



Česká společnost anesteziologie,
resuscitace a intenzivní medicíny

XXX. kongres ČSARIM

Forenzní anesteziologie

Přednášející

- Černá Pařízková Renata
- Černý Vladimír
- Prudil Lukáš (AK Prudil a spol.)
- Šustek Petr (Šustek & Co., advokátní kancelář,
Právnická fakulta UK)
- Zvoníček Václav














Přednášející

- MUDr. Černá Pařízková Renata, Ph.D., LL.M.
- prof. MUDr. Černý Vladimír, Ph.D., FCCM, FESAIC
- JUDr. Ing. Prudil Lukáš, Ph.D.
- doc. JUDr. Šustek Petr, Ph.D.
- MUDr. Zvoníček Václav, Ph.D.

Předsedající:

 Vladimír Černý,  Václav Zvoniček

Prezentace

- 1** 12:15  Forezní rizika oboru – není důvod k obavám, pokud ...
Přednášející:  Vladimír Černý
- 2** 12:25  Jak musí soudní znalec postupovat při posuzování případu?
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- 7** 13:25  Diskuze

**Forenzní rizika oboru -
není důvod k obavám,
pokud ...**



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prof. MUDr. Vladimír Černý, Ph.D., FCCM, FESAIC

Bez konfliktu zájmů

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Forenzní anesteziologie

Forenzní anesteziologie

Forensic anaesthesia
(Kalla, 1986)

Forensic anaesthesia

Law suits against doctors in general, and anaesthetists in particular, are not everyday occurrences, at least in the Third World countries. Nonetheless Forensic Medicine forms an integral part of the undergraduate medical curriculum. Anaesthetists need more than just a working knowledge of the medicolegal aspects of anaesthesia, which may aptly be termed 'forensic anaesthesia'.

The basis of this opinion springs from the environment in which an anaesthetist works: a poor doctor-patient relationship is sometimes observed during the pre-, and postoperative period; the bulk of an anaesthetist's work is done while the patient is not aware; this work involves the use of a number of machines, gadgets, electrical, and electronic equipment about which the anaesthetist may not have complete knowledge, and the maintenance of which may not be directly under his care; the smoothness of an anaesthetist's work depends, to some extent at least, on the competence of the technicians working under his guidance.

It is, therefore, proposed that a formal course in forensic anaesthesia should be included in the period of training/residency programme. The actual laws are

be valuable in planning. Knowledge about the law would encourage appropriate confidence in the event of an anaesthetic accident or a malpractice suit brought on behalf of an innocent patient. In many centres anaesthesia technicians undergo a formal training programme; they are therefore expected to be under an obligation to carry out their work properly.

Anaesthetists should be aware of some of the Latin terms used in law since these may alter their expectations of their technicians, and *vice versa*. *Respondeat superior*, for example, means let the superior give answer; the responsibility of a principal for his agents' act and the power of control, is the test of liability under the doctrine of *respondeat superior*.

Res ipsa loquitur is well known to mean that a thing speaks for itself, but also a case in which mere proof that an accident took place is sufficient under the circumstances to warrant an inference that it was caused by defendant's negligence unless otherwise explained.

Department of Anaesthesiology,
University of Benin,

G.N. KALLA

Anaesthesia, 1986

Forenzní anesteziologie

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Co je „forensic anesthesiology“ ?

Forensic anesthesiology is a specialized branch of forensic medicine that investigates and analyses anesthesia-related incidents and deaths ...

Forensic Sciences & Anesthesia: Dilemmas & Challenges

Sahil Sharma¹, Jaskaran Singh², Pawan Mandal³, Isha Rajput⁴, Saumya Tripathi⁵, Bikramjit Singh⁶

¹Assistant Professor, Department of Forensic Science, Geeta University, Haryana

²Associate Professor, Department of Forensic Science, Geeta University, Haryana

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⁵Assistant Professor, Department of Biotechnology & Forensic Science, Invertis University, Bareilly, Uttar Pradesh

⁶Assistant Professor, Department of Chemistry, Lajpat Rai DAV College, Ludhiana

Bulletin of Environment, Pharmacology and Life Sciences

Bull. Env. Pharmacol. Life Sci., Vol 12 [8] July 2023 : 403-407

Cílem sympozia není

- Abychom se obávali dělat racionální medicínu
- Abychom začali dělat “defenzivní” medicínu
- Abychom přestali mít radost z medicíny

Cíle sympozia

- Akceptovat a adaptovat se na fakt, že náš obor nese rizika stížností
- (Na)učit se dělat medicínu tak, abychom se do situací stížností nedostali (ale pokud se do této situace již dostaneme, tak abychom náš postup vždy odborně obhájili ...)

