



Big Data Analysis Report on Trial of Obstetrics and Gynecology Medical Damage Liability Dispute Cases in China from 2017 to 2021

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Abstract: Objective: To analyze the data of the trial cases of medical damage liability disputes in obstetrics and gynecology from 2017 to 2021, with a clear understanding of Chinese medical damage liability disputes. Methods: The data of medical damage liability dispute cases in obstetrics and gynecology during 2017-2021 were collected and analyzed. The analysis directions included (1) The trial types of civil litigation cases in each year; (2) Annual distribution of civil litigation cases in obstetrics and gynecology in an annual year basis; (3) Distribution of the amount of the subject matter and the amount of civil compensation; (4) The geographical distribution of litigation cases; (5) Characteristics of the medical institution as defendant; (6) Distribution of litigation departments in medical institutions; (7) Common causes of action in obstetrics and gynecology cases; (8) Results of common injuries in obstetrics and gynecology cases; (9) Court confirmation of disputes over medical records. Results: According to the data analysis results, the distribution of litigation trial types, annual distribution, compensation amount distribution, regional distribution and other basic data were obtained, and based on the analysis of the characteristics of medical institutions, department distribution, causes of litigation, damage structure and court recognition results were systematically discussed. Conclusion: Although the liability disputes for medical damage in obstetrics and gynecology have been declining in recent years, the problems in medical treatment and management can not be ignored. Attention should be paid to them and medical problems should be avoided.

Keywords: medical damage, disputes over liability, the department of obstetrics and gynecology

Introduction

Since the Tort Liability Law of the People's Republic of China was officially implemented in China on July 1, 2010, there has been a substantial change in the medical dispute cases among the civil litigation cases of the people's courts, that is, the past medical malpractice liability dispute cases have transformed into the medical damage liability dispute cases. The so-called liability for medical damage refers to the liability for damages that a medical institution and its medical staff should bear according to law for damages caused by their mistakes in the diagnosis and treatment activities. In recent years, with the increasing number of medical damage liability dispute cases, it not only brings physical and mental harm to both doctors and patients, but also causes considerable economic losses to both sides. Compared with other departments, the number of cases and compensation amount of obstetric medical disputes have aroused people's attention.

According to past data, obstetrics and gynecology has been the most concentrated area of medical damage liability disputes in China. Therefore, relevant data from 2017 to 2021 were collected to conduct a holistic analysis of medical disputes in obstetrics and gynecology. Although the current situation of medical disputes is relatively severe, there are few researches on obstetric medical disputes, with the majority in exploration of their causes and compensation from the perspective of theory. There are few comprehensive empirical studies, which are not conducive to summarizing the impact of litigation cases on obstetrics. Therefore, this paper makes a relatively comprehensive statistical analysis of civil judgments of obstetric related medical injury cases from 2017 to 2021, so as to provide reference for obstetric medical risk management.

1. Materials and methods

In order to obtain detailed and reliable trial data, this study retrieved and queried the judgment documents of people's courts published between January 1, 2017 and December 31, 2021 through the website of China Judgment Documents.

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Firstly, keywords "civil cases, liability disputes for medical damage" were searched to search the judgment documents of cases published in corresponding years. Based on the search results, the keywords "prenatal examination", "obstetrics", "obstetrics and gynecology", "newborn" were further searched. First instance, second instance and retrial "to find out the number of first instance cases and second instance cases among all the cases published, and to help analyze the acceptability of civil trial results. Thereafter, all trial cases involving disputes over liability for medical damage will be downloaded and classified according to the following research contents: (1) Trial types of civil litigation cases in each year; (2) Annual distribution of civil litigation cases in obstetrics and gynecology in each year;(3) Distribution of the amount of the subject matter and the amount of civil compensation; (4) the geographical distribution of litigation cases; (5) Characteristics of the defendant's medical institution; (6) Distribution of litigation departments in medical institutions; (7) Common causes of action in obstetrics and gynecology cases;(8) Results of common injuries in obstetrics and gynecology cases; (9) Court confirmation of disputes over medical records.

