Short Communications

Patients' complaints against their treating doctors at the Sudan Medical Council 2005-2008

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This study reviewed the general pattern of patient’s complaints against doctors in the Sudan Medical Council, 2005-2008. This a descriptive cross-sectional study reviewing 133 patient’s files in SMC with complaints against doctors where the council had taken decision upon them. The majority of the complaints were against surgeons (57%), followed by obstetricians (24%). In 47% of cases the underlying defect was poor communication between doctors and patients.

Medical error is defined as inaccurate or incomplete diagnosis and/or treatment of a disease, injury, syndrome, behavior, infection or other aliment. In the U.S. medical errors are estimated to result in 44,000 to 98,000 unnecessary deaths and about 1,000,000 excess injuries each year\(^1,2\). One older extrapolation suggests 180,000 people die each year partly as a result of iatrogenic injury, the equivalent of three jumbo-jet crashes every two days\(^3\). The usual approach to correct the errors is to create new rules with additional checking steps in the system aiming to prevent further errors\(^4\). In Italy, the legal actions against physicians numbered about 15,000 per year and hospitals spend over 10 billion Euros to compensate patients injured from therapeutic and diagnostic errors. Today, among European countries, Italy has the highest number of physicians subject to criminal proceedings related to medical malpractice, a fact that is profoundly changing physicians approach to medical practice. The National Health System (NHS) is having difficulty finding insurance companies willing to bear the risk of monetary claims alleging medical malpractice\(^5\). Here in Sudan, there is no published scientific data on the subject. This report aims at throwing some light by reviewing all files of cases submitted to and action being taken by the SMC during the period 1\(^{st}\) of January 2005 - 31st of December 2008. This is a descriptive cross-sectional study. It was conducted in the SMC on the complaints submitted by patients themselves or on their behalf. The study included those complaints which were against doctors or hospital administration provided that the Council had already taken decisions upon. A structured data sheet was entered for each case. Data were analyzed using Statistical Package for Social Sciences (SPSS).

Out of 133 complaints, 87% were against health care providers located in Khartoum state. The majority of them were against surgical (57%) and obstetrical (24%) firms. Poor communication with patients accounted for 47%, (49% in the surgical side and 47% in the obstetrical side). Fifty-seven percent of the cases were against governmental institutions while 43% against private hospitals. Two thirds of complaints against surgeons were on orthopaedics, ophthalmology and ENT divisions, whereas only 7% were against anaesthetists.
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Twenty-eight doctors were punished by either expulsion or a fine or both; 13 of whom due to serious errors in the obstetrical side and 11 in the surgical side. Hospital shortcomings in settings and equipments and availability of services were major causes of incidences.

The study demonstrated that most of the complaints were against health care providers in Khartoum State. This is obviously due to the increased awareness and availability of an access to the SMC in addition to the media coverage. The study also showed government hospitals are more targeted than private hospitals, but the difference was not significant. Surgical and obstetrical units are universally more targeted. In Finland\(^6\), most of the complaints were against surgeons and obstetricians which is similar to the results of a study done in a large US medical group between January 1992 and March 1998\(^7\). This is because surgical & obstetrical errors are reflected directly on patients' health in a short time following an operation. In internal medicine the usual course of the errors takes a much longer period with no much invasive procedures where errors are difficult to find out. The study showed that nearly half of the complaints were due primarily to poor communication between doctors and patients in contrast to the results in Europe\(^6\). Sixty-six percent of complaints against surgeons were due to their poor communication and 29% due to a malpractice while the rest were unclassified. On the other hand 47% of the complaints against obstetricians were due to malpractice, 50% due to poor communication and the rest were unclassified.

In conclusion this study showed that nearly poor communication is the base for most patients complains. Upgrading of hospitals with provision of equipments and services is a cornerstone for improvement. Provision of standardized guidelines and courses in communication skills should be introduced in both undergraduate and postgraduate medical studies.

Consent was obtained from SMC to conduct this study. Ethical clearance was obtained.

References