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İSTANBUL TIP FAKÜLTESİ ADLİ TIP ANABİLİM DALI'NDA 2006-2023 YILLARI ARASINDA RAPORLANDIRILMIŞ TIBBİ UYGULAMA HATASI DOSYALARININ DEĞERLENDİRİLMESİ

EVALUATION OF MEDICAL MALPRACTICE FILES REPORTED BETWEEN 2006 AND 2023 AT ISTANBUL FACULTY OF MEDICINE DEPARTMENT OF FORENSIC MEDICINE

Cüneyt Destan CENGER[1] | Birgül TÜZÜN[2] | Adil Han DOĞAN[1] | Mehmet Ali MALKOÇ[1]

1 İstanbul Üniversitesi, İstanbul Tıp Fakültesi, Adli Tıp Anabilim Dalı, İstanbul, TÜRKİYE
2 İstanbul Yeni Yüzyıl Üniversitesi, Tıp Fakültesi, Adli Tıp Anabilim Dalı, İstanbul, TÜRKİYE

ÖZET

Amaç: İstanbul Üniversitesi, İstanbul Tıp Fakültesi (İÜİTF) Adli Tıp Anabilim Dalı'nda görevli adli tıp uzmanlarının katılımı ile malpraktis iddiasıyla raporlandırılan dosyalar retrospektif olarak değerlendirilmiş, malpraktis iddiaları ile rapor sonuçlarının kıyaslanması amaçlanmıştır.

Gereç ve Yöntemler: 2006-2023 yılları arasında İstanbul Üniversitesi, İstanbul Tıp Fakültesi (İÜİTF) Adli Tıp Anabilim Dalı'nda görevli adli tıp uzmanlarının katılımı ile malpraktis iddiası ile resmi birimlerce gönderilen ya da bireysel başvuru dosyalarından raporlandırılanlar retrospektif olarak değerlendirilmiştir. Elde edilen veriler özelliklerine göre parametrik yöntem ile istatistiksel açıdan değerlendirilmiş, anlamlılık sınırı $p<0,05$ olarak kabul edilmiştir.

Bulgular: Toplam 164 olgunun başvuru şekli değerlendirildiğinde; %52.4'ünün bireysel, % 38.4'ünün mahkeme, %6.7'sinin savcılık aracılığıyla olduğu belirlenmiştir. Olguların %54.9'unun kadın cinsiyette, %64.6'sı özel hastaneler ve özel klinikte olduğu, malpraktis iddiasıyla şikayet edilen sağlık çalışanlarının % 96,3'ünün hekim olduğu, uzmanlık alanlarına göre en sık jinekoloji ve genel cerrahi hekimleri olduğu belirlendi. Şikayet edilen genel cerrahi hekimlerinin % 41,2'sinin, kadın hastalıkları ve doğum hekimlerinin %25,6'sının malpraktis uyguladığı saptandı.

Sonuç: Ülkemizde ve dünyada yapılan çalışmalarda sağlık çalışanlarına yönelik malpraktis iddiaları her geçen gün artmakta ve en sık şikâyet edilen klinik branşın cerrahi branşlar olduğu belirlenmiştir. Birimimize özel bu araştırmanın sonuçları da benzer özellikler göstermekte olup bu konuda yapılan adli tıbbi değerlendirmelere ışık tutacağı öngörülmektedir.

Anahtar Kelimeler: Adli tıp, Tıbbi uygulama hataları, Malpraktis, Bilirkişilik.

ABSTRACT

Objective: The cases reported with allegations of malpractice, involving the participation of forensic medicine specialists from the Department of Forensic Medicine, at Istanbul University, Istanbul Faculty of Medicine (IUIFOM), were retrospectively evaluated, with the aim of compare malpractice claims to report results.

Material and Methods: The cases reported with allegations of malpractice, either submitted by official authorities or through individual applications, and documented with the participation of forensic medicine specialists from the Department of Forensic Medicine at Istanbul University, Istanbul Faculty of Medicine (IUIFOM) between 2006 and 2023, were retrospectively evaluated. The obtained data were statistically analyzed using parametric method based on their characteristics, with the limit of significance set at $p<0.05$

Results: An analysis of 164 cases showed that 52.4% were individual applications, 38.4% were referred by courts, 6.7% were submitted through the prosecutor's office. Among the cases, 54.9% involved female patients, 64.6% were related to private hospitals and private clinics, 96.3 % of the healthcare professionals accused of malpractice were physicians, with gynecology and general surgery specialists being the most frequently implicated. It was determined that 41.2% of the general surgery physicians and 25.6% of the gynecology and obstetrics physicians who were subject to complaints had practiced malpractice.

