Summary

Medical malpractice is the failure to comply with the standard of care of the reasonably prudent physician in the same area of work or specialization. Medical malpractice may arise from failure to provide adequate medical care, the failure to properly diagnose a medical condition, or the failure to properly treat a medical condition resulting physical or mental damage.

Medical malpractice can take many forms. Some examples are failure to diagnose a life-threatening disease, errors made in medication, surgical errors, failure to provide proper follow-up care, prenatal or delivery room errors, and miscalculations with anesthesia.

The law of medical malpractice is an outgrowth of the general body of negligence law. It is the law applicable to all lawsuits by attorneys against medical professionals (doctors, nurses, hospitals, physical therapists, pharmacists) alleging negligence in the rendition of medical services to their patients. Malpractice law is part of tort, or personal-injury, law. To prevail in a tort lawsuit, the plaintiff must prove that the defendant owed a duty of care to the plaintiff, that the defendant breached this duty by failing to adhere to the standard of care expected, and that this breach of duty caused an injury to the plaintiff. There are three social goals of malpractice litigation: to deter unsafe practices, to compensate persons injured through negligence and to exact corrective justice.

The malpractice crisis becomes a famous problem in the last years, where the obstetricians, gynaecologists and the women who seek their

services have been particularly affected by the increase in the cost and numbers of medical malpractice claims in Egypt. The causes of increases in the frequency of claims and the size of payouts are unclear, but the plausible arguments can be made for at least five factors: Greater public awareness of medical errors, lower levels of confidence and trust in the health care system among patients as a result of negative experiences with managed care, advances in medical innovation, particularly diagnostic technology, and increases in the intensity of medical services, rising public expectations about medical care, and finally a greater reluctance among plaintiffs attorneys to accept offers that in the past would have closed cases.

Many of the obstetric claims comprised several clinical problems, making classification difficult. These cases were categorized according to the problem that investigated the malpractice suit. Several problems common to the indefensible obstetric claims involved cord-placental problem, fetal distress, dystocia of labor, abnormal presentations other than breach, cephalopelvic disproportion, brain damage, perintatal death infant trauma, and vaginal birth after cesarean section. These claims could not be defended.

The increasing frequency and severity of medical malpractice claims in obstetrics and gynaecology, relative to other specialties may have deleterious effect on recruitment to the specialty so the field of obstetrics has attracted the most thorough search for evidence or the so called defensive medicine. Prevention is by far the most effective strategy in mitigating the effects of malpractice claims. Most risk management experts agree that effective communication is the most crucial deterrent to malpractice litigation.