Medical Faults in Orthopedic Surgeries: How to Address and Prevent the Consequences

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Practicing medicine is associated with a high probability of physical and psychological stress that can lead to burnout (1). This stress is particularly more remarkable in surgical specialties (2). There are many contributing factors to the stress level of surgeons, including a high workload, critical patients, and a contrast between work and family. Younger surgeons and junior residents are at more risk of developing stress burnouts (3). Orthopedic surgery is one of the specialties associated with high stress and burnouts in their surgeons and residents (4).

One of the other important causes of burden for physicians is medical errors and patient complications (5-7). Other than the consequences for patients, these faults pose intense emotional and possibly legal burdens on the responsible physicians (8). Therefore, it is of utmost importance for surgeons to be prepared to avoid such faults. However, no matter the amount of experience and caution, encountering medical errors and patients' complications during many years of practice as a surgeon is inevitable (9). Thus, learning how to prevent and confront these situations is exceptionally valuable (10).

One of the main ways to manage possible medical faults is achieving a decent rapport with the patients from the first encounter. This rapport helps the patient to trust the physician with his treatment and accept the possible outcomes.

The next important step is to thoroughly inform the patients about the treatment and procedures, outcomes, and possible complications. It is vital for the physician to carefully explain the risk of complications to the patient honestly. Understanding that the possible complications are well studied and can happen to any patient regardless of the surgeon is essential. This understanding can help the patient and the physician to have a realistic sense of the risks of each treatment, especially a surgical intervention. The gained information by the patient can be crucial in case of an intervention complication, because it can prevent further consequences caused by the patients' misinformation.

In case of a possible medical fault of any intervention, honesty in admitting that a complication has occurred is essential. Furthermore, a complete and truthful discussion with the patient regarding the occurred complication and available options to treat this complication is necessary. If possible, the same physician should perform the complication treatment and ideally, in the same admittance. Even if the responsible doctor cannot perform corrective interventions for the complication, the doctor should be associated with the patient during the corrective measures. This engagement can help the patient not feel left alone and help the doctor achieve closure.

Good relationships and information with the patient can significantly help the physician and the patient in case of any complications. On the other hand, if honest rapport is not established with the patient prior to treatment or surgery, in case of any complication or fault, the risk of possible ethical or legal consequences for the responsible doctor is significantly higher.

A consult with an expert colleague regarding the possible treatment and complications is the second opinion, which especially in concordance with the primary physician, can help the patient have a better trust in his/her medical team after a complication.

Detailed documentation, including a complete history, regular visit notes, and thoroughly informed consents can be valuable to reduce possible legal consequences for the physician in case of any complication. In addition, having decent liability insurances for the physician is another critical factor in case of complications and legal consequences.

Even if all the previous steps are done, and the patient is well informed and has no complaints, the physician could have emotional consequences. The emotional response of doctors to the complications caused by a fault can be different based on their personalities. These emotional responses can vary between very minimal or extensive consequences that can interfere with their performance. In such situations, talking to a trusted colleague or a therapist can be helpful. Understanding that complications or faults can happen to any physician and any patient is essential.

To reduce the risk of errors, especially for younger physicians, it is crucial to (i) be aware of details, (ii) perform tasks and pay attention to each patient one at a time, (iii) perform treatments based on latest guidelines, (iv) avoid heroic and impulsive actions, and (v) not be afraid to ask for help.

In conclusion, patient complications caused by medical errors pose significant burdens both on patient and the responsible physician, especially in orthopedic surgeries.

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This work is licensed under a Creative Commons Attribution-Noncommercial 4.0 International license (https://creativecommons.org/licenses/by-nc/4.0/). Noncommercial uses of the work are permitted, provided the original work is properly cited. Therefore, having the mentioned points in mind can help the physicians and their patients be prepared to encounter complications and avoid possible associated burdens.

Conflict of Interest

The authors declare no conflict of interest in this study.

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References

- 1. Sharma U, Joshi SR, Ghosh A. Physician burnout: Cause and prevention strategies. [Assoc Physicians India. 2020;68(4):60-3. [PubMed: 32610849].
- Senturk JC, Melnitchouk N. Surgeon burnout: Defining, 2. identifying, and addressing the new reality. Clin Colon Rectal Surg. 2019;32(6):407-14. doi: 10.1055/s-0039-1692709. [PubMed: 31824232]. [PubMed Central: PMC6901360].
- Galaiya R, Kinross J, Arulampalam T. Factors associated with 3. burnout syndrome in surgeons: A systematic review. Ann R Coll Surg Engl. 2020;102(6):401-7. doi: 10.1308/rcsann.2020.0040. [PubMed: 32326734]. [PubMed Central: PMC7388944].
 4. Arora M, Diwan AD, Harris IA. Burnout in orthopaedic

surgeons: A review. *ANZ J Surg*. 2013;83(7-8):512-5. doi: 10.1111/ans.12292. [PubMed: 23796266].

- 5. Srinivasa S, Gurney J, Koea J. Potential consequences of patient complications for surgeon well-being: A systematic review. JAMA Surg. 2019;154(5):451-7. doi: 10.1001/jamasurg.2018.5640.
- [PubMed: 30916741]. Mohamadsajad M, Salman A, Mohsen T, Omid KG. Surgical 6. sponge retained in femoral canal for 22 years: A case report. Orthop Spine Trauma. 2021;7(2):67-70. doi: 10.18502/jost.v7i2.7005.
- Mahlisha K, Mohammadhasan S, Ramin S. Reamer breakage 7. during intramedullary nailing in tibial shaft fractures: A case report and review of literature. J Orthop Spine Trauma. 2021;7(1):27-30. doi: 10.18502/jost.v7i1.5964.
- Sataloff RT. Adverse surgical events: Effects on the surgeon. Ear 8. Nose Throat J. 2020;99(4):225-6. doi: 10.1177/0145561319827704.
- [PubMed: 32282244]. Gemici K, Okus A, Yildiz M, Sahin M, Bilgi M. A surgeon's 9. nightmare: Complications. Ulus Cerrahi Derg. 2015;31(2):90-1. doi: 10.5152/UCD.2015.2785. [PubMed: 26170757]. [PubMed Central: PMC4485819].
- 10. Bunni J. Complications A surgeon's perspective and humanities' methods for personally dealing with them: The "4 R's". *Int J Surg*. 2017;41:134-5. doi: 10.1016/j.ijsu.2017.03.076. [PubMed: 28366761].