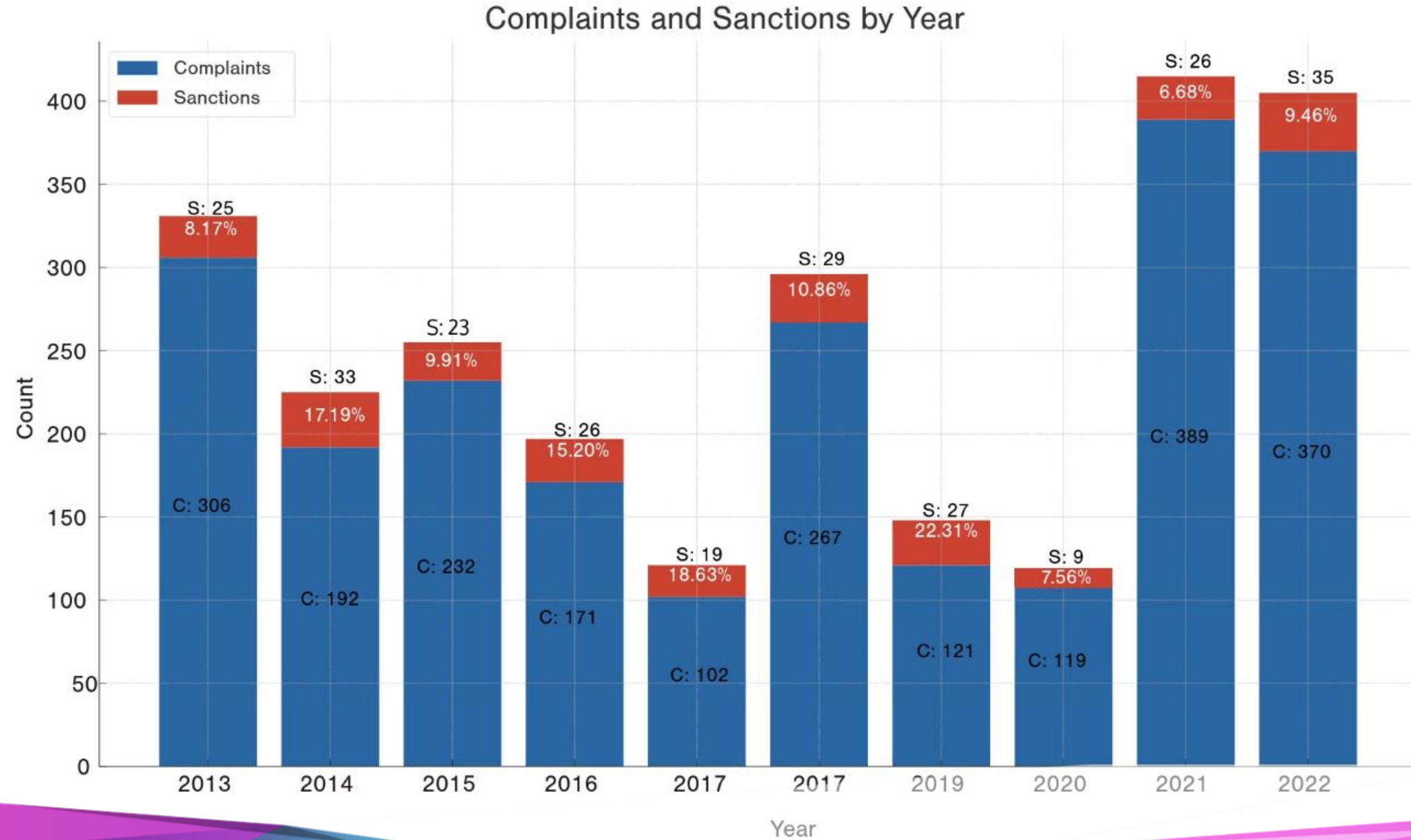
## Sanctions

Sanctions increased marginally (EAPC 0.78%) but are not statistically significant (p-value=0.91).

