



Malpractice and complications

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Common terms used interchangeably to refer to problems arising from medical and dental treatments include “complication”, “side effect”, “sequela”, “adverse reaction”, and “malpractice”. Malpractice should be strictly distinguished from complications, side effects (aftereffects), and sequelae. Complications refer to other diseases or symptoms that occur in relation to a given disease. Side effects refer to undesirable effects that occur concomitantly with the originally intended outcome. Sequelae refer to the symptoms that remain after an illness or to the adverse reactions occurring after an event. All incidents occurring in connection with the patients’ treatment, regardless of the culpability of the medical staff, are referred to as “medical accidents”. However, a dispute between a patient and a healthcare provider or medical institution is known as a “medicolegal problem”¹. Malpractice refers to a medical negligence or an error, including inadequate treatment and misdiagnosis by doctors. In jurisprudence, malpractice means an illegal act of professional negligence. The most common cases of medical malpractice include leaving a gauze or instrument at the site of operation following surgery, causing trauma to body parts unrelated to the treatment site, performing on the wrong part of the body, inserting a fixation screw for a metal plate into the root of a tooth during facial bone fracture surgery, and causing severe malocclusion by neglecting normal occlusion during fixation of a reduced facial bone fracture. Complications refer to unexpected events that may occur even after adequate treatment, such as postop-

erative neurologic injury, infection, hemorrhage, hematoma, and drug-related side effects. Complications can be resolved without any serious problems if the cause is detected early and adequate treatment provided. In this case, it is rare for the medical staff to take legal responsibilities. However, in cases of malpractice, civil and criminal penalties are unavoidable if negligence of the medical staff is evident and results in a fatal outcome².

Ozdemir et al.³ have investigated 1,548 malpractice cases that occurred in Turkey between 1991 and 2000. Of these, 14 cases (0.9%) were related to surgical, prosthetic, and endodontic dental treatment. The main causes of malpractice were negligence and inadequate treatment. It has been further suggested that standardized diagnostic and therapeutic protocols that both, meet ethical principles and comply with legal rules, are critical for minimizing the incidence of malpractice³. Graskemper⁴ have reported that malpractice could be significantly reduced by risk management, which facilitates a close cooperation among medical staff, ensures that patients receive a thorough explanation of the treatment process, and helps to minimize negligence during treatment. Proper diagnosis, treatment planning, surgical techniques, and detailed patient information are crucial for minimizing treatment-related claims. Moreover, it has been highly recommended that referrals be made to relevant specialists for high-risk treatments^{5,6}.

Various issues and medicolegal problems occur due to medical practices that involve direct or indirect contact with patients. If problems are detected early and adequately resolved, conflicts with patients rarely occur. However, if serious harm is done to a patient due to inadequate treatment, civil and criminal disputes become unavoidable. Moreover, if malpractice is identified as a clear cause, it can result in medical administrative and criminal penalties. Healthcare professionals are required to faithfully fulfill the duty of care and provide prior explanation, help medical staff and patients maintain close relationships, and promptly deal with any

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problems that may arise. In the oral and maxillofacial surgical field, various unexpected complications and side effects often occur, and malpractice is a very likely occurrence if careless treatment is performed. All oral and maxillofacial surgeons should take great interest in studying and dealing actively with complications and medical problems. I would like to emphasize that treating patients carefully while sharing specific cases is the best way to prevent medical accidents.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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