2. Result analysis

2.1 Trial types of civil litigation cases in each year

In the overall discussion of medical liability in obstetrics and gynecology, medical liability disputes are put into civil dispute cases according to the current legal content in China, and the results of civil dispute cases are more common including judgment, ruling, notice for rectification and mediation, etc. The trial types of civil litigation cases from 2017 to 2021 are as follows:

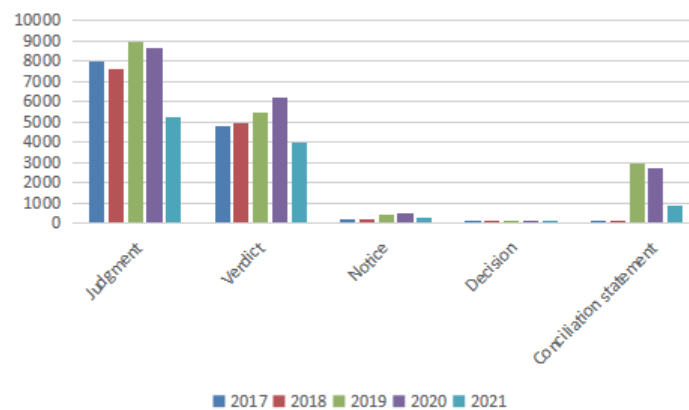


Figure 1. Trial types of civil litigation cases from 2017 to 2021

2.2 Annual distribution of obstetrics and gynecology civil litigation cases in each year

Between 2017 and 2021, the distribution of civil litigation cases in obstetrics and gynecology is shown below:

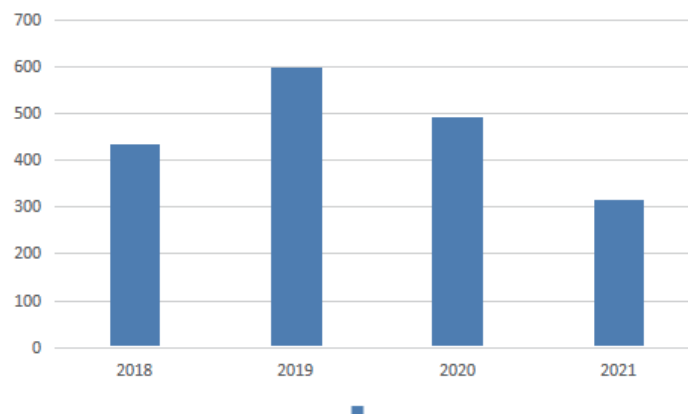


Figure 2. Distribution of civil litigation cases in obstetrics and gynecology

In terms of the overall fluctuation, obstetrics and gynecology cases were officially included in medical civil discussions

after 2018, showing a trend of rising and then declining trend in a fluctuation manner, with specific results as shown above.

2.3 Distribution of the amount of the subject matter and civil compensation

From 2017 to 2021, the results about the amount of money are shown in the figure below:

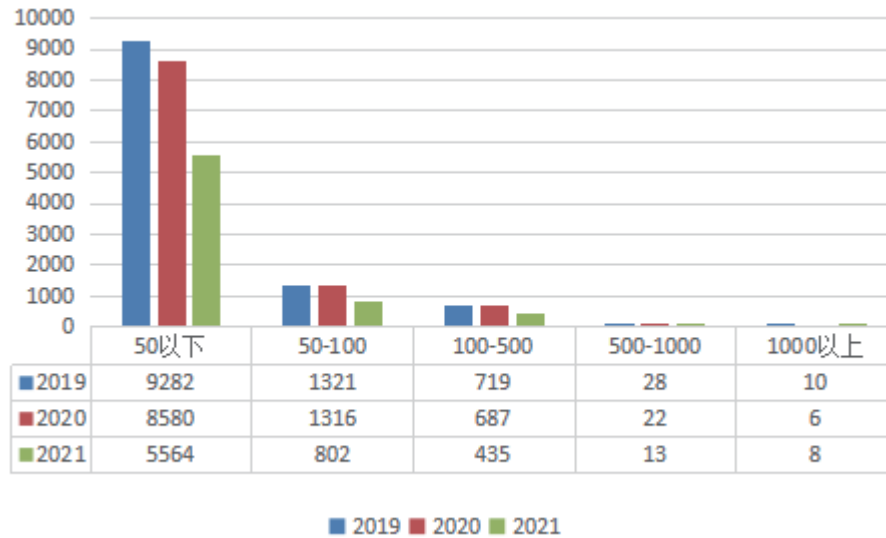


Figure 3. Distribution of civil compensation

From the overall distribution, in these years, the amount of compensation and the occurrence of cases are showing a downward trend.