Conclusion: Studies conducted in Turkey and worldwide indicate a continuous rise in malpractice claims against healthcare professionals, with surgical specialties being the most frequently reported clinical branches. The findings of this study align with these trends and are expected to provide insight into forensic medical evaluations on this subject.

Keywords: Forensic medicine, Medical application errors, Malpractice, Expertise.

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ARAŞTIRMA MAKALESİ

*Corresponding author: *Cüneyt Destan CENGER*

1. Giriş / Introduction

Medical intervention/practice is defined as any activity carried out by individuals legally authorized to practice medicine, ranging from the simplest diagnostic and treatment methods to the most severe surgical interventions, aimed at diagnosing, treating, alleviating, preventing diseases, in accordance with the principles accepted by medical science. For a medical intervention to be legally valid, it must be performed by legally authorized individuals in compliance with the law, adhere to the rules and standards of medical science, have a medical necessity/indication, and obtain informed consent from the person undergoing the intervention (1). Malpractice is described as “the acts and situations that occur due to the intent, fault, or negligence of healthcare personnel, failure to perform standard procedures, lack of knowledge and skills, incorrect or incomplete diagnosis, or failure to provide treatment to the patient, resulting in harm” in the proposal for the Law on Liability Arising from the Misapplication of Medical Services submitted to the Grand National Assembly of Türkiye on 17.07.2020 with the number 1162 (2-5). The recommendations and/or practices of healthcare personnel responsible for delivering healthcare services can result in a wide spectrum of outcomes, ranging from delayed recovery to death (6).

Healthcare practices are carried out within the limits of permissible risk (complications) (7). It is emphasized that malpractice should be distinguished from complications encountered during medical care and treatment (3,4). If the resulting complication is well-managed and the necessary care is provided, the healthcare professional is not held responsible (7).

Malpractice is a multifactorial problem due to the individuals involved, the process of the event, and the responsibilities imposed by the system. The conditions under which healthcare personnel provide services, including environmental factors and medical tools, increase the risk of errors. These factors alone, can even lead to malpractice; however, since healthcare requires teamwork, errors often appear interconnected (8).

In the United States, it is estimated that between 210,000 and 400,000 people die each year due to malpractice (9). Malpractice-related deaths are considered the third leading cause of death among all causes of death (10). However, high number of deaths caused by medical errors are preventable.

In one study, it was reported that the number of files sent to the Council of Forensic Medicine with the allegation of medical malpractice was 295 in 2004, increased to 620 in 2005, and reached 3006 in 2013 with a 5-fold increase (11).

The cases reported with allegations of malpractice, involving the participation of forensic medicine specialists from the Department of Forensic Medicine, at Istanbul University, Istanbul Faculty of Medicine (IUIFOM), were retrospectively evaluated, with the aim of compare malpractice claims to report results.

2. Materyal ve Metot / Material and Method

This is a descriptive study in which malpractice claim cases reported by official institutions or through individual applications and evaluated by forensic medicine specialists at the Department of Forensic Medicine, Istanbul University, Istanbul Faculty of Medicine (IUIFOM), between 2006 and 2023 were retrospectively analyzed. There were 170 cases at this period. However 6 of them excluded because of missing data. The demographic data, application method, applicants, changes over the years, the location of the incident subject to the malpractice claim, the specialty and professional status of the physicians accused of or found to have committed malpractice, reasons for malpractice, whether the case resulted in death or not, the expert reports of the forensic medicine department, and the opinions of the experts of other institutions were collected and statistically analyzed using the Statistical Package for the Social Sciences (SPSS) 21 software. Descriptive statistics were used for data description and result evaluation. All numerical data were expressed as frequency and percentage. Chi-Square test which is a parametric test was was used for the analysis. The study was approved by the Istanbul University Istanbul Faculty of Medicine Clinical Research Ethics Committee (Date: 09.08.2024, No: 15). The principles of the Declaration of Helsinki were adhered to during the study.

As this is a retrospective data analysis, no detailed examination was possible for some cases, and spesific data such as the patient's age at the time of the incident, all alleged causes, and other factors affecting the complaint could not be obtained, which constitutes the limitations of this study. The study included 164 cases. In four of the one hundred and sixty-four cases, age was not specified, so the age of one hundred and sixty cases was calculated.

3. Bulgular / Results

A total of 164 cases evaluated for malpractice claims between 2006 and 2023 were included in the study. Of the 164 cases claiming malpractice, 54.9% were female, and 45.1% were male, with a female-to-male ratio of 1.22. The average age of the patients was 33.68±19.66 years (min: 0, max: 82, median: 34 years).

