

# Malpractice

- [Subdural hematomas and medical malpractice in the USA: an analysis of 314 patients](#)
  - [Correction: Surgical specialists face higher a risk for malpractice compared to their non-surgical colleagues](#)
  - [Sequential decreases in basolateral amygdala response to threat predict failure to recover from PTSD](#)
  - [Neglect, Recklessness, and Deliberate Indifference in the Face of a Serious Neurosurgical Pathology: Lessons From the Tragic Fate of Prisoner Elliot Earl Williams](#)
  - [Litigation Involving Delay of Spinal Care During the COVID-19 Pandemic: A Review of Reported Legal Cases in the United States](#)
  - [Improving Neurosurgical Care in Egypt: A Questionnaire-Based Study of Neurosurgeons' and Patients' Perspectives on Risk Factors for Malpractice Claims](#)
  - [Intraoperative neuromonitoring is not a useful adjunct for Chiari malformation decompressive surgery: a cost-benefit and legal analysis](#)
  - [Improving surgical quality of care: learning from 8,331 surgical medical malpractice cases](#)
- 
- 

In the law of torts, malpractice is an “instance of [negligence](#) or [incompetence](#) on the part of a professional”.

Types include [medical malpractice](#) (“A doctor's failure to exercise the degree of care and skill that a physician or surgeon of the same medical specialty would use under similar circumstances”) and legal malpractice (“A lawyer's failure to render professional services with the skill, prudence, and diligence that an ordinary and reasonable lawyer would use under similar circumstances.”).

---

Studying malpractice claims is important to improve quality of health care and patient safety and to educate the individual healthcare providers. The objective of this study was to describe characteristics of neurosurgical claims in the Netherlands.

**Methods:** A nationwide retrospective observational study of neurosurgery-related claims closed by Centramed and MediRisk, 2 major insurance companies in the Netherlands, was performed. Relevant data, including type of neurosurgical pathology, theme and category of the claim, type and severity of injury, outcome, and financial burden, were extracted from anonymized claim files. The estimated annual risk was used to determine the risk for claims by adjusting for the number of annually practicing neurosurgeons in the Netherlands.

**Results:** A total of 388 claims against neurosurgeons were closed between 2007 and 2021. Liability was denied in a slight majority of claims (n = 230; 59%). The total burden during this period was €6 165 000 (amount paid out to patients: €5 497 000). The estimated annual risk per Dutch neurosurgeon for a claim was 15.5%, meaning 1 claim per 6.5 years. The case-level analysis of 238 available anonymized claims revealed that most claims were related to spinal pathology (81.5%), followed by cranial pathology (10.9%) and peripheral nerve (7.6%). The motivations for filing claims were mostly related to alleged surgical (56.3%) or diagnostic errors (22.3%). Most of these claims were denied (151/238; 63.4%), and fewer were settled (42/238; 17.6%), sustained (31/238; 13.0%), or closed without final decision (14/238; 5.9%).

Conclusion: Neurosurgery-related malpractice claims primarily involved spinal pathology and were mostly related to alleged treatment errors. Most claims did not result in compensation because there seemed to be no liability or culpable injury. However, the annual risk for a claim for Dutch neurosurgeons is considerable <sup>1)</sup>

<sup>1)</sup>

Dronkers WJ, Buis DR, Amelink QJMA, Bouma GJ, Peul WC, Vandertop WP, Broekman MLD, Hendriks AC, Dirven CMF, Spoor JKH. Medical Malpractice in Neurosurgery: An Analysis of Claims in the Netherlands. Neurosurgery. 2024 Jul 26. doi: 10.1227/neu.0000000000003117. Epub ahead of print. PMID: 39058041.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

<https://neurosurgerywiki.com/wiki/doku.php?id=malpractice>

Last update: **2024/10/04 10:42**

