

Medical professional liability claims and esophageal cancer screening

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An analysis of liability claims related to esophageal cancer screening finds that the risks of claims arising from acts of commission (complications from screening procedure) as well as acts of omission (failure to screen) are similarly low, according to a study in the October 1 issue of *JAMA*.

Endoscopic screening for esophageal cancer has been recommended for patients with chronic symptoms of [gastroesophageal reflux disease](#), but only if they have additional risk factors. Surveys of gastroenterologists indicate that concern about litigation for missing a cancer may drive endoscopy use in patients at low risk for esophageal cancer. However, the perception of medical professional liability may not accurately reflect the true incidence of liability claims, according to background information in the article. Although the rate of serious adverse events arising from esophagogastroduodenoscopies (esophageal cancer screening procedure) is small, 6.9 million were performed in the United States in 2009.

Megan A. Adams, M.D., J.D., of the University of Michigan, Ann Arbor, and colleagues, using data from a medical professional liability claims database, identified all claims relating to a diagnostic esophagogastroduodenoscopy (1985-2012), and then restricted to claims alleging inadequate indication for esophagogastroduodenoscopy. They also identified claims related to esophageal cancer restricted to those alleging delay in diagnosis, and excluded claims in which the presenting condition was an alarm symptom or sign (defined as weight loss,

dysphagia [difficulty swallowing], or [iron deficiency anemia](#)), and those in which the presenting condition was a cancer of the esophagus or cardia (top portion of the stomach) or an abnormal radiographic finding.

A total of 761 claims filed from 1985-2012 against physicians were related to esophagogastroduodenoscopy. The leading types of misadventure (error) alleged were improper performance (n = 267), errors in diagnosis (n = 186), and no medical misadventure (i.e., claims that did not involve a purely medical error, such as abandonment, breach of confidentiality, or consent issues) (n = 147). Seventeen claims (2.2 percent) alleged inadequate indication for esophagogastroduodenoscopy. A total of 268 claims in 1985-2012 involved esophageal malignancies, including 122 in 2002-2012. Of these, 62 (50.8 percent) alleged delay in diagnosis. Nineteen claims reported nonalarm presenting symptoms.

"We found a low incidence of reported medical professional liability claims against physicians for failure to screen for esophageal cancer in patients without alarm features (19 claims in 11 years, 4 paid). In contrast, in 28 years, there were 17 claims for complications from esophagogastroduodenoscopies with questionable indication (8 paid). This suggests that the risks of medical professional liability claims arising from acts of commission as well as acts of omission in endoscopic screening are similarly low," the authors write.

"There may be legitimate reasons to screen for [esophageal cancer](#) in some patients, but our findings suggest that the risk of a [medical professional](#) liability claim for failing to screen is not one of them. Physicians need to balance the risk of complications from diagnostic procedures, even if those complications are rare."

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