The evaluation of the application years of the cases showed that 12.2% were from 2015, 11.0% from 2013, and 8.5% from 2023. In terms of application method, 52.4% were individual applications, 38.4% were court-referred, 6.7% were through the prosecutor's office, and 2.4% were others (referred from another university, medical chamber).

Of the 86 individual cases, 57.0% (n:49) were cased by the patient/patient's relative/legal representative, and 43.0% (n:37) were cased by the physician/legal representative.

The evaluation of the locations of the incidents subject to complaints showed that a total of 171 incident locations were identified in 164 cases, as complaints were made regarding medical interventions performed in one or multiple locations, 62% were performed in private hospitals and private clinics, 12.3% in state hospitals, 11.1 % in training and research hospitals, 8.8% in university hospitals, 3.5% in beauty centers, 1.2% in family health centers, 0.6% in a 112 ambulance, and 0.6% in the patient's home.

It was determined that 59.6% of the physicians complained about malpractice were surgical physicians and 28.9% were internal branch physicians.

It was determined that 22.8% of the complained surgical branch physicians were gynecology and obstetrics and 19.9% were general surgery physicians.

It was determined that 41.2% of the general surgery physicians and 25.6% of the gynecology and obstetrics physicians who were subject to complaints had practiced malpractice.

The evaluation of the cases determined that a total of 287 physicians, with one or more physicians, were blamed for malpractice, and 96 of these physicians were found to have practiced malpractice.

In terms of the frequency of malpractice practices there was no significant difference among surgical, internal branches, general practitioners (p:0.46, p>0.05). The distribution of the branches of the most frequently complained about physicians or those found to have practiced malpractice are shown in Table 1.

Table 1: The distribution of the branch of the most frequently complained about physicians or those found to have practiced malpractice.

Departments	Distribution of complained physicians according to clinical departments		Distribution of malpractice cases according to clinical departments		Malpractice rate by specialty
	Number of physicians	%	Number of physicians	%	%
Surgery	171	59.6	56	58.3	32.7
Internal	83	28.9	32	33.3	38.6
General Practitioner	32	11.2	7	7.3	21.9
Dentistry	1	0.4	1	1	100
Total	287	100	96	100	33.4

*The chi-square statistic, p:0.46

Of the healthcare professionals complained against, 96.3% were physicians, while 3.7% were auxiliary healthcare personnel. All of the seven beauticians complained about were found to have practiced malpractice.

The frequency of malpractice practices was significantly higher in specialists than in residents physicians and general practitioners (p:0.02, p<0.05) , but there was no difference between residents physicains and general practitioners. The distribution of the most frequently complained healthcare professionals or found to have practiced malpractice, categorized by their professional status is presented in Table 2.

Table 2: Distribution of healthcare professionals most frequently complained against or found to have practiced malpractice, categorized by their professional status.

Healthcare workers according to their title	**Distribution of health care workers who allegedly practiced malpractice according to their title**		**Distribution of health care workers detected to have practiced malpractice according to their title**		**Malpractice rate of healthcare professionals based on complaints**
	n (Number)	**% (Percentage)**	**n (Number)**	**% (Percentage)**	**% (Percentage)**
Specialist physician	217	72.3	84	83.2	38.7
Resident physician	37	12.4	4	4	10.8
General Practitioner	32	10.7	7	6.9	21.9
Dentist	1	0.3	1	1	100
Auxiliary health personnel	11	3.7	5	5	45.5
Total	298	100	101	100	36.2

The chi-square statistic, p:0.02

The comparison between the expert opinions provided by our department and the 121 expert opinions obtained from other institutions is presented in Table 3.

Table 3: Distribution of the comparison of the expert opinions of the main department with the opinions of other institutions.

	Contradiction is present		**No contradiction**		Total %
	n (Number)	**%**	**n (Number)**	**%**	
Forensic Medicine Institution	37	46.8*	42	53.2*	100*
Special Opinion	6	46.2*	7	53.9*	100*
Ministry of Health	3	27.3*	8	72.7*	100*
University	4	36.7*	7	63.6*	100*
Supreme Health Council	4	80*	1	20*	100*
The University's Department of Forensic Medicine	1	50*	1	50*	100*
Total	55		66		