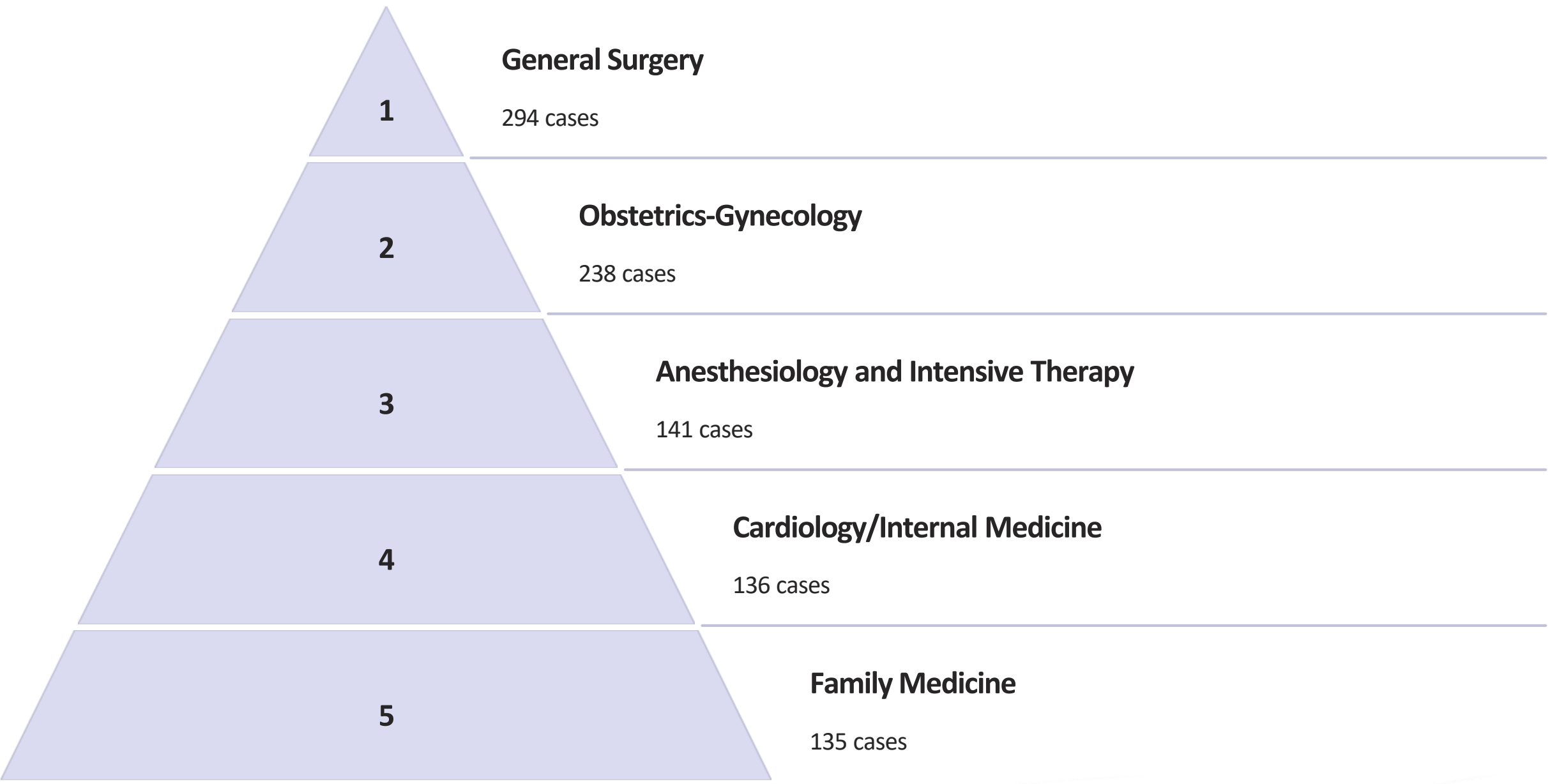
## Correlation Results

Complaints and sanctions are moderately positively correlated ( $r=0.687$ ), but not statistically significant (p-value=0.060).

