

Oesophageal Cancer Screening: Low Risk of Liability Claims



A study which appears in the October 1 issue of JAMA reports that liability claims against physicians are similarly low for acts of commission and acts of omission in oesophageal cancer screening. Claims alleging complications from screening procedures, as well claims accusing doctors of failure to perform them, were found to be relatively rare. The true incidence of such claims may not match physicians' perception of their likelihood to occur.

The authors wrote: "There may be legitimate reasons to screen for oesophageal 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."

Serious adverse events related to oesophagogastroduodenoscopy, a procedure for screening for oesophageal cancer, are not common. The screening is recommended for patients who have gastroesophageal reflux disease when additional risk factors are present. However, there is a perception that a fear of medical professional liability claims arising from missed cancer detection encourages the use of the screening procedure in patients whose risk of oesophageal cancer is low.

The research was performed by Megan A. Adams, MD, JD and colleagues at the University of Michigan, Ann Arbor. The team accessed information from a database of medical professional liability claims and isolated the claims pertaining to diagnostic oesophagogastroduodenoscopy. Specifically, the claims were restricted to those which alleged diagnostic delays; claims which identified presenting conditions of an "alarm symptom" (weight loss, dysphagia, anaemia), cancer of the oesophagus or cardia, or an abnormal radiographic finding were excluded.

In total, 761 claims related to the procedure were filed against physicians from 1985 to 2012. The most common errors of commission were improper performance (267 claims), diagnostic errors (186 claims), and non-medical errors including abandonment, confidentiality and consent issues (147 claims). Claims for errors of omission included 268 cases involving oesophageal malignancies; 122 were from the decade between 2002 and 2012, with just over half (62 claims) alleging diagnostic delay.

The low incidence of professional liability claims reported against physicians for a failure to perform endoscopic cancer screening indicate that there is a similarly low risk of of medical liability claims which arise from acts of commission and acts of omission. Between 1985 and 2012, 17 claims were filed and eight paid for oesophagogastroduodenoscopies which had questionable indications (acts of commission). Between 2002 and 2012, 19 claims were filed and four paid which related to failure to screen in patients without alarm symptoms (acts of omission).

Source: JAMA

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