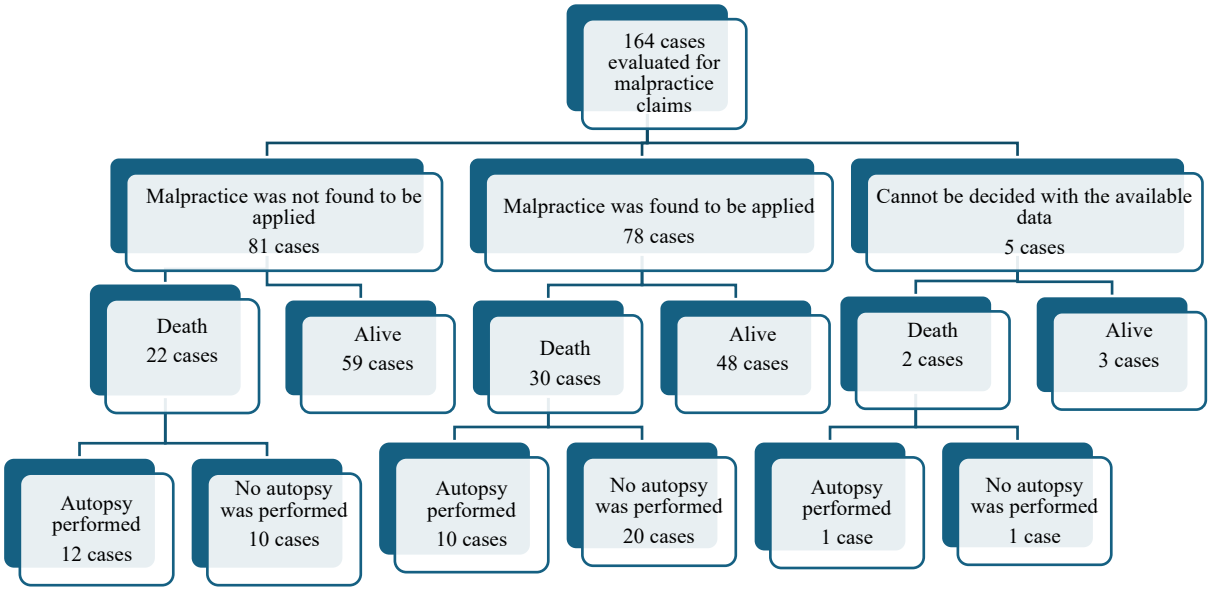
*shows the percentage of parameters in the horizontal column.

In the evaluation of 164 cases, malpractice was present in 47.6% (n:78) of the cases, while malpractice was not present in 49.4% (n:81) of the cases. Based on the available forensic and medical documents, it could not be determined whether malpractice had occurred in 3% (n:5) of the cases.
The evaluation of 78 cases showed that there was one or more reasons for malpractice. The distribution of the 139 identified reasons for malpractice was treatment errors in 30.9%, diagnostic errrors in 25.2%,

patient follow-up errors in 14.4%, the absence of informed consent or inadequate provision of information in 13.0%, unauthorized person performing medical procedure in 5.8%, error in the organization of treatment services in 4.3%, deficiency in medical records in 3.6%, others in 2.8% (refusing to accept the patient in 0.7%, refusal to provide medical records to the patient's relatives in 0.7%, administrative defect in 0.7%, the failure to take a sample from the organ that needs to be examined during the autopsy in 0.7%)

32.9% (n:54) of the evaluated cases with the claim of malpractice resulted in death, and 67.1% (n:110) of the cases survived. Autopsy procedure was performed for 23 cases out of 54 deceased cases. According to the distribution of autopsy results, it was determined that malpractice was applied in 43.5% (n:10) of the cases and no malpractice was applied in 52.2% (n:12) of the cases. It could not be determined whether malpractice was applied in 4.3% (n.1) of the cases.
The algorithm indicates whether malpractice was applied to the cases, whether they are dead or alive, and whether an autopsy was performed is presented in Figure 1.

Figure 1: Distribution of cases in terms of malpractice



4. Tartışma ve Sonuç / Discussion and Conclusion

The number of malpractice claims in Turkey and worldwide has currently been increasing. The report of the Istanbul Medical Chamber's Medical Practices Bureau stated that 37.3% of the applications made in the first 16 years and 62.7% were in the last four years (12). In Europe, the number of lawsuits cased due to malpractice has increased significantly over the last decade (13).

The rapid increase in the number of malpractice claims in recent years can be attributed to several factors, including the increased expectations of patients and their relatives from healthcare professionals and the healthcare system due to advances in science and technology, the perception of medicine as an engineering field, the increase in media coverage of such issues, the desire to seek justice/truth, the decline in trust in healthcare professionals due to various factors, the choice of such cases as a specialized field by some lawyers, the desire for financial gain, the ease of finding legal recourse, legal regulations, communication deficiencies, healthcare professionals' inability to express themselves correctly, hotlines for complaints, health policies, medical school admission criteria, medical education and resources, the time physicians can allocate to themselves and their education, working conditions, and performance (14).