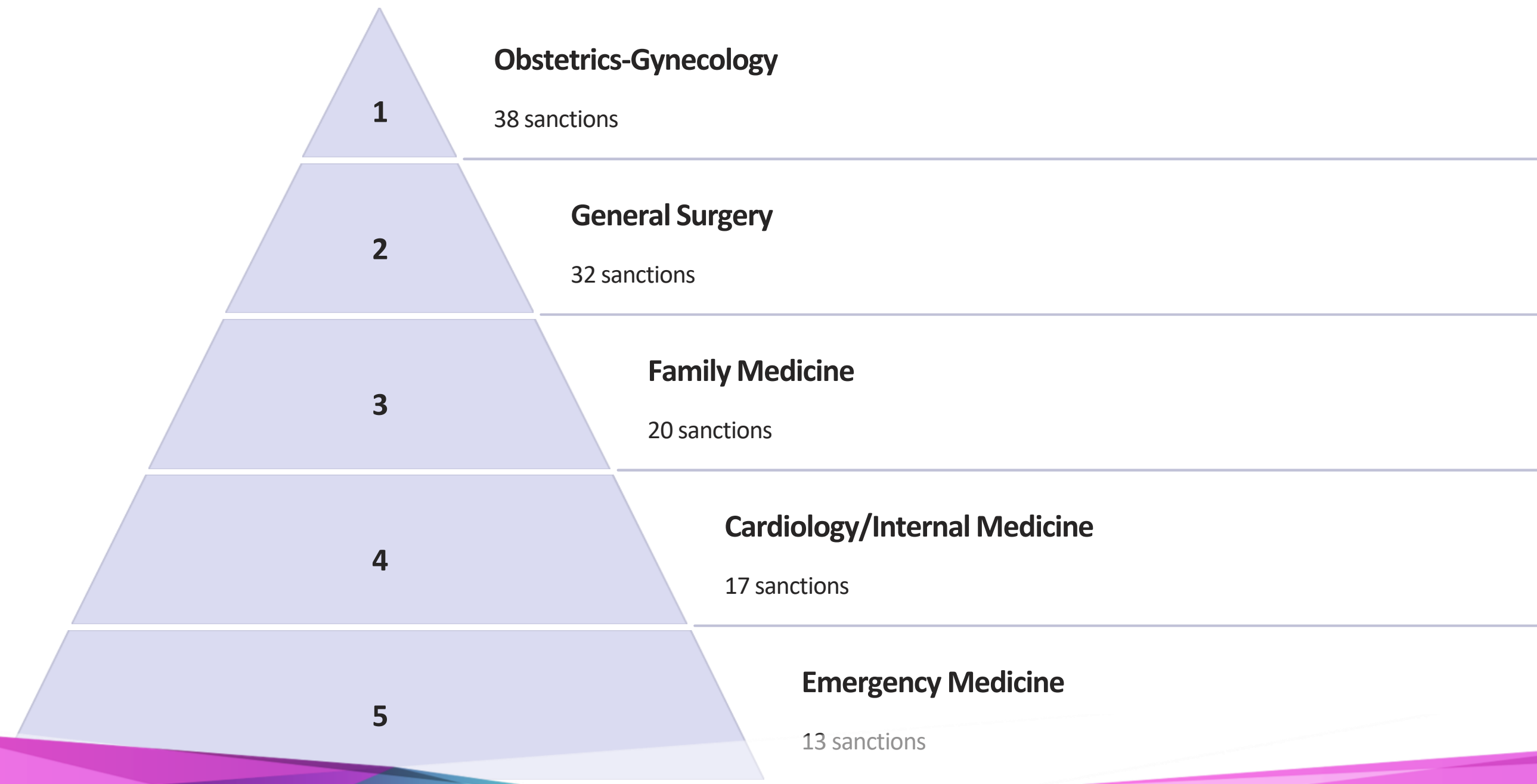
# Aggregate Trends in Medical Malpractice Complaints and Sanctions (2013-2022)



