Complaints against accident and emergency department: Current trends

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Over the last few years there has been an increase in litigation against doctors (Wyllie, 1988). Those working in accident and emergency departments (A & E) are particularly vulnerable. The majority are relatively inexperienced and often inadequately supervised (Quam, 1987). Little is known about complaints against such doctors. Many are dealt with locally and do not involve medical defence organizations. Recently Richmond & Evans (1989) have analysed complaints and litigation experienced at the A & E department in Cardiff between 1983 and 1985. We have studied all the complaints received by the A & E department at Southampton General Hospital over a 10 year period to the end of 1987.

In this department between 1978 and 1985 there have been an average 6 complaints every year (0.012% of new attendances). The Cardiff study revealed an average number of complaints of 0.029% of new attendances, with only minor variations from year to year. In Southampton the number of complaints for 1986–1987 virtually tripled to 17 per year (0.032% of new attendances). The Cardiff series does not cover these two years, but the authors state that their preliminary figures for 1986 and 1987 do not appear to show an increase in the number of complaints. It is likely that the higher number of complaints in Cardiff is due to the fact that their figures include complaints received by the department but in fact relate to management by other specialties. We have excluded such complaints from our figures. In 1983 the Medical Protection Society received 5800 written requests for help with claims and 9100 in 1987 (Gray, 1988).

The majority (55%) of complaints are registered by relatives, most commonly a parent (35%). Only 30% of the complaints were made by the patient. The commonest reason for complaints was staff attitude. In total 18 (25%) of the complaints against the Southampton department were in this category. In our department 17 patients complained about the waiting time, 12 who complained about the length of time it took to be seen and the other 5 about the time they had...
to wait for anaesthetic. The longest wait any of the 17 patients had was 3 h. In Cardiff only 3 patients complained about waiting times. Other reasons for complaints in our series were due to unrealistic expectations where patients or their relatives felt that admission was indicated or that the patient should have had an ambulance for their return journey. Fifteen patients were in this group. Misdiagnosis or what the patient felt was inappropriate treatment accounted for a further 15 cases.

All the complaints in Southampton were dealt with according to local guidelines. The consultant in charge of the A & E department was always involved in investigating the complaint and in drawing up the letter of response. Patients or their relatives were invited to come to the hospital and discuss the complaint. No-one who accepted the offer proceeded to litigation.

Of the 72 complaints received by our department only 5 (7%) were pursued medico-legally. To date two have been settled and three have been abandoned.

For the departments the commonest reason for the claims is that the patient was not X-rayed initially and a fracture was diagnosed subsequently. Out of the 6 original cases only 3 have been settled and all for less than £400. This would indicate that the clinical judgement not to X-ray might have been wrong but the patient suffered only minimally. It is unlikely that one could develop a sensible policy which would avoid this happening in the future. In 3 patients a fracture was missed on the original radiograph. None of these claims has lead to financial settlement. All these radiographs were interpreted by senior house officers. As long as accident and emergency departments are staffed very junior medical staff with limited supervision from senior staff such mishaps are likely to occur. Despite the fact that almost every year the defence organizations point out the need to exclude retained foreign bodies in wounds there were two patients in whom just this happened. Neither of them had soft tissue radiographs. One of these patients received £1000 with costs and the other £1200 again with costs. Both these cases occurred in Southampton. It is interesting that the two doctors involved in the litigation were both short term locums and therefore were not involved in our teaching programme. Only one patient claimed because of misdiagnosis. However no further communication has been received from his solicitors for the past 48 months. It is unlikely that any further action will follow. Two patients suffered minor abrasions during the removal of strapping or plaster of Paris. Only one of these has been settled, for £150. It is unlikely that minor accidents like this can be prevented. Finally 3 claims were received from patients who for all intensive purposes had adequate treatment. Needless to say none of these claims have been settled. However they would all require time and often money to process them initially.

CONCLUSION

The two studies have surveyed the types of complaints and medicolegal cases directed against A&E departments. There is some evidence that in line with the
increasing number of medicolegal cases the number of complaints has been increasing in recent years. This rise is difficult to explain and we can only assume that this is part of a general trend towards a greater patient expectancy of clinical care and any dissatisfaction being expressed in formal complaints and litigation (Hawkins & Paterson 1987).

The study shows that the many of the complaints were non-clinical in nature and were concerned with the examining doctors attitude usually meaning rudeness, length of wait or unrealistic patient expectations. Most of these complaints could have been avoided by better doctor-patient communication and understanding and they were eventually resolved by providing adequate explanation. This highlights the need for specific instruction of junior staff in communication skills. The majority of the clinical complaints were minor and concerned incorrect diagnosis and inappropriate treatment which rarely affected the eventual outcome. Only a small proportion of the medicolegal cases have been settled. Although it may be too early in some of the case that further action will be taken, our legal advisers feel that in the majority this is unlikely. This low rate of settlement on claims is similar to the experience from West Midlands (Hawkins & Paterson 1987). It is unfortunate that two of the case that have been settled were due to foreign bodies left in the wound. This is a well described mistake (Anonymous, 1988). Both these errors were made by doctors working in our department on a short term basis and hence not involved in our educational programme. This indicates the importance of good teaching programme for junior doctors. Written guidelines may also help especially in the case of locum appointees.

REFERENCES