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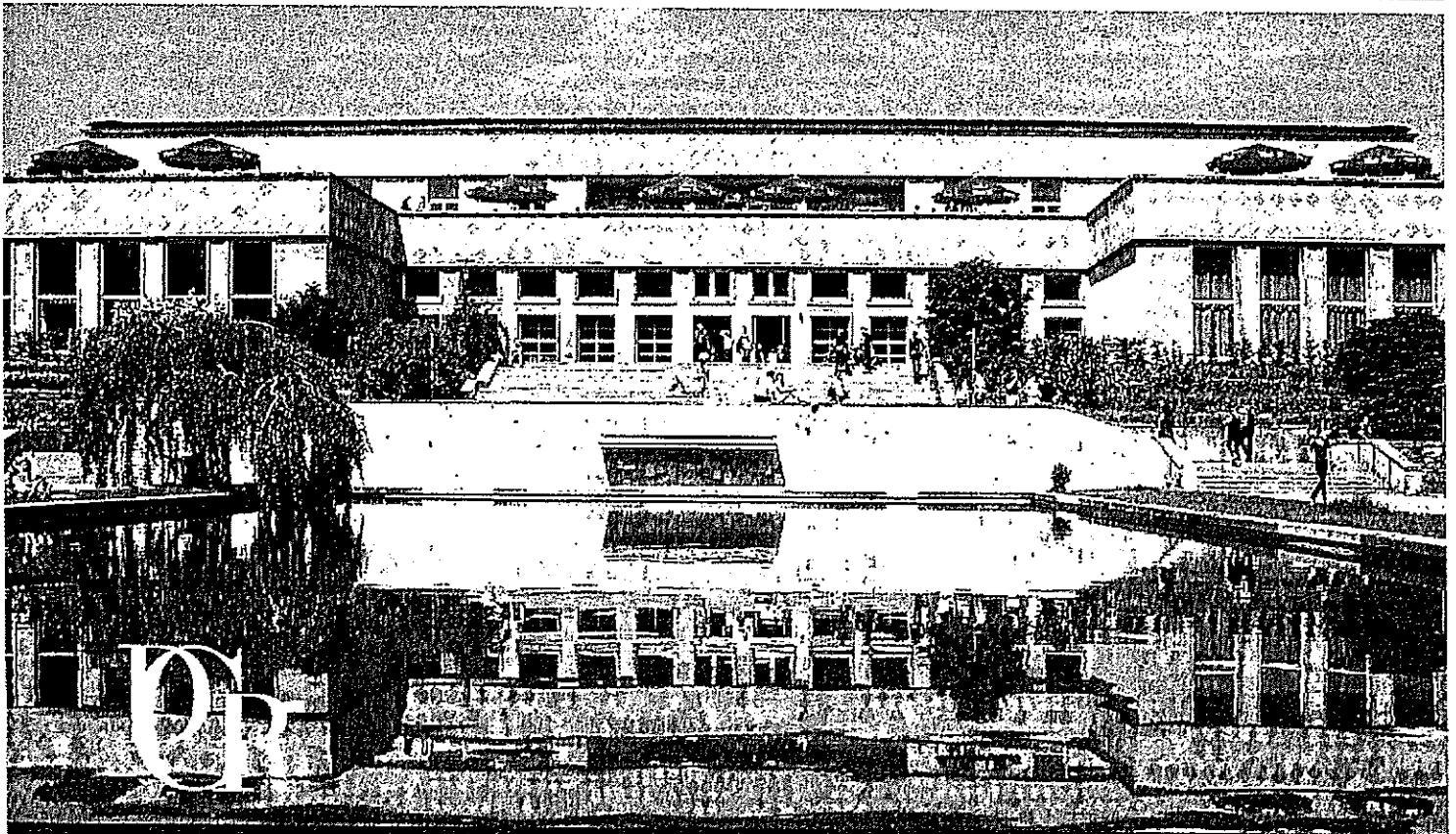
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**Neurotraumatologie II**

Von der Epidemiologie des  
Schädel-Hirn-Traumas bis zu  
Behandlungsfehlervorwürfen

Gewahrsamstauglichkeit



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 Springer Medizin

P 34

### Professional liability in orthopaedics and traumatology

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**Introduction.** In Italy, over the last decade, lawsuits against medical doctors have dramatically increased. Recent studies indicate that surgical specialists, such as orthopedists and traumatologists, are the most sued. This results in a substantial impairment of health services.

**Methods.** In this study we evaluate the 2005–2009 verdicts of the Civil Court of Rome concerning medical professional liability cases related to the area of Orthopedics and Traumatology. The documentation, provided by the Observatory on Medical Liability (O.R.Me), were analyzed in collaboration with Society of Orthopedics and Traumatology (S.I.O.T.). We considered several parameters: number of legal actions and surgeries (trauma and orthopedics), worker categories and surgical procedures most associated with cases of medical malpractice, informed consent and the economic compensation for therapeutic and diagnostic errors.