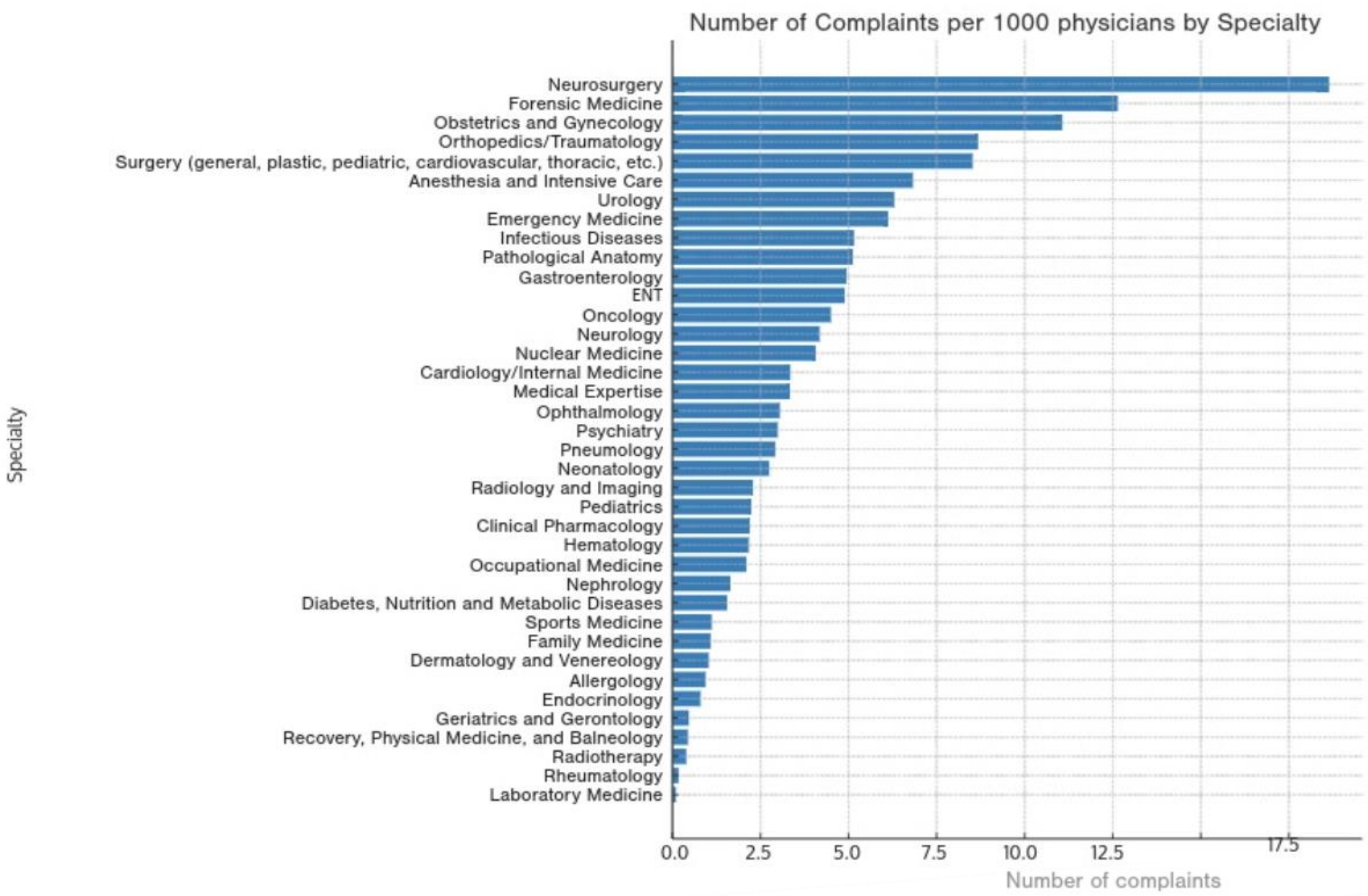
# The top 5 specialties by number of complaints from 2015 to 2022



