

COMMON CAUSES OF MEDICAL LITIGATION IN HEALTHCARE: INSIGHTS FROM ENUGU STATE UNIVERSITY TEACHING HOSPITAL, NIGERIA

Obi, Chinedu P. E.

Department of Clinical Sciences, University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu, Nigeria.

DOI: 10.5281/zenodo.14808405

Abstract

Medical malpractice is closely associated with medical errors, which refer to preventable adverse effects of care that deviate from established medical standards, often leading to patient harm. This study aimed to assess the most common causes of litigation among healthcare providers, specifically medical practitioners and nurses, at the Enugu State University Teaching Hospital (ESUTTH) in Enugu, South East Nigeria. A total of 300 healthcare workers, comprising 274 medical doctors and 26 nurses, participated in a cross-sectional survey conducted between February and June 2021. Participants' demographic information, including age, marital status, and years of practice, were collected, alongside their perspectives on the causes of medical malpractice litigation. Results indicated that 50% of participants attributed medical errors to the inexperience of healthcare providers, while 78% highlighted the reduced healthcare provider-to-patient ratio as a key contributor to medical errors. Additionally, 67% of respondents agreed that negligence by healthcare providers was a major cause of medical errors. The findings suggest that the most significant factor contributing to medical errors at ESUTTH is the inadequate healthcare provider-to-patient ratio, which increases workload, leading to fatigue and burnout among healthcare workers. The study underscores the importance of addressing this issue through improved workforce management, including government intervention and policies aimed at reducing the emigration of qualified healthcare professionals. A National Policy on Healthcare Workforce, if effectively implemented, may help mitigate the impact of medical errors and improve patient safety in Nigeria.

Keywords: Medical malpractice, medical errors, healthcare workforce, litigation, Nigeria

Introduction Medical malpractice, a serious and often debated issue, refers to professional negligence or failure by healthcare providers, in which the care provided deviates from established medical standards, resulting in harm, injury, or even death to the patient. It is often the result of medical errors, which encompass a range of preventable adverse effects on patients. Medical errors are most commonly associated with human factors, but they can manifest in various ways, such as an inaccurate diagnosis, improper treatment, or the failure to perform a procedure correctly. The consequences of such errors can be devastating for both patients and healthcare providers, leading to litigation, reputational damage, and a breakdown of trust in healthcare institutions. This phenomenon, which has been linked to professional negligence, is particularly significant in hospital settings, where the complexity of care and the sheer volume of patients heighten the risk of error. The close relationship between medical malpractice and medical errors is undeniable. Medical errors are often characterized as