2.4 Geographical distribution of cases

As for the geographical distribution of obstetrics and gynecology cases, the geographical distribution in 2021 is selected.

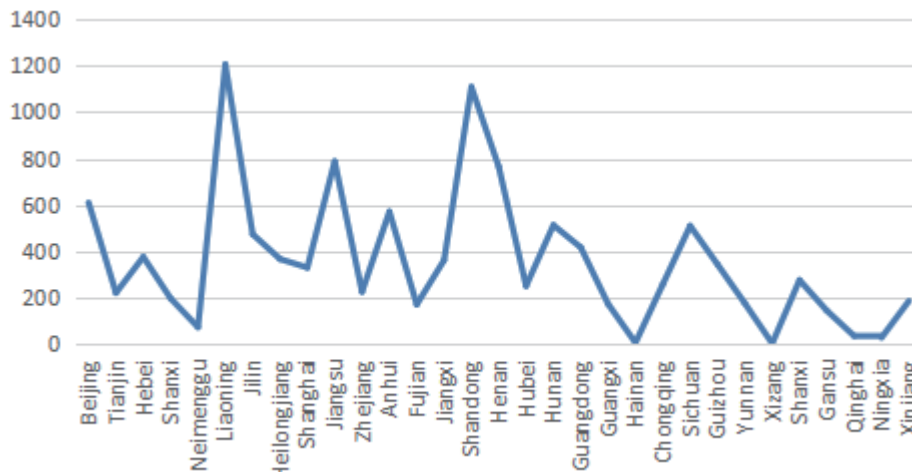


Figure 4. Geographical distribution of obstetrics and gynaecology cases

From the perspective of geographical distribution, Liaoning Province, Shandong Province and Jiangsu Province top others in medical dispute liabilities. Due to the high population density in these regions, there are more medical dispute liabilities. From the perspective of geographical distribution and the continuous improvement of civil legal awareness, provinces with similar cases are constantly expanding. Based on the basic geographical characteristics, the overall geographical distribution of medical damage dispute cases in China is uneven, and the incidence of such cases is higher in areas with more concentrated economy and population.

2.5 Characteristics of the defendant's medical institution

From the perspective of the defendant's medical institution, the defendant's medical structure in 2021 is also selected, and the specific results are shown in the following figure:

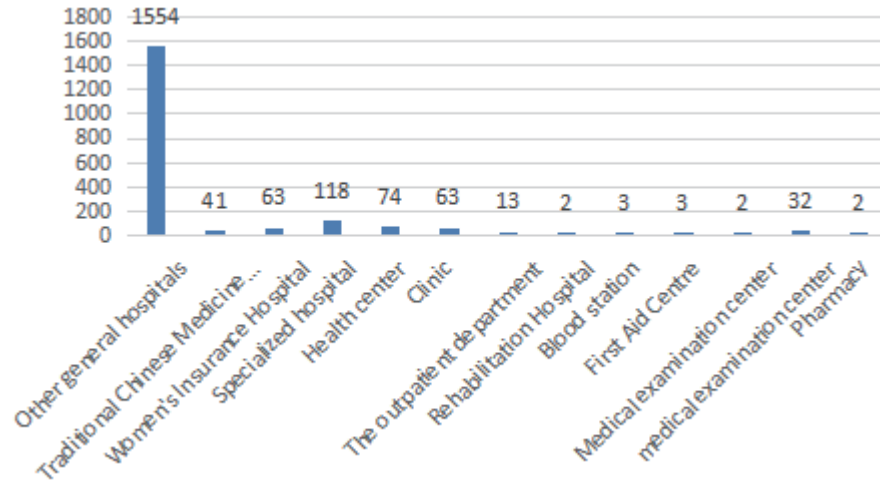


Figure 5. Medical structure as defendants in 2021

According to the results, general hospitals are still the most accused medical institutions at present, and other types are also gradually increasing, which also represents that there is still a long way to go in the management and control of related fields.