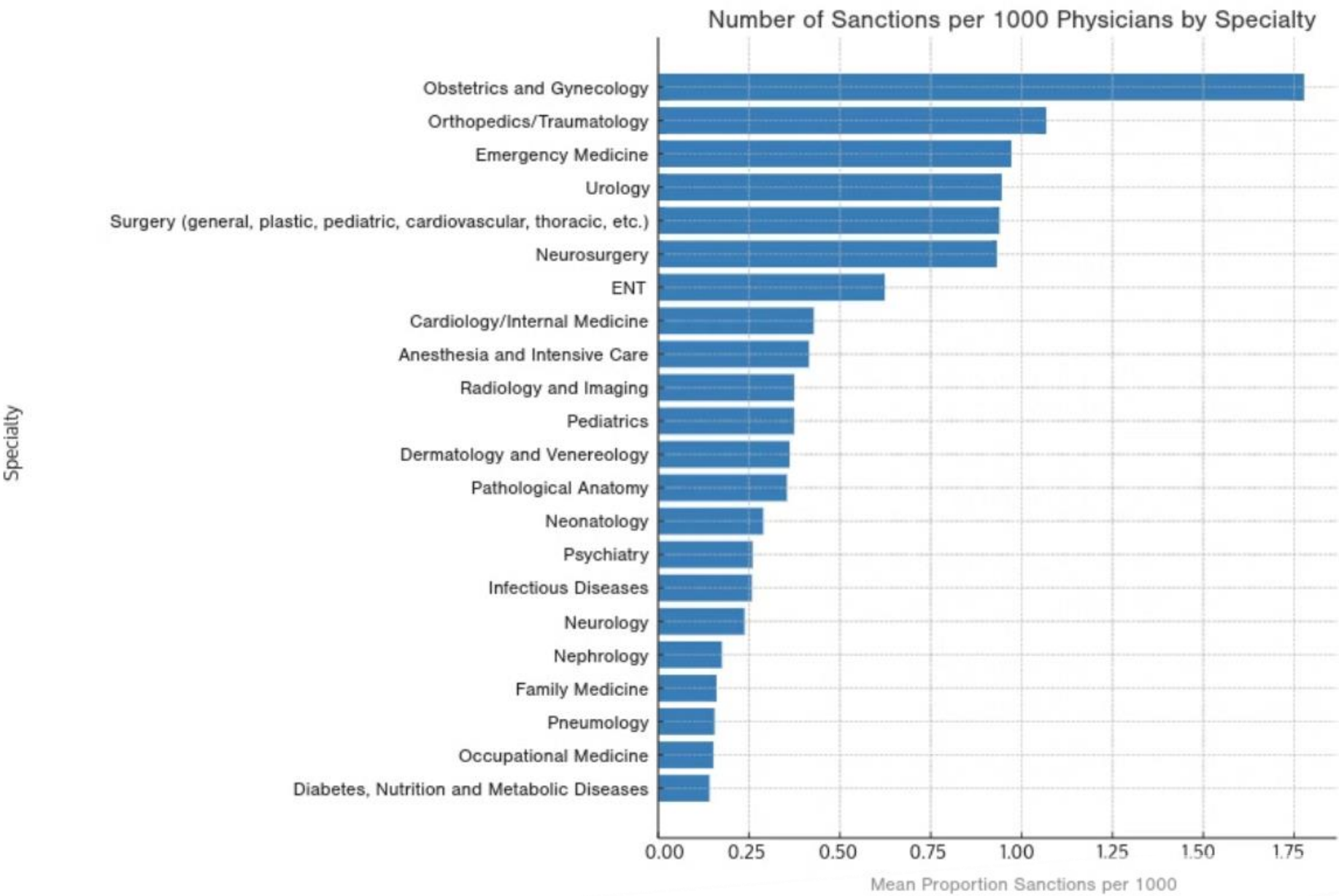
# The top 5 specialties by number of sanctions from 2015 to 2022



