



LETTER TO THE EDITOR

Medical professional liability in primary care pediatrics**Responsabilidad profesional médica en pediatría de atención primaria***Dear Editor:*

A concern with health care safety is a key element in today's paediatric practice.¹ An aspect intimately related to safety is medical professional liability (MPL). Fortunately, the risk of a malpractice claim is low in the field of paediatrics, both in the United States² and in Spain.³ However, due to the nature of the recipients of paediatric care, this is one of the medical specialities in which the average settlement amount is highest. Nevertheless, paediatricians can be reassured by the fact that the frequency of compensations awarded for malpractice claims is lowest in paediatrics compared to other specialities. In this context, the analysis of MPL data has been proposed as an important source to learn about medical errors and improve health care safety.⁴

Malpractice claims filed directly against paediatricians in primary care are rare, so, with the aim of establishing the main characteristics of these events, we analysed the records of the Department of Medical Liability of the Council of Official Medical Boards of Catalonia (Consejo de Colegios Oficiales de Médicos de Cataluña), which collects data on the main civil medical liability insurance in Catalonia (insuring more than 26 000 doctors) for the period ranging between January 1, 1986 and December 31, 2015. We ought to highlight that, due to the nature of the database under study, claims of malpractice concerning health care administration and any other claims or complaints from patients that did not involve doctors directly and concerning other aspects of the health care received were beyond the scope of this study.

Of the total of 678 claims concerning medical practice at the primary care level in this period, only 39 (5.75%)

were filed against paediatricians, and 4 of them had to be excluded due to a lack of information. Of the 35 cases included in the analysis, 25 (71%) concerned errors or delays in diagnosis (10 cases of meningitis, 6 of tumour [3 neuroblastomas, 2 glioblastomas and 1 retinoblastoma], 5 of musculoskeletal lesions [3 fractures and 2 bone fissures] and 4 of pneumonia). Another 5 claims (14%) were motivated by problems or delays in accessing the services (2 cases of death in the home, 2 of access to the clinic and 1 of access to home care due to travel difficulty in the patient), 3 (9%) due to treatment errors (prescribing of penicillins in allergic patients) and 2 (6%) due to difficulties issuing documents.

In regard to the channel used to file the claim, 26 (74%) were filed in the legal system and 9 (26%) outside the legal system. The lawsuits yielded 4 (15%) guilty sentences, 17 (66%) non-guilty sentences and 5 (19%) were dismissed. In the 9 claims filed outside the legal system, where the claimants filed directly with the liability insurance company, the investigation carried out by the Department of Medical Liability of the Council of Official Medical Boards of Catalonia concluded that care delivery had adhered to good practice and issued a resolution stating that it was not necessary to reach a settlement in every case. The 4 claims that yielded a guilty verdict, all in the legal system, corresponded to misdiagnosis in 3 cases and a treatment error in one. [Table 1](#) presents the main characteristics of the cases with a guilty verdict.

More studies need to be devoted to the medical malpractice claims filed against primary care paediatricians to identify the areas and profiles of professionals and patients associated with a higher risk of medical liability claims. In our analysis, limited as it was, we were able to identify different scenarios worth investigating for the purpose of proposing measures to improve health care safety. Future research should explore potential claims regarding alleged failure to inform, which, while not present in the sample under study, are likely to emerge in the future.

Table 1 Main characteristics of the cases in which liability compensation was awarded.

Year	Age	Sex	Reason	Compensation awarded
1994	7	Male	Fever, misdiagnosis of viral illness, pneumococcal meningitis resulting in 25% hearing loss	10 020€
2005	10	Male	Fever, misdiagnosis of viral illness, meningococcal sepsis with a fatal outcome	134 354€
2006	8	Female	Prescribing of oral amoxicillin for treatment of acute otitis media in a patient with known allergy to penicillin	1289€
2013	5	Male	Presented with fever, given diagnosis of viral illness, but had meningococcal sepsis resulting in persistent vegetative state	291 388€

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