Letter to the Editor
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Malpractice in dermatology

Dermatolojide malpraktis

Nihal Sarı*, Halil İlhan Aydoğdu**

***Giresun University Faculty of Medicine, Department of Dermatology, Giresun, Türkiye**
****Giresun University Faculty of Medicine, Department of Forensic Medicine, Giresun, Türkiye**

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To Editor,

The term "malpractice" was first defined in 1768 in the context of health care. In the modern legal and health system, malpractice is defined as "the damage caused by the failure of the physician or health personnel to perform standard practice in the diagnosis and treatment process, lack of skill or failure to provide treatment to the patient"[1]. In the present era, a considerable number of physicians worldwide are confronted with allegations of medical malpractice. The ramifications of these lawsuits extend beyond the immediate parties involved, influencing the legal landscape and potentially influencing the choice of profession and specialty for future generations. This study will examine the various types of malpractice and the associated risks within the field of dermatology.

It is established that surgical branches and physicians who treat patient groups requiring rapid diagnosis and treatment are at a higher risk of malpractice[2]. Dermatology, which has recently expanded its scope to include cosmetic, non-invasive procedures related to skin rejuvenation, in addition to the treatment of basic dermatologic and venereal diseases, is one of the branches with a relatively low risk of malpractice. While the average annual risk of being sued across all specialties is 7.4%, the rate is 5% in dermatology. Nevertheless, this risk remains a significant concern[3].

The foundation of malpractice claims in dermatology is comprised of errors in diagnosis, disease monitoring, and treatment.

Malignancies, particularly melanoma, are a common focus of litigation involving diagnostic errors. The interpretation and differentiation of atypical melanocytic lesions that are confused with melanoma may present a challenge from a histopathologic perspective. The primary causes of malpractice claims are delayed or erroneous clinical diagnoses of lesions exhibiting analogous morphologic or histologic characteristics[4]. Furthermore, the use of teledermatology has grown in tandem with technological advancements in recent years. The formulation of diagnostic and therapeutic recommendations based on lesion photographs may result in diagnostic errors in dermatology, potentially leading to the misdiagnosis or missed diagnosis of certain diseases and subsequent inappropriate treatment[5].

Furthermore, litigation issues can arise in the context of disease follow-up in dermatology. A review of the literature revealed that 13.27% of total charges in dermatology

Address for Correspondence/Yazışma Adresi: Halil İlhan Aydoğdu MD, Giresun University Faculty of Medicine, Department of Forensic Medicine, Giresun, Türkiye
E-mail: ilhanaydogdu@gmail.com **ORCID:** orcid.org/0000-0002-5625-673X
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malpractice lawsuits in Spain were related to follow-up problems after non-melanoma skin cancer (NMSC). It is crucial to document the condition of the lesion before and after treatment for NMSC, as well as to maintain comprehensive dermatoscopic records of any recurrence during the follow-up period.

While the majority of litigation pertaining to medical malpractice involves incorrect treatments administered subsequent to misdiagnosis, instances of litigation concerning dosage and side effects of medications have also been reported. For example, litigation has been initiated in cases involving oral isotretinoin, a teratogenic medication utilized in the treatment of acne. The lawsuits have pertained to issues such as the disclosure and consent process, the potential risks associated with pregnancy, and other adverse effects[6].

Laser systems have become an indispensable tool in the field of cosmetic dermatology, and they have witnessed a surge in popularity in recent years. Burns and scars are frequently the subject of malpractice lawsuits. It is noteworthy that both the utilization of laser systems for scar healing and, in particular, ablative lasers have the potential to result in the formation of scarring or burns subsequent to the procedure. In such instances, which frequently manifest as complications of the procedure, the manner in which complications are managed assumes considerable significance[7].

The occurrence of complications, despite all care and attention, is not of medico-legal importance; rather, it is the manner in which they are managed that is of legal consequence. Furthermore, it is recognized that these applications are frequently conducted by unlicensed individuals, and these cases often result in litigation. In the field of cosmetic dermatology, in addition to laser treatments, procedures such as botulinum toxin and filler injections can also be performed by unlicensed physicians or non-physicians. In the event of injury resulting from the performance of a medical procedure by an individual lacking the requisite legal authorization, the action is not considered to be malpractice.

The most valuable medico-legal risk management strategies for dermatologists are as follows: first, it is important to obtain an appropriate anamnesis; second, effective communication with the patient is essential; third, a correct diagnosis and indication are necessary; fourth, a follow-up system should be in place; and fifth, when necessary, an experienced consultant or referral chain should be used[3]. It is of the utmost importance for physicians to archive complete medical records and images, if any, and to obtain informed consent by mentioning both common and serious side effects of treatment. In the case of repetitive treatment procedures (such as laser therapy), it is imperative that photography be conducted prior to each treatment session and that new informed consent be obtained.

Dermatologists are confronted with malpractice risks that are unique to the aforementioned branch of medicine, particularly in the areas of diagnosis, follow-up, and treatment. The objective of this study is to highlight the aforementioned risks.

Ethics

Informed Consent: This Letter to the Editor does not include any individual patient data, case reports, or images; therefore, informed consent was not applicable.

Footnotes

Authorship Contributions

Design: H.İ.A., Data Collection or Processing: N.S., H.İ.A., Analysis or Interpretation: N.S., Literature Search: N.S., Writing: N.S., H.İ.A.

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