# Standardized rate of Complaints per 1000 Physicians by Specialty



# Standardized rate of Sanctions per 1000 Physicians by Specialty



### Complaints Standardized Rate (Top 5)

1

#### Neurosurgery

Highest mean proportion of reported malpractice cases with 18.64 per 1000 physicians

2

#### Forensic Medicine

Follows with 12.64 per 1000 physicians

3

#### Obstetrics-Gynecology

Mean proportion of 11.07 per 1000 physicians

4

#### Orthopedics/Traumatology

Lower rates of 8.68 per 1000 physicians

5

#### General Surgery

Lower rates of 8.52 per 1000 physicians

### Sanctions Standardized Rate (Top 5)

1

#### Obstetrics-Gynecology

Highest mean proportion of sanctions with 1.78 per 1000 physicians

2

#### Orthopedics/Traumatology

Mean sanctions proportion of 1.07 per 1000 physicians

3

#### Emergency Medicine

Mean sanctions proportion of 0.97 per 1000 physicians

4

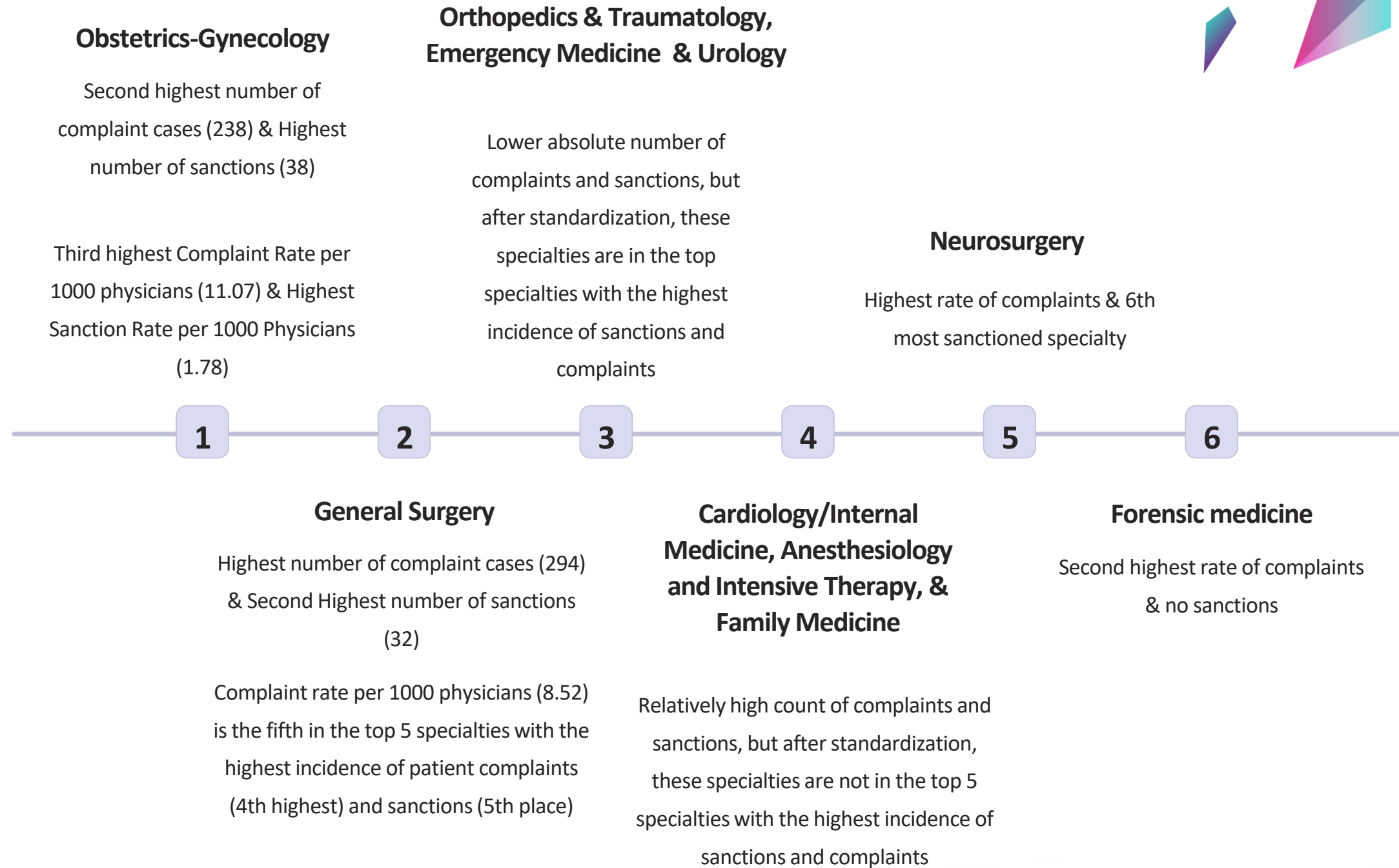
#### Urology

Lowest among the top five with a sanctions rate just under 1 per 1000 physicians

5

#### General Surgery

Lowest among the top five with a sanctions rate just under 1 per 1000 physicians



# Discussions

## 1 Addressing Surgical Specialties

The results reflect the situation related to malpractice complaints in Romania. The fact that doctors at higher risk of receiving complaints are those in the category of surgical specialties makes it necessary to study them further in depth, to identify specific risks and implicitly to implement targeted measures to prevent them.

## 2 Improving Primary Care

In addition, we found that one of the specialties with the lowest risk of sanctioning is family medicine, a finding that could be explained by the under-use of the primary health care services to the detriment of secondary and tertiary medical services, suggesting the need for measures aiming to improve the appropriate access of health services by patients.

