

Navigating the medico-legal challenges of ophthalmology: Insights, impacts, and recommendations

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Purpose: Ophthalmology faces a rise in medical malpractice claims due to the intricate nature of procedures, the surge in elective oculoplastic and cosmetic treatments, and heightened patient expectations. This study explores these challenges, providing insights and recommendations.

Study design: Literature review

Method: A systematic search using keywords and phrases related to ophthalmology litigation, malpractice, and subspecialties was conducted. Medical Subject Headings and Boolean operators were used. A total of 68 papers were reviewed.

Result: Ophthalmologists face malpractice claims once every 15 years, with cataract surgeries and refractive procedures being more susceptible to claims. A growing trend in claims, often exceeding \$1 million in compensation in the U.S., is evident. In Canada, about half of malpractice cases favor ophthalmologists; cases primarily involve surgical procedures (46.2%), misdiagnoses (32.7%), and non-surgical procedures (21.2%), with a median award of CDN \$308,202. Cases involving refractive treatments mainly comprise LASIK (74.2% over 50 years), while PRK represents only 5.5% of claims. Cataract surgeries lead in claims due to issues during pre-operative, intra-operative, and post-operative phases. In oculoplastics, procedures like blepharoplasty (63.8%) and brow lifts (11.6%) are commonly involved in claims, with common allegations including excessive scarring, lagophthalmos, and visual defects. Mean payment is US \$455,703. Oncology malpractice is rare (1.5% of cases), often involving uveal melanoma (31.3%), retinoblastoma (12.5%), and sebaceous cell carcinoma (12.5%), with a mean payment of US \$511,244.88. Pediatric cases often include traumatic ocular injuries (22.1%), retinopathy of prematurity (17.6%), and endophthalmitis (8.8%); they often favor plaintiffs and have larger financial awards (mean US \$4,815,693). Glaucoma claims account for 10% of cases in the U.S. from 1985-2005, often due to medication errors, diagnostic errors, and failure to monitor patients, with a mean award of US \$179,000. In neuro-ophthalmology, a high misdiagnosis rate (60-70%) leads to claims. Most claims resulted from failures in diagnosing conditions like stroke (30.2%); overdiagnosis was also a concern, especially in IIH. Effective communication, particularly during the informed consent process, is paramount in mitigating the risk of litigation.

Conclusion: Medical malpractice is common in ophthalmology, particularly in cataract surgeries and refractive procedures. Oculoplastics and ocular oncology are also implicated but to a lesser extent. These issues largely stem from perioperative negligence and inadequate informed consent. Residents' involvement in litigation highlights the need for improved training focusing on patient-physician relationships. Effective communication, particularly during informed consent, is vital in reducing litigation risks.

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Biography

Loukman Ghouti is a dedicated medical student currently pursuing his studies at Dalhousie University in Canada. With a fervent passion for medicine and a keen interest in advancing healthcare, His academic pursuits at Dalhousie University provide him with a comprehensive foundation in medical theory, clinical skills, and patient care.

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