2.6 Distribution of litigation departments in medical institutions

As mentioned above, the department distribution of litigation cases in 2021 is selected, and the emergency department becomes the most litigation department, surpassing obstetrics and gynecology for the first time in this year. The results are as follows:

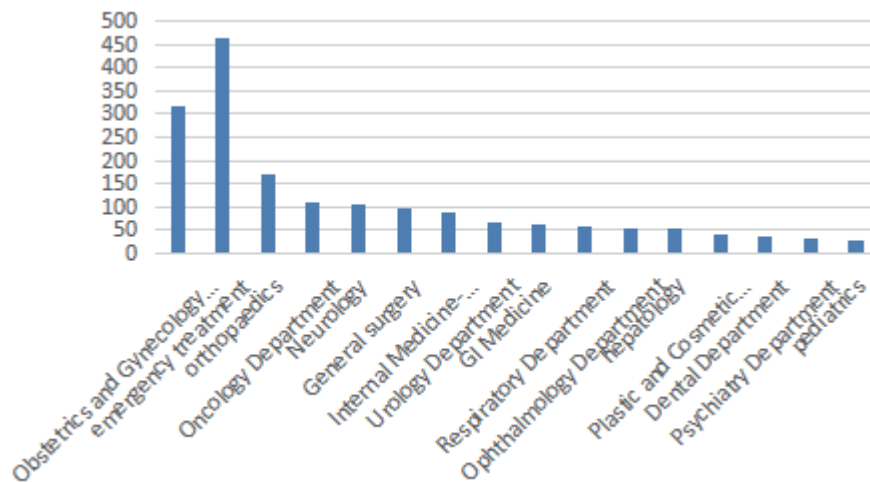


Figure 6. Department distribution of litigation cases in 2021

From the decline of obstetrics and gynecology, we can see that the overall management of obstetrics and gynecology has been improving in recent years.

2.7 Common causes of action in obstetrics and gynecology cases

According to the division of causes of action, the causes of action in obstetrics and gynecology cases are divided into the following aspects:

- (1) Overall environmental factors. Due to the asymmetric publicity and reporting of hospitals by various news media

and the disapproval of the phenomenon of supporting doctors with medicine, people's trust in hospitals declines and they are skeptical of medical staff. The improvement of medical care has also led to higher expectations for smooth births, with the belief that any unexpected occurrence of pregnant women and newborns in hospitals is a fault and that hospitals will compensate them if they file lawsuits or take drastic actions. In addition, after the policy of two children, three children, obstetrics and gynecology patients surge with fast turnover, the number of medical staff is limited, the error rate also increases correspondingly.

(2) Iatrogenic factors. Based on this factor, the reasons can be divided into three aspects: The first is about doctor-patient communication. In the process of expectant labor, the maternal faces many uncertain factors, the condition changes greatly, and it is a dynamic process. Some parturients cause rapid labor due to various reasons, or labor stagnation, the head basin is not called dystocia factors. However, some midwifery personnel have a weak sense of responsibility. They did not examine the mother carefully based on experience and did not dynamically observe the changes in the mother's condition, which may have increased the risk of the mother and the fetus. Some medical staff are not patient enough when conducting health education or informing them of risks without necessary explanation of possible consequences. In the observation of labor process, the lack of necessary mental comfort and correct patient delivery guidance are developed. Some medical staff spoke in an unacceptable manner and tone when talking with the mother, answered questions coldly and simply, and even rarely communicated with the mother and her family members about the disease, lacking empathy.

The second is the technical problems related to medical diagnosis. A few medical staff practiced medicine only based on experience, and they failed to perform basic physical examination in height, abdominal circumference, uterine height and pelvic measurements when the woman was admitted to hospital. This leads to inaccurate fetal weight assessment, unweighted large head basin, resulting in shoulder dystocia and neonatal humeral fracture or brachial plexus injury. Due to the lack of systematic and solid professional theoretical knowledge and skilled and standardized operational skills, some medical staff failed to correctly and timely identify and deal with dystocia and high-risk pregnancy, and they cannot properly deal with pregnancy complications and childbirth complications. In case of problems, they do not timely report to the superior doctor. Labor observation not in place, untimely treatment are seen, such as the use of oxytocin in the process of not carefully observe the contractions caused by tonic uterine contractions, rapid labor and maternal and fetal death;