## 3 Preventing Overwork

The increased risk of being complained about among doctors who perform more on-call shifts raises an alarm about the risks of overload and suggests the need for collaboration between the relevant bodies to protect overworked doctors and implicitly patients requesting their services.

# Policy Recommendations

## 1 Enhanced Communication Training

Develop and implement comprehensive training programs focusing on improving communication skills, empathy, and patient-centered care, especially in high-risk specialties.

## 2 Standardized Reporting Systems

Establish robust, standardized systems for reporting and monitoring patient complaints and sanctions across all specialties to facilitate timely interventions and trend analysis.

## 3 Patient Education Programs

Implement patient education programs to set realistic expectations about medical procedures and outcomes, as educated patients are less likely to file complaints.

## 4 Support Systems for Physicians

Establish support systems for physicians to help them manage the stress and challenges associated with high-risk specialties, as burnout can negatively impact patient care.

# New Working Procedure of the Disciplinary Commission within the College of Physicians



## Regulatory Compliance

The Superior Disciplinary Commission operates in adherence to governing documents and laws, including the Statute of the College of Physicians and the Medical Deontology Code.



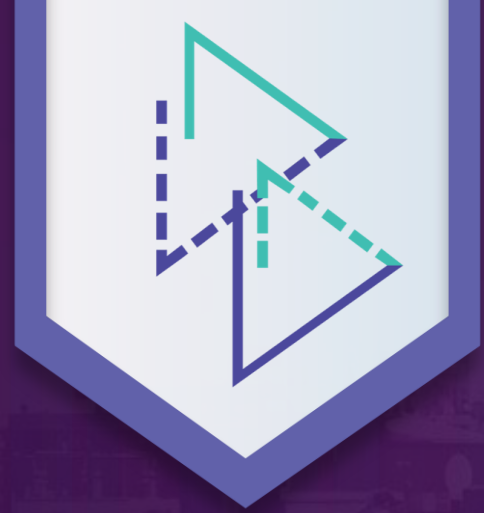
## New Working Procedure

Adopted in January 2024, the new procedure aims to expedite case resolution and improve the efficiency of the disciplinary investigation process.



## Implementation and Results

The new mandate began in November 2023, with all members of the Commission adopting the new procedure. This has led to an observable increase in the number of cases resolved.



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# Thank you!

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