

Malpractice in Pathology: Case Report

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ABSTRACT: Surgical pathology has a relatively low diagnostic error rate. The clinical significant diagnostic error rate in surgical pathology reported in the literature varies from 0.26% to 1.2%. Since the pathologists are the final step in the process of diagnosis; they play an important role among the physicians. The pathologists must maintain the high standard of care. Identifying the most frequent errors in pathology as follows: breast biopsy, melanoma and lymphoma, fine needle aspiration (FNA), frozen section and prostate biopsy. Proper analysis of medical malpractice cases is very important in the management of medical malpractice. It must be investigated on which level of healthcare services and by whom these failures were caused and all tests and treatments as well as follow-ups must be archived regularly and accurately in order to provide a significant reference for the standardization of professional as well as medico-legal procedures.

Key words: Accreditation, diagnostic error, pathologist, standardization.

I. INTRODUCTION

Malpractices are important issues in patient safety and have an important place in the discussions upon public medical care policies. Malpractice can be defined as, failure in practicing a wrong medical treatment plan (1). Despite swearing not to harm the patients, in Hippocratic Oath, there have always been medical errors in practicing medicine (2,3).

It is presumed that, 44000-98000 of deaths are caused by medical errors in the United States of America (USA). That indefiniteness caused to question the research data. While some researchers argue that the actual numbers of deaths caused by medical errors are higher than current records, others believe that the current records about deaths caused by medical errors are surrealistically excessive (4,5). Researchers claiming that actual numbers of deaths caused by medical errors are higher than current records point out to the recording system of The Institute of Medicine. In this system, as they argue, only inpatient cases are being recorded whereas outpatient cases in the The Institute of Medicine and other institutions that provide first step medical care do not have any records. For that reason, they put forward the idea that, the actual deaths caused by medical errors are higher than records stated. However, researchers supporting that the death figures caused by medical errors are miscalculated believe that actual research methodology

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is too unspecific, therefore advanced researches and projects systematic and consistent in national standards, must be done to determine the deaths caused by medical errors both qualitatively and quantitatively (6,8).

Malpractice cases mostly consist of cases against physicians. Adverse effects are determined as deaths, impairments, long time hospitalizations and etc. as a result of incorrect medical practicing or failure to complete medical treatment plan (1,5). This study aims to show how a failure in standardization in a pathology laboratory caused by a medical malpractice in a legal process occurring from a missing biopsy material delivered to pathology laboratory to be studied, turns into a medical malpractice.

II. CASE

The patient was sent to the pathology laboratory in the C. Hospital in Istanbul after an excision operation which had been made in the same hospital from the right axillary to further investigate the removed mass which consists of two pieces measured 5x3.5 cm and 5x3 cm in 08.07.2006. Having done the first analysis in the C. Hospital, all of the stained materials and parafin blocks of two extracted masses were delivered with all sample barcodes and official records to O. Pathology and Cytology Laboratory to be further investigated with pre-diagnosis labels of “Sarcoidosis, Tuberculosis, Fungal Infections, Cat Scratch Diseasei Hodgkin Lymphoma and Non-Hodgkin Lymphoma” in 15.07.2006. Even though the delivery date set by O. Pathology and Cytology Laboratory was 21.07.2006, there was no report given at that time. Moreover, even after the delivery date, the results could never been able to achieved even the patient questioned them. Eventually, it is reported that the biological materials were lost in O. Pathology and Cytology Laboratory.

Did the patient destitute of “Sarcoidosis, Tuberculosis, Fungal Infections, Cat Scratch Diseasei Hodgkin Lymphoma and Non-Hodgkin Lymphoma” diagnosies, as the materials were lost in the laboratory ? Could that destitution affect the early diagnosis and treatment of the disease negatively ? Could that negative affect cause a mortal risk to the patient in the future ? It is discussed whether that case is a malpractice or not, with the guidance of these questions.

III. DISCUSSION

Medical Pathology Department is a clinic scientific branch, taking place under Surgical Departments. The essential service of pathologists in the patient management in clinic is to make a diagnosis with evidence-based medicine and to prepare a report about essential prognostic factors to guide the treatment with pathological diagnosis. Pathology, as a medical branch, is a specially branch in medicine that aims to make and become experts in diagnostic investigations on tissues and body fluids extracted from patients. Therefore, pathology serves with Medical Pathology, Surgical Pathology and Cytopathology to clinic medicine.

The fields that pathologists serve to clinic medicine consist of macroscopic and microscopic areas, both of them having different diagnostic processes. The whole process from the admission to preparing the report is named as pathology practicing service. For that reason; a case like described above has consequences that cause the elimination of diagnose, treatment protocol and follow-ups. The interventions that physicians do for their patients' lives and health mostly concern medical ethics but they do concern law as well. Since the problems that occur in most interventions that physicians do to their patients have so many similarities with activities defined in criminal law, medical errors are evaluated in criminal law (9).

Malpractice is a event, which occurs after an imperfect medical care service. In the 44th World Medical Assembly held in 1992 by World Medical Association (WMA), medical malpractice was defined as “injury caused by physician's failure to conform to the standard care for treatment of the patient's condition, or a lack of skill, or negligence in providing care to the patient” In addition to that statement, WMA emphasized that medical malpractices must be distinguished from medical complications which can happen during the treatment and do not involve lack of skill or knowledge on the part of the treatment (10,11). A study made among medical institutions that are trialed against due to medical malpractice show that state hospitals have the first line with 40.3%. Another study

made in our country show that state hospitals have the first line in medical malpractice trials with 62% (12,13). A different study made in Italy shows 88% of medical malpractices occur in state institutions and 12% in private health industry (12,14). It is extremely precious to analyze medical errors well to get medical practice errors under control. Investigating who caused the errors in which health care step, keeping the records of all of the tests and treatments correctly and regularly would make an important reference to standardize not only professional practices but also forensic science practices. In this century, besides physician's responsibilities the terminology "Patient Safety" is also being used. Defined as preventing medical errors and eliminating or reducing damages patients have from medical errors, patient safety aims an approach requiring a medical system reform. In our century the health system that includes public access to medical care service, financial administration, the quality of medical care service and improvement, simplifying the administration with balanced finance, has to be reformed (15,16).

IV. CONCLUSION

To conclude, disconnection or connection disorders between medical staff is an important reason for medical errors. Since medical care is teamwork, enforcing team spirit among medical care staff and reducing disconnection issues would decrease the medical errors. In addition, to train the physicians and the medical staff about medical errors or to get them in-service training would be effective in reducing the medical errors.

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