There are a few medical personnel with low technical level and unskilled operation, such as the ureter suture suture caused by uterine myomectomy blockage of the lower ureter, hydroneurosis of the kidney, vesico-vaginal fistula. There are even medical personnel who have a fluke mind, knowing that there lack medical conditions, and go his own way to carry out work beyond their technical capacity: For example, some medical personnel carry out cesarean section knowing that the hospital does not have the conditions for blood transfusion, as a consequence, there is a shortage of blood for maternal hemorrhage, what's even worse is that the patients were not timely sent to hospital in time leading to maternal hemorrhagic shock death. Finally, there is the problem of hospital management. In terms of medical quality management, medical record is the key part. Part of the hospital medical staff is not in time according to the medical record writing basic specification written medical records so that all kinds of examination, treatment and disposal can be tracked, even there are forged, tampered with, concealing the situation of the medical records, as a result of medical records writing is not standard or writing contradiction medical record authenticity in doubt, not only causes women and their families for clinical behavior of denial. It also makes it difficult for evaluation centers and courts to evaluate the treatment objectively. In addition, some hospitals do not have a thorough understanding of the medical record sealing system, the implementation is not in place, and due to untimely medical record sealing, the omission of medical record data and other reasons will frequently cause medical disputes.

2.8 Common damage results in obstetrics and gynecology cases

From the perspective of medical damage, the final damage results in obstetrics and gynecology are basically divided into several categories:

(1) Gynecology. From the point of view of gynecology, there may be missed diagnosis of pregnancy, misdiagnosis and other conditions. In medical practice, many common diseases may lead to the occurrence of this problem. In addition, in the field of medical damage, ureteral injury is also a relatively common type of medical damage, which is manifested as unilateral ureteral injury. Most of them are electric burns during laparoscopic surgery, and the injury site usually occurs within 2-4cm before the lower segment of ureter enters the bladder, mostly in patients with ureteral adhesion to surrounding tissues. Some of the more serious injuries can have irreversible effects on the body.

(2) Obstetrics. There are two main problems in obstetrics, one is due to improper operation caused by infant injury, which includes many types of problems. On the other hand, the improper inspection or operation can result in maternal problems. For example, amniotic fluid embolism is a maternal problem, and if not properly handled, it is easy to cause risk

for life. The reasons for this occurrence include blind or irregular use of large doses of oxytocin so that the fetus can be delivered with the second stage to press the soles of the uterus in labor, etc.;

In terms of category, the basic outcome of medical injury covers both obstetrics and gynaecology, although in medical disputes it is always the injury that leads to subsequent procedures.

2.9 Court determination of medical records dispute

Medical record is a common category of medical liability disputes. During 2017-2021, the main medical record identification is shown in the figure below:

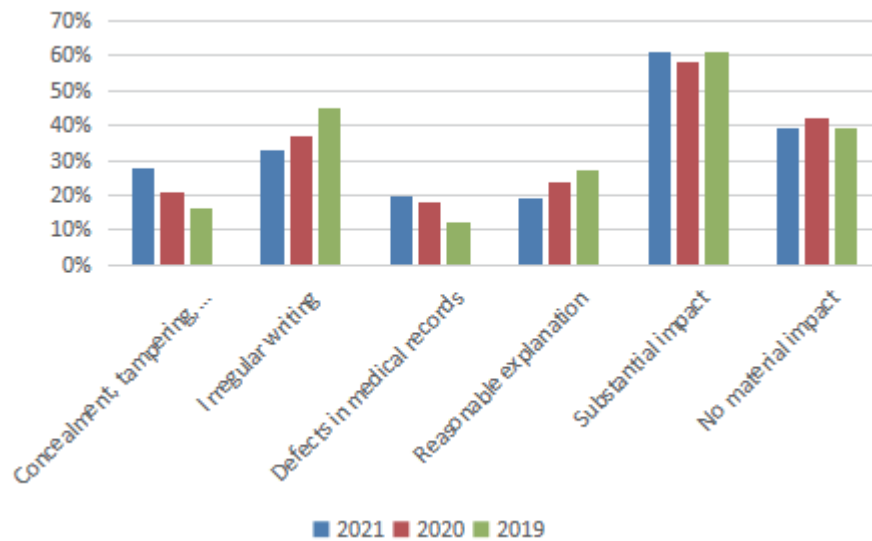


Figure 7. Main medical record identification during 2017-2021

3. Discussion

3.1 Common situation of medical liability dispute cases in obstetrics and gynecology

(1) The number of regulation cases is increasing gradually. After the basic analysis of the related data, it can be seen that after 2019, the number of adjustment cases of obstetrics and gynecology medical liability disputes is gradually increasing. From this phenomenon, we can see that the treatment of medical liability dispute cases has also changed to some extent, in the controllable scope, also began to promote the two sides to adjust.