preventable actions that result in harm, regardless of whether the harm is immediately evident or not. These errors can stem from misdiagnosis, incorrect or incomplete treatment, failure to recognize symptoms, medication mistakes, or improper patient management. The definition of medical error itself is debated, as it is a term that encompasses a broad spectrum of actions, from minor mistakes to major deviations from expected care standards. Furthermore, the causes of medical errors are complex and multifaceted, often involving a combination of human error, systemic flaws, and external factors. Medical errors can occur at any level of care, from routine examinations to complex surgeries, and they can be influenced by the environment in which care is delivered, the skills of the healthcare provider, and the availability of resources. The impact of medical errors is profound, not only on the patients affected but also on healthcare systems and society as a whole. In the United States, for example, medical errors are estimated to cause between 44,000 and 200,000 unnecessary deaths annually in hospital settings, with more than 1 million excess injuries each year. The Institute of Medicine's report from 1999, which called attention to the significant prevalence of medical errors, highlighted the enormity of this issue, stating that errors caused an estimated 400,000 to 1.2 million preventable deaths between 1996 and 2006. This staggering number of deaths underscores the need for urgent reform within healthcare systems worldwide. Medical errors also have substantial financial implications, with preventable medication errors alone costing the U.S. economy around \$2 billion each year. These errors are not limited to specific geographical regions, as it is estimated that one in ten patients worldwide is affected by some form of medical error. The global burden of medical errors is staggering, and it is particularly alarming when the preventability of many of these errors is considered. Studies have shown that medical errors are a leading cause of death worldwide, with estimates suggesting that as many as 180,000 people die each year as a result of iatrogenic injuries (injuries caused by medical treatment). The Zhan and Miller study, which supported the Institute of Medicine's 1999 report, concluded that medical errors contributed to approximately 98,000 deaths annually in the U.S., with medication errors being among the most common and dangerous forms of medical mistakes. A subsequent 2006 follow-up study revealed that medication errors alone harmed at least 1.5 million people every year. In Nigeria, medical errors are a significant public health concern, though research on their prevalence and causes remains limited. One study conducted in the Federal Medical Centre, Umuahia, Abia State, in 2017 found that the prevalence of medical errors was 42.8%. The study identified the most common errors as prescription errors (95.2%), errors in ordering radiological or laboratory investigations (83.9%), and diagnostic errors (69.4%). Despite the high prevalence of these errors, the study found that healthcare providers who committed these errors often exhibited a negative attitude toward disclosing them to patients and their families. Furthermore, a significant proportion (33.8%) of healthcare workers who made errors reported feeling depressed, which suggests that the emotional and psychological burden of medical errors is a critical aspect of the issue. The impact of medical errors is particularly pronounced in healthcare environments with lower levels of experience and inadequate support systems. Medical errors are frequently associated with healthcare workers who have less experience, particularly those with fewer than ten years of practice. Inexperienced healthcare providers may lack the clinical judgment required to navigate complex cases, increasing the likelihood of errors. Additionally, new procedures, complex care needs, and high-stress environments (such as emergency care settings) further elevate the risk of mistakes. Poor communication, inadequate nurse-to-patient ratios, illegible handwriting, and improper documentation have also been identified as key factors that contribute to the occurrence of medical errors. Inadequate staffing levels

and miscommunication between healthcare professionals are particularly problematic in busy healthcare settings, where the pressures of patient care can lead to lapses in attention and judgment. The causes of medical errors are varied and often interrelated. Healthcare complexity, particularly in busy hospitals, increases the likelihood of errors due to the volume of patients and the diverse range of medical conditions that must be managed simultaneously. Systemic issues, such as poor organization, inadequate resources, and inefficient procedures, further exacerbate the problem. Competency gaps, arising from insufficient education and training, also play a significant role in the occurrence of medical errors. Healthcare workers who are not adequately trained or who lack specific knowledge in certain areas of care may struggle to provide the standard of care required. Furthermore, human factors and ergonomics, such as fatigue, burnout, and stress, are known to contribute to medical errors, especially in environments with insufficient staffing or excessive workloads. Addressing the issue of medical errors requires a multifaceted approach, involving not only improvements in the skills and training of healthcare workers but also systemic reforms that enhance communication, documentation, and patient safety protocols. In many countries, including Nigeria, the implementation of national policies focused on improving the healthcare workforce and reducing the migration of skilled healthcare professionals is essential. Adequate staffing, proper workload management, and investment in healthcare infrastructure are critical to reducing the occurrence of medical errors and ensuring better patient outcomes. Given the significant costs—both human and financial—associated with medical errors, tackling this issue should be a top priority for healthcare systems worldwide. The focus on reducing medical errors is not merely about protecting healthcare professionals from litigation but about creating safer, more effective healthcare environments that prioritize patient welfare. In light of the prevalence of medical malpractice and the devastating consequences of medical errors, it is imperative that healthcare institutions and policymakers take action to reduce the risk of harm and improve the overall quality of care provided to patients. The continued development of healthcare policies, supported by evidence-based research, is crucial to creating a healthcare system that can deliver high-quality, safe, and effective care to all patients.

