Diagnostic error

Diagnostic error can be defined as a diagnosis that is missed, wrong or delayed, as detected by some subsequent definitive test or finding.

Many studies report that the most common cause for malpractice claims is “diagnostic error including delayed diagnosis/ missed diagnosis/ wrong diagnosis”.

To identify factors associated with severe harm and mortality in malpractice claims due to delayed/wrong diagnosis, Shahaf et al. reviewed records of malpractice claims against Clalit Health Services due to delayed/failed diagnosis in 2010-2019.

The study included 354 claims (60.9% males, median age: 48). Primary care physicians were involved in a third of cases. The most common correct diagnoses were cardiovascular disease (21%), infection (19%) and cancer (16%). The level of harm was moderate in 38%, and severe in 24%, while 25% died. In a multivariable analysis, factors associated with severe harm were age, cancer or a cardiovascular disease, the department involved (pediatrics, internal medicine or primary care were associated with severe harm) and the physician's specialty (neurology/neurosurgery associated with severe harm). Factors associated with mortality included age, cancer or a cardiovascular disease, involvement of the internal medicine department and the physician's specialty (internal medicine associated with mortality).

About half of malpractice claims involved delayed/failed diagnosis resulting in severe harm or mortality. Factors associated with severe harm and mortality include age, the diagnosis and the medical specialty involved.

It is important to be familiar with delayed/failed diagnosis as a major cause of harm in health services and in malpractice claims [1)].

Internal ventricular shunts are systems for draining excess cerebrospinal fluid to another body cavity in patients with hydrocephalus. They are subject to complications that are sometimes difficult to identify and can lead to diagnostic errors if practitioners are not enough aware. The most frequent complications are mechanical (drainage dysfunction) and infectious. Interruption of the drainage may causeneurological signs of intracranial hypertension; the diagnosis is usually easy. However, the clinical signs can sometimes be less obvious, and a dysfunction of the shunt should be evoked. A multidisciplinary management with the neurosurgery team is necessary to evaluate the appropriate investigation and the emergency management [2)].

Unclassified

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