Cíle sympozia

- Adoptovat zásady (způsoby uvažování) minimalizace forenzních rizik v denní klinické praxi
- Udržet si odbornou satisfakci a pocit naplnění z naší práce

Je náš obor rizikový ?

Je náš obor rizikový ?

ANO ANO ANO

- Obě jeho základní součásti
- Ucelená data v ČR nejsou
- Nejvíce dat je z USA

The physician specialists most likely to be sued

Claire Wallace - Friday, October 27th, 2023

Which Fields of Medicine Have the Highest Rates of Malpractice?

By Salenger, Sack, Kimmel & Bavaro, LLP
June 13, 2022

General surgery: 90%

OB-GYN: 85%

Orthopedics: 82%

Plastic surgery: 73%

Otolaryngology: 72%

Radiology: 72%

Urology: 72%

Emergency medicine: 71%

Critical care: 66%



Cardiology: 64%

Gastroenterology: 64%

Neurology: 59%

Anesthesiology: 57%



Infectious diseases: 50%

Ophthalmology: 49%

Oncology: 47%

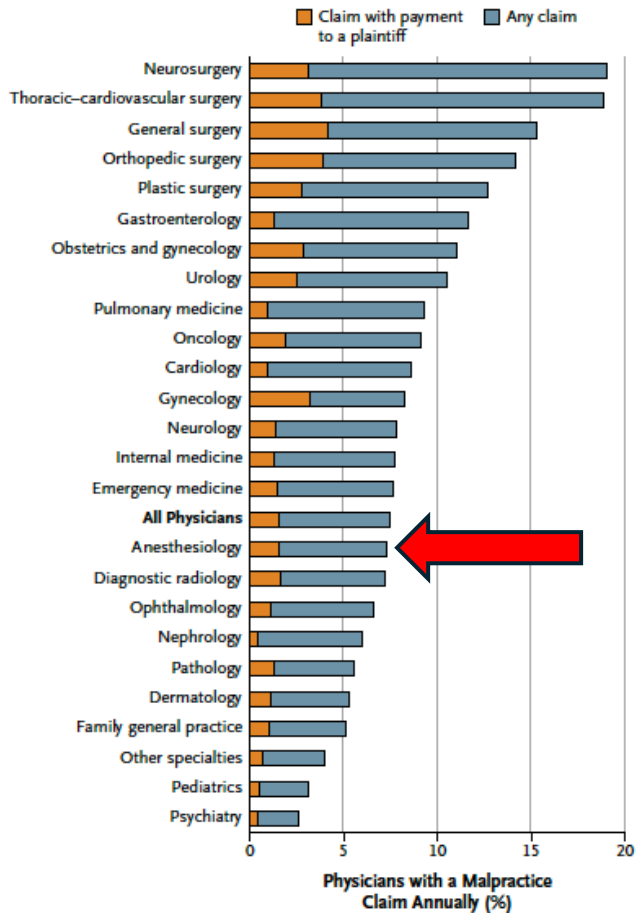


Figure 1. Proportion of Physicians Facing a Malpractice Claim Annually, According to Specialty.

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Malpractice Risk According to Physician Specialty

Anupam B. Jena, M.D., Ph.D., Seth Seabury, Ph.D., Darius Lakdawalla, Ph.D., and Amitabh Chandra, Ph.D.

N Engl J Med 2011;365:629-36.

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Top 10 Specialties for Lawsuits

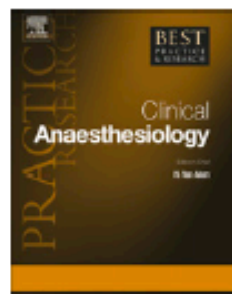




Contents lists available at ScienceDirect

Best Practice & Research Clinical Anaesthesiology

journal homepage: www.elsevier.com/locate/bean



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Closed claims' analysis

Julia Metzner, MD, Assistant Professor^a, Karen L. Posner, PhD, Research Professor^b, Michelle S. Lam, BS, Research Study Assistant^c, Karen B. Domino, MD, MPH, Professor*

Department of Anesthesiology & Pain Medicine, Box 356540, University of Washington, Seattle, WA 98195-6540, USA

Table 2
Most common damaging events in anaesthesia claims 1990 or later.