**Results.** Over 160 complaints filed against specialists in orthopedics and traumatology 66% were accepted. Among them, 60% were elective orthopedic surgeries and 40% trauma surgeries: surgical équipe was sued in 21 judgments and in 70% of cases condemned. In particular, spine surgery is the most susceptible to claims (13%), followed by hip arthroplasty (10%) and foot surgery (8%), moreover a defect in informed consent was reported in 6.2% of cases. Importantly, in addition to procedure expenses, 8,568,781.40 euros were spent on patient compensations.

**Conclusions.** Monitoring is a critical tool to highlight potential system failures. Thus, the extension of our analysis to the whole national scenario, developing a comprehensive database, will first improve our ability in the identification of system pitfalls, and, more importantly, will let us develop effective strategies for prevention.

P 35

### A new trial for estimating medical malpractice in Japan

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**Introduction.** It is very conflicting to estimate medical malpractice. In Japan, usually judicial autopsy in medical malpractice related death cases is performed. Recently, a doctor was arrested by police after accusation of malpractice in delivery following a judicial autopsy. After this case, Japanese medical circles protected this arrest, and they installed a new examination system instead of judicial autopsy.

**Conclusions.** In this new autopsy system, when a patient died after medical treatment, the doctor can call the chief of the new organization, then the autopsy is performed by three doctors (pathologist, forensic pathologist and expert clinician.) After the diagnosis of cause of death, an assessment conference consisting of clinical doctors, lawyers of hospital and patient will be held several times, and they decide whether the therapy was performed according to the rules of the medical treatment or not. Then, this decision is reported to the hospital and family. After that, they discuss civil solutions or bring the case to court. This new system is held at each prefecture unit, and now 8 prefectures join including Tokyo, Osaka etc. Moreover, nurse coordinators attend this system. They attend the autopsy and coordinate the hospital and family. Now, we have about 140 cases.

P 36

### A case of insulin-related suicide of a non-diabetic

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**Introduction.** Case: A 29-year-old, height 178 cm, weight 65.6 kg, non-diabetic male with depressive illness and attempting suicide with insulin was found dead in his bed with empty vials of insulin beside his body. We could find several needle punctures over the right antecubital fossa and left forearm. The cohabitant is his father who has insulin dependent diabetic mellitus, and the vials were administered to his father.

**Methods.** Autopsy finding: there was no significant finding apart from the post-mortem changes corresponding to the time of death and no evidence of infliction of violence. Several subcutaneous hemorrhages were noted over the puncture sites of both forearms.

**Results.** Biochemistry study: the insulin level in serum revealed 3860 µU/ml and the post-mortem blood sugar showed 97 mg/dl. The concentration of C-peptide was 0.4 ng/ml in the blood.

**Conclusions.** The remarkable change of the serum insulin level was noted. The low C-peptide level and the high insulin level suggested an exogenous source of insulin. Although the blood sugar was 97 mg/dl, it usually remarkably elevated after death. Therefore, we concluded that his cause of death was probably due to hypoglycemia induced by hyperinsulinemia. Fatal self-injection insulin overdose in non-diabetic individuals is less common. To our knowledge, this might be the first case report of insulin overdose of a non-diabetic in Japan.

P 37

### Addressing malpractice in Romania

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**Introduction.** The purpose of the paper is to inform about the laws which govern malpractice cases in Romania.

**Methods.** Identifying how to address malpractice in Romania

**Results.** The Physicians' Code of Deontology (2005) which contains the deontological norms and the general ethical principles, describes a responsibility of the Romanian College of Physicians. The medical deontological norms are not compulsory in court. They may be accepted or rejected by the judges on an individual case basis. Breaking of the code involves the breaking of laws, then the judicial branch will be directly involved. Regarding the differences between the ethical responsibility and the legal responsibility, the court may order a medico-legal report.

The medical responsibilities and the physician-patient relationship have evolved towards a contractual relationship in which the patient chooses his physician and the contract may incriminate the medical activity if the result is not the one expected by the patient, if the physician's nonintervention diminishes the medical condition of the patient or if actions not undertaken could include risks useful for the patient. The conflicts between physician and patient are resolved by insurance agencies, independent of the judicial decision or by mediation.

**Conclusions.** When the suspicion of malpractice arises, the medico-legal report is the tool used for establishing the responsibility of the physician or other medical staff, assessing the damage (physical, psychological, aesthetic), identifying the claimed action or inaction of the medical staff and establishing the causal link between them.