Researchers in a study found that in one-third of the cases, the claimant was the patient and/or their relatives, and in another third, it was the police or the court (15). Individual applications ranked first with 44.6%, followed by applications through the prosecutor's office (28.3%), and court referrals (17.4%) which is consistent with our study where individual applications ranked first in the thesis study of Savaş (16).

In accordance with the literature data, in our study, when the gender distribution of the cases claiming to have been exposed to malpractice was evaluated, it has been determined that complaints are filed alleging that female cases are subject to malpractice more than male cases (17-19).
Physicians rank first in the distribution of malpractice lawsuits by healthcare professionals. The thesis studies conducted in Turkey showed that 81.7%- 84.2% physicians were the primary target of complaints (14, 20, 21). In one study the rate of physicians being accused was 86% in Germany, 89% in Denmark, and 90% in Mexico (22). In our study, 96.3% of the healthcare professionals accused of malpractice were the physicians. Although our study is consistent with the literature, the distribution of the fields of the accused healthcare professionals was higher.

The examination of the distribution of the professional degrees of the physicians accused of malpractice in the thesis study of Savaş (16), specialist physicians ranked first with 65.2%, followed by faculty members with 18.5%, general practitioners with 7.6%, non-physicians with 7.6%, and resident physicians with 1.1%. Specialist physicians ranked first among the physicians accused of malpractice, followed by general practitioners in the thesis study of Bilir Balıkçı (23). In our study, where faculty members were also considered specialists, 71.1% (n: 217) were specialist physicians, 12.1% (n:37) were resident physicians, 10.5% (n:32) were general practitioners, 3.6% (n:11) were auxiliary healty personnel, 2.3% (n:7) were non-physicians (beauticians), 0.3% (n:1) was dentist. When the distribution of the titles of the physicians complained with malpractice claims is evaluated, the findings of our study and the literature review show that specialised physicians are the most frequently complained group.

Regarding the institutions where healthcare professionals accused of malpractice, researchers in one study found that state hospitals ranked first with 42.2%, while private hospitals ranked second with 40.2% (24). In other studies, private hospitals or private clinics ranked first between 47.8% and 66.4% (14, 16, 21, 23). It is seen that private healthcare institutions are the first among the institutions where healthcare professionals who are sued for malpractice work. Our study is consistent with the literatüre.

The distribution of the speciality areas of physicians against whom malpractice complaints were made varies in the studies. The researchers found that the most frequently complained specialities in the studies were gynaecology and obstetrics and general surgery (17, 25). In another study, the most frequently sued specialties were orthopedics and traumatology, oncology, general surgery and gynecology and obstetrics (26). In the United States, one in six physicians is sued each year, with gynecologists, orthopedists, and neurosurgeons being sued every 2.5 years. Another study reported that the specialties with the highest malpractice risk are gynecology and obstetrics, internal medicine, and general surgery (25, 27). In the studies, gynecology and obstetrics was the most frequently cased specialty in malpractice lawsuits between 15% and 37% (14,20,21,23, 24, 28). In our study, the evaluation of the specialties of the accused physicians were found as, gynecology and obstetrics ranked first, which is consistent with the literature.

In a study, the rate of physicians being found responsible was 34.4% between 1979 and 1989, and this rate increased to 78.1% between 2000 and 2008 (29). The rate of complaints against physicians being determined as malpractice was found as 12% in Mexico, 23% in Denmark, 24% in Germany, 28% in California, and 29% in Norway (22). In our study, the rate of physicians being found to have practiced malpractice was 33.4%, which is higher compared to the levels in the literature.

In Germany, when the rates of complaints resulting in malpractice were evaluated by specialty, the rate was 50% in radiology and 40% in pediatrics. In the most frequently reported specialties—orthopedics and traumatology, general surgery, gynecology and obstetrics, and internal medicine—the rate was between 25-26% (22). Another a study, malpractice was found in 17.5% of 286 pediatric cases (30). In our study, radiology ranked first with 71.4%, followed by pediatrics with 46.7 %. When orthopedics and traumatology, gynecology and obstetrics, internal medicine, and general surgery, were evaluated together, the rate was 12.5 %, 25.6 %, 28.6%, 41.2%, respectively, which is higher compared to the literature.

In a study, it was found that in 79.3 % of the lawsuits cases for malpractice claims, no malpractice was determined, while malpractice was found in 17.1 % of the cases (31). In thesis studies, the rate of healthcare professionals being found to have committed malpractice in expert reports was reported as 26.5% in Algan's study and 30.8