

Evaluative Reports on Medical Malpractice Policies in Obstetrics: a Rapid Scoping Review

Summary

The current medical malpractice system for obstetrics is costly and inefficient, paying amongst the highest amount in litigation settlements of any clinical discipline. A well-balanced, strategic approach is needed to control costs and improve patient safety. This review aimed to synthesize evidence on medical liability reforms and quality improvement strategies to control costs due to medical malpractice claims in obstetrics. Initiatives to reduce medical malpractice litigation may be associated with a decrease in avoidable medical harms.

Implications

The advantages and disadvantages of the initiatives postulated to reduce medical malpractice may vary due to heterogeneous study settings (e.g. economic structure, healthcare system) and variation in the study outcomes. Few reforms have been studied, so further research is warranted. Any initiative that is implemented should be evaluated for effectiveness using a rigorous study design, an economic analysis of cost-effectiveness, and consider contextual factors where policy will be implemented.

Reference: Cardoso R, Zarin W, Nincic V, et al. Evaluative reports on medical malpractice policies in obstetrics: a rapid scoping review. *Syst Rev.* 2017;6(1):181.

PMID: [28874176](https://pubmed.ncbi.nlm.nih.gov/28874176/)

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What is the current situation?

- The current medical malpractice system is costly and inefficient. As such, efforts have been made to address medical malpractice, patient safety, and litigation costs.
- Due to an exponential increase of litigation claims related to patient safety in obstetrical care in South Africa, the World Health Organization (WHO) South Africa – Country Office commissioned a review of medical liability reforms.

What is the objective?

- To synthesize evaluative or comparative reports assessing medical liability reforms and quality improvement strategies to control litigation costs of medical errors in obstetrics.

How was the review conducted?

- Eight bibliographic databases (e.g., MEDLINE, EMBASE, LexisNexis Academic), Canadian Medical Protective Association website (<https://www.cmpa-acpm.ca/en>), and references of relevant reviews were searched from 2004 to June 2015.
- All types of study designs and reviews, published between 2004-2015, and in English that evaluated or compared different policies were included.
- Two reviewers independently performed study selection and data abstraction, while a third reviewer resolved discrepancies. The findings of this review are presented descriptively, categorized by the type of strategy and country of origin for the policy.

What did the review find?

- 14 documents (8 cohort studies, 4 uncontrolled before-after reports, and 2 narrative reviews) met the eligibility criteria, of which 86% were conducted in the United States. None of the reports originated from LMICs.
- Few documents evaluated models to reduce litigation claims.
- Various initiatives (including no-fault approaches, patient safety initiatives, communication and resolution, caps on compensation and attorney fees, alternative payment system and liabilities, and limitations on litigation and multi-component models) for improving the medical malpractice litigation system were found that may be associated with a decrease in avoidable medical harms.
- Considering the heterogeneous study settings (e.g. economic structure, healthcare system) and variation in the outcomes reported, the advantages and disadvantages of initiatives may vary.