Material and Methods; A total of 300 health workers comprising of 274 Doctors and 26 Nurses working in the various clinical departments of the Enugu State University Teaching Hospital GRA Enugu were used for this study. These Nurses and Doctors were selected to ensure a good coverage of all the clinical departments in the teaching hospital comprising Accident and Emergency, Obstetrics and Gynecology, Internal Medicine, Surgery, Pediatrics, Laboratory Medicine and Community Medicine. After obtaining permission from the ethical committee of the hospital, a self-administered questionnaire was issued to the participants. The questionnaire contained questions on designation of the participant (i.e. doctor or nurse), age in years, number of years in practice and their knowledge of the main causes of malpractice. The years of practice were restricted to between 1 and 20 years mainly because those with above 20 years of practice were mainly consultants and medical elders who were too busy to respond to our questions. The age category ranged from 20 to 59 years because 60 years is the age of mandatory retirement from service. Those participants who for one reason or the other were not willing to participate in the study were excluded from the study.

Statistical Analysis; Data from the questionnaire was analyzed using the statistical package for social sciences (SPSS) software version 11.0. Information was presented in the form of tables, pie charts

Research Article

Results; during the period of this study, a total of 300 participants comprising 274 doctors and 26 nurses took part in the study. The table below shows the age distribution of the participants;

Table 1: Age category

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-29 years	53	17.7	18.2	18.2
	30-39 years	194	64.7	66.4	84.6
	40-49 years	41	13.7	14.0	98.6
	50-59 years	4	1.3	1.4	100.0
	Total	292	97.3	100.0	
Missing	System	8	2.7		
Total		300	100.0		

The most predominant age group is 30-39years (66.4%) while the least is 50-59years (1.4%)

Table 2: No of years of Practice.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-5 years of practice	80		26.7	26.9
	6-10 years of practice	130		43.3	70.7
	11-15 years of practice	80		26.7	97.6
	16-20 years of practice	7		2.3	100.0
	Total	297		99.0	100.0
Missing	System	3	1.0		
Total		300	100.0		

The most predominant no of years is 6-10years while the least is 16-20years. The younger doctors who are mainly house officers, senior house officers and junior residents make up about 26.7%. They are those who are within the age range of 1-5 years in medical practice. Some young nurses also fall into the same practice year group.

Table 3: Designation of the healthcare providers

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Nurse 26	8.7	8.7	8.7	
Doctor 274	91.3	91.3	100.0	
Total	300	100.0	100.0	

About 274 (91.3%) of participants are medical doctors while 26 (8.7%) are nurses

Table 4 Common causes of Litigation in Medical Practice

Variables	Frequency of responses				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Medical error is due to Inexperienced health care providers.	8	89	53	144	6
Medical error is due to reduced healthcare providers to patients' ratio	26	22	18	125	109
Negligence by healthcare providers are a common cause of litigation	24	34	40	164	37

Table 4.11 shows a total of 150(50%) of respondents either agree (144) or strongly agreed (6) to medical errors to be as a result of inexperienced healthcare providers, 234(78%) either agree (125) or strongly agree (109) that reduced healthcare providers to patients' ratio is a can be attributed to medical errors. A total of 201 (67%) either agree (164) or strongly agree (37) to negligence by healthcare providers as a common cause of litigation in the health sector.

Discussion; According to the national academy of science publication in 2006, Medical malpractice refers to professional negligence by act of omission by healthcare provider in which care provided deviates from accepted standards of practice in the medical community and causes injury or death to the patient, with most cases involving medical error¹. Medical malpractice is therefore closely linked to medical errors. In this study, the greatest proportion of respondents

(86.4%) is within the age range 20 to 40 years (Table 1). This is to show that the older doctors were either much fewer in the hospital or they were too busy to participate in the study. Also, over 70% of the respondents have less than or equal to ten years' experience (Table 2). Again in (table 4) about 150 of respondents agree and strongly agree that medical errors are due to inexperience in medical practice. These strongly agree with the findings in the study done at Federal Medical Center Umuahia where the researchers found that committal of medical errors was associated with years of practice <10 years ($p=0.011$)⁹. Also, a similar study done by Michael L Milenson found that medical errors are associated with inexperienced physicians and nurses, new procedures, extremes of age, complex care and urgent care¹⁰. Another factor which was revealed by this study is that shortage of physicians is a contributory factor to committal of medical errors. About 125 (agree) and 109 (strongly agree) that reduced health care providers to patients' ratio are a major contributory factor to medical errors and malpractice. This is more pronounced in Nigeria where medical doctors and nurses are fleeing the country in droves in search of greener pastures abroad (This is now generally referred to in Nigeria as the "JAPA SYNDROME"). The impact of medical errors can be deduced from the following findings; In the US, medical errors are estimated to result in 44,000 to 200,000⁴ unnecessary deaths, in hospitals settings and 1,000,000 excess injuries each year^{5,6}. A conservative average of both the Institute of Medicine and Health Grades reports indicate that there have been 400,000 – 1.2 million error-induced deaths during 1996-2006 in the United States. Findings of the Institute of Medicine, 1999 show that all in US hospitals, the increased costs of preventable medication errors cost the economy about \$2billion each year⁷. Medical errors affect one in 10 patients worldwide. It is therefore very important that we take the issue of medical errors and malpractice very serious.

Conclusion;

The study found out that the prevalence of medical malpractice and occurrence of medical errors cannot be ascribed to one single reason. From low "Healthcare providers to Patients" ratio to inexperienced medical practitioners. The health care system in Nigeria has been plagued by the exodus of highly trained health care personnel to western countries. Negligence of duty occasionally becomes the norm for the fact that the few numbers of health care personnel left behind in the country suffer what is called the "burn-out" syndrome and often break down in health. The Federal Government of Nigeria has however realized the need to address this issue by coming up with what they call the national policy on human resources for health. There is therefore the need for the government to expedite action on the implementation of this policy so as to address this national problem.

References

- National Academy of Sciences. (2006). *Medical errors injured 1.5 million people and cost billions of dollars annually*. [Last accessed on 2006].
- Institute of Medicine. (2001). *To err is human: Building a safer health system*. The National Academies Press. [Last accessed on June 20, 2006].
- Charlatan, F. (2000). *Clinton acts to reduce medical mistakes*. British Medical Journal Publishing Group. [Last accessed on March 17, 2006].

Research Article

- Hayward, R. A. (2000). Estimating hospital death due to medical errors: Preventability is the eye of the reviewed. *Journal of the American Medical Association*, 286(4), 415-420.
- Paul, A., & Gluck, M. D. (2006, April 22). *Medical errors: Incidence, theories, myths, and solutions*. Presentation at the Seminal Counting Patient Safety Summit.
- Leage, L. L. (1994). Error in medicine. *Journal of the American Medical Association*, 272(23), 1673-1674.
- Weingart, S., Ciara, W., & Marley, B. K. (2000). *Epidemiology of medical error*. British Medical Journal Publishing Group. Retrieved March 17, 2006.
- Palmeri, P. A., Delucia, P. R., Peterson, L. T., & Green, A. (2008). The anatomy and physiology of error in adverse healthcare. *Advances in Healthcare Management*, 7, 33-68.
- Gabriel, U. P., Abali, U., & Agwu, N. A. (2017). Medical errors in Nigeria: A cross-sectional study of medical practitioners in Abia State. *AMHS Journal*, 55, 44-49.
- Millenson, M. L. (2003). The silence. *Health Affairs*, 22(2), 103-112.
- Henneman, E. A. (2007). Unreported errors in the intensive care unit: A case study of the work we do. *Critical Care Nurse*, 27(5), 27-34. Retrieved March 23, 2008.
- National Academy of Sciences. (2000). *To err is human*. The National Academies Press. Retrieved from <http://www.nap.edu/catalog.php?>