

## Medical-legal challenges in obstetric safety and adverse events

### Desafíos médico-jurídicos en la seguridad obstétrica y los eventos adversos

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The safety of the obstetric patient is a concern for all of us who are directly or indirectly linked to her care from the health services. If we start from the concept that patient safety is the reduction of the risk of harm associated with healthcare<sup>(1)</sup>, we may limit liability with safety strictly to health services. However, when considering safety, it is necessary to take quality into account, and for this we must carry out a salubrious approach to the issue incorporating social determinants of health by which we could explain some problems that arise in the context of health care—without leaving aside those who become directly dependent on health services.

Adverse events are internationally defined as injury or complication that determine a prolongation of hospital stay, disability and death caused by the healthcare system



rather than by the patient's disease<sup>(2)</sup>. This leads us to think that if there is greater security, we will have fewer adverse events; it would also explain that the existence of adverse events in the health system is inevitably related to services in which patient safety is compromised in some way.

In most cases, the existence of an adverse event generates a reaction of disagreement in patients and relatives, who do not expect it; in other cases, although expected, a different result is anticipated. On many occasions, the expression of disagreement results in a complaint that can transcend to any of the levels of law, whether administrative, labor, civil or criminal, depending on the magnitude of the case, regardless of whether or not it is proven whether the act constituted medical liability.

The consequences of this problem evidently involve what today are called the victims<sup>(3)</sup>, being the first one the patient who directly suffers the damage, be it physical, psychological, or both. We can also consider as the first victim the fruit of conception, not to mention that on many occasions the binomial is affected. The second victim is the doctor or health professional, who is in a disadvantaged position because he is the one who directly assumes the patient's care and furthermore who is the one on whom the complaint, lawsuit or accusation falls, and he needs to prove his innocence. The third victim is the family, which is in mourning, dissatisfied, and demands answers from either the health system or the judicial system for what they often consider poor medical care. The fourth victim is the health institution and the fifth the health system, subject to discredit, insults in social networks and questioning by the population. From the social point of view, a crisis is generated that often transcends the framework of health institutions to reach larger dimensions that usually affect the country due to its great connotation.

Embodying obstetric safety, adverse events, and victims' participation as a single phenomenon from a medical and legal approach allows us to reconsider new guidelines for action to raise the quality of care and the level of satisfaction of both, patients and family members, and professionals of the sector, based on respect for the legal-medical relationship that arises during the medical act with the recognition of the rights and duties of the parties.

Being proactive and demanding safe care scenarios, maintaining a dynamic and updated scientific preparation, adherence to previously discussed protocols and brought them to the context in a particular way, and the use of informed consent as a tool that strengthens the link in patient-doctor communication, will be some of the actions to be developed to increase safe care scenarios for obstetric patients and thereby reduce adverse events, the final results of which will be to minimize the presence of victims in the health care process.

Among the aspects to be improved are the delimitation of responsibilities, the analysis of the processes with a multifactorial approach, the stability in the investigation commissions of adverse events, and respecting the rights of the parties in the medical act. Also recognize the duties, be zealous guardians of medical documentation—which can become legal medical documents depending on the circumstances—; respect the rights of the worker and maintain ethical principles in all processes; and gain in legal



culture —being able to be a way the incorporation of elements of medical law in undergraduate and postgraduate education.

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