(2) Obstetrics and gynecology cases are gradually declining. Along with the self-management of the medical system and the optimization of the internal environment, obstetrics and gynecology cases are no longer the department with the most medical dispute cases in the hospital in 2021, which also proves the effective embodiment of the management progress of obstetrics and gynecology, and is also the key to its self-development.

(3) From the distribution of cases. From 2017 to 2021, the overall distribution scope of medical dispute cases is gradually increasing. Of course, from this perspective, it represents the popularity of Chinese laws. On the other hand, there are still many problems and loopholes in the overall management of medical institutions, which should be improved in practice.

From the extent of damage. Obstetrics and gynecology cases in the past has been the hospital department of highest incidence of medical disputes, this is also due to the characteristics of gynecology and obstetrics, whether harmful consequences, such as medical problems are the problems of obstetrics and gynecology common type, therefore, in the subsequent management, to strengthen the basic management for obstetrics and gynecology, improve the effect of practice management.

3.2 Preventive measures for medical disputes in obstetrics and gynecology

3.2.1 Call for social support

Strengthening medical education: The risks of medical behavior are human risks, rather risks of physicians as a single profession. The current medical technology is difficult to effectively control the development and restitution of many obstetric diseases. As far as patients are concerned, they are already at high risk before the treatment. To this end, the hospital must

enhance the legal consciousness, strengthen the sense of responsibility and professional level, the department of obstetrics and gynecology must make plans for all kinds of possible accidents, strictly implement the rules and regulations. In the whole society, the correct guidance for public opinion is required, harmonious doctor-patient relationship is a necessity, the popularization of medical knowledge should be strengthened, so that people can understand the high risk of childbirth, as a result, the public will develop a correct view in medical treatment. Besides, the awareness, recognition and understanding between medical staff and patients can be enhanced.

3.2.2 Standardizing medical behaviors and improving operational skills

Obstetrics and gynecology medical staff must change the medical concept, strengthen caution, dedication, studious spirit, practice solid basic skills, strictly follow the medical system, regulate their own medical behavior, put more efforts in the quality of medical care, which are the key to prevent personal medical fault and avoid medical disputes. Medical staffs should inquire detailed maternal history, check carefully, and have a comprehensive understanding of the basic conditions of the mother and whether there are pregnancy complications. It is necessary to actively treat pregnancy complications to reduce related risks. Abnormal conditions should be detected and informed as early as possible, so that the mother and her family members can be psychologically prepared and dealt with as early as possible, so as to try to reduce various complications, avoid adverse consequences or minimize the degree of adverse damage.

3.2.3 Improving medical documents and service quality

Improving medical documents is one of the countermeasures to prevent medical disputes. As the most important evidence, the medical record contains the medical treatment of the mother and the newborn in the hospital, the results of various examinations and the medical decisions made on the basis of the examination results, which must be truthful and detailed. If the medical documents are not written carefully, the medical records are altered or incomplete, or there are contradictions in the medical records, it will become the strong evidence that the patient party can obtain a favorable position in the medical dispute or lawsuit.

In this work, medical personnel should not only seriously fulfill their obligation to diagnosis and treatment, to carry out the informed consent, standardize medical record data records, and to pay attention to collect prove the necessity, rationality and safety of medical behavior data, and should be considered, the initiative for passive maternal, maternal complained of understanding of the requirements of a maternal and their families, relieve maternal psychological pressure, Make them have a sense of belonging and security, enhance the awareness of active service, in order to ensure medical safety, eliminate obstetrics and gynecology medical disputes hidden dangers.

Conclusion

In general, from 2017 to 2021, the overall medical disputes in obstetrics and gynecology occurred more frequently, which is also the most common type of medical disputes in China. According to the relevant data statistics and analysis, we can more clearly and intuitively understand the medical dispute overview of obstetrics and gynecology. In this study, based on the data, various data statistics and data analysis, and related discussion, the overall management of obstetrics and gynecology is expected to be improved.

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