	% of 4549
Respiratory Events (n = 865)	
Difficult intubation	5%
Inadequate oxygenation/ventilation	4%
Aspiration	3%
Premature extubation	2%
Airway obstruction	2%
Regional Block (n = 681)	
Dural puncture	1%
High block	1%
Unexplained block complication	1%
Neuraxial cardiac arrest	1%
Inadequate analgesia from block	1%
Block needle trauma	1%
Retained catheter	1%
Cardiovascular Events (n = 665)	
Unexplained cardiovascular event	3%
Hemorrhage/blood replacement	3%
Electrolyte imbalance/fluid management	2%
Stroke	2%
Equipment (n = 506)	
Central venous catheters	3%
Peripheral catheters	2%
Cautery burns or fires	2%
Anaesthesia-gas-delivery equipment	1%
Patient warming devices	1%
Hot bottle burns	1%
Medication (n = 338)	
Adverse drug reaction	3%
Wrong drug or dose	3%
Inadequate analgesia from MAC or GA	2%

J. Metzner et al. / Best Practice & Research Clinical Anaesthesiology 25 (2011) 263–276

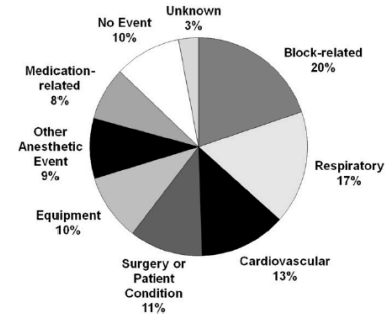
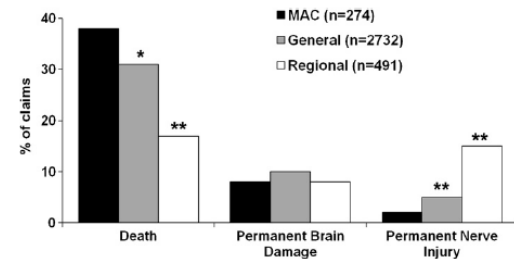


Fig. 5. Most common damaging events 1990 or later (n = 5230).



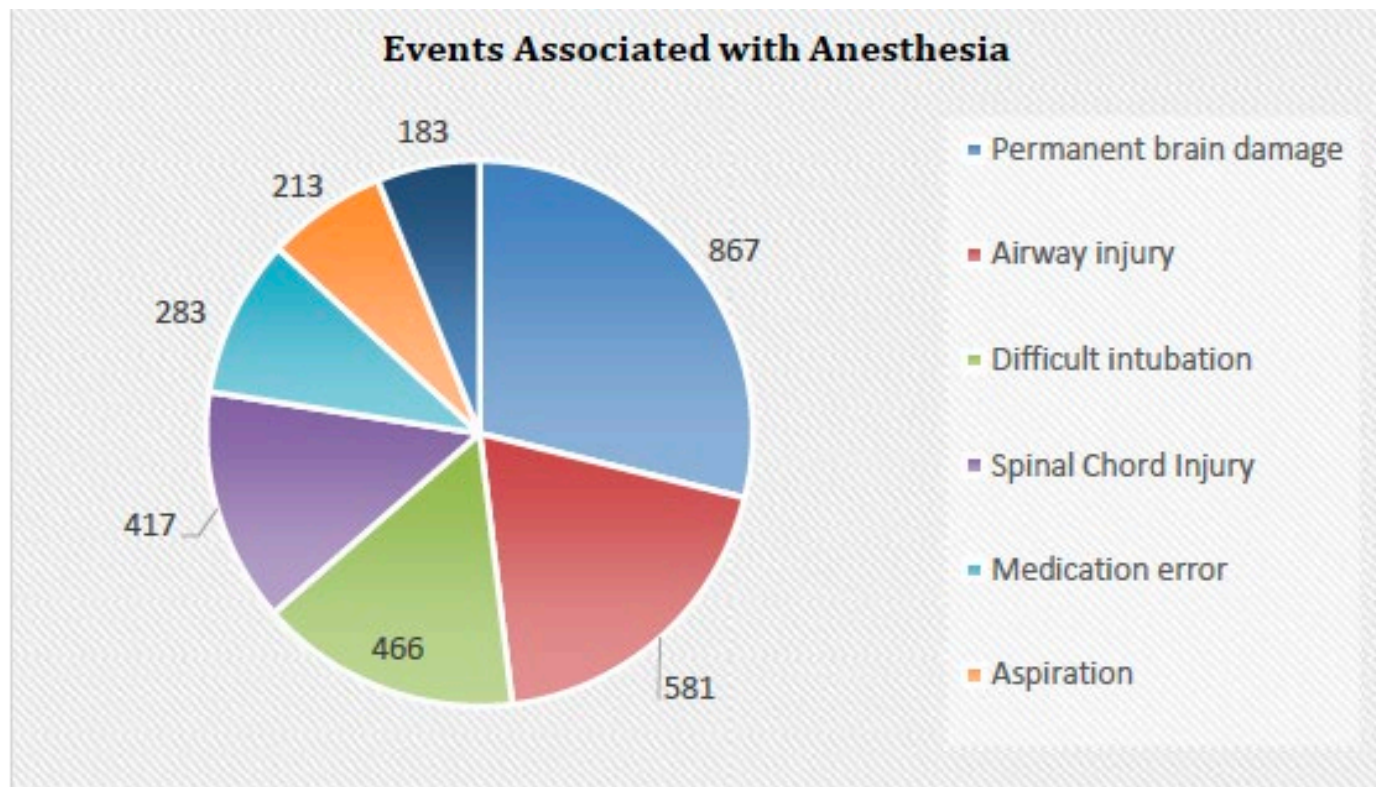


Figure 2 Sentinel events associated with anesthesia

Anesthesia-Related Morbidity & Mortality:

The American Society of Anesthesiologists (ASA) Closed Claims Project was formed in 1984 to enhance



1: \$216.8 Million for Justice

A jury awarded Allan Navarro \$216.7 million following his medical malpractice case against the Tampa University Community Hospital. They pursued the case after doctors misdiagnosed stroke symptoms for a headache.

When Allan arrived at the ER with complaints of nausea, dizziness, double vision, and headache, doctors diagnosed him with sinusitis and gave him a painkiller prescription. He returned the next day in far worse shape, requiring surgery to relieve swelling in his brain. He fell into a coma for three months afterward.

The damage put Allan in a wheelchair, and he is now at risk of suffocating every time he eats. Seeking justice more than money, Allan's family and attorneys announced their plan to donate the \$101.1 million awarded for punitive damages to charities that help people with brain and spinal cord injuries.

If you need to request medical records for a medical malpractice lawsuit, [ChartRequest can help](#). To see how our secure software can simplify medical records retrieval for your law firm, [schedule a demo today](#).

216 mil. USD

2: \$190 Million Apology for Creepy Doctor

Following a disturbing medical malpractice case, Johns Hopkins Hospital paid \$190 million to over 7,000 women for the abhorrent behavior of Dr. Nikita Levy.

A gynecologist and obstetrician for 25 years, Nikita used a hidden pen camera to record women during pelvic exams. He was fired when the hospital confirmed a coworker's reported suspicions were confirmed, and he committed suicide 10 days later.

The FBI determined that Nikita didn't share the 1,000+ pictures and videos on his computer. Regardless, this prolonged injustice shattered many women's trust in the medical system and impacted their daily lives.

190 mil. USD

3: \$172 Million for Unprepared EMTs

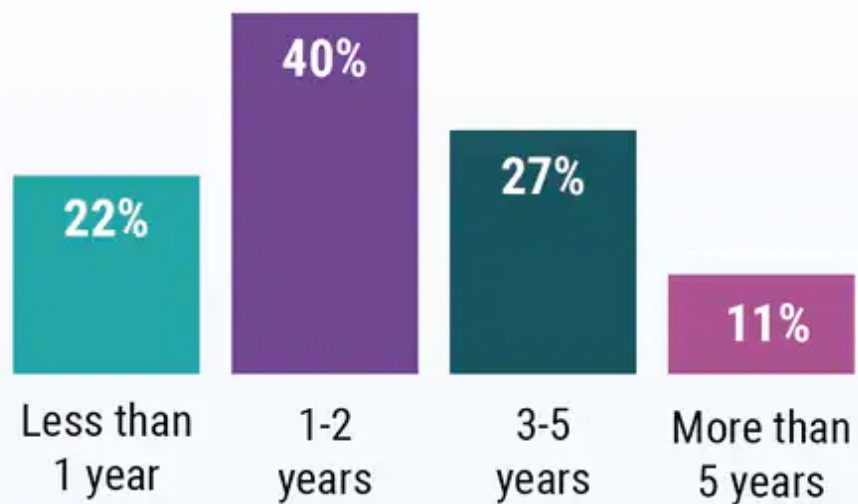
A Bronx jury awarded Tiffany Applewhite \$172 million after a medical malpractice lawsuit against New York City for an incident that had occurred 16 years prior. Tiffany suffered anaphylactic shock at twelve years old and suffered seizures after a home nurse injected steroids to treat her uveitis.

Her mother called 911 when she went into cardiac arrest. The EMTs that arrived, however, did not bring the oxygen, epinephrine, or defibrillator necessary for treating anaphylaxis. They called an advanced life support ambulance and performed CPR for 20 minutes rather than drive her to the nearby hospital.

Tiffany's brain damage caused by oxygen deprivation has left her paralyzed and unable to speak. She requires a feeding tube, a wheelchair, diapers, and constant care to survive.

172 mil. USD

How Long Did the Lawsuit Process Take?



Forenzní odpovědnost mají i lékaři bez atestace v rozsahu svých přijatých kompetencí

kauza “ORL” Pardubice














kauza “EKG” Plzeň

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Předsedající:

 Vladimír Černý,  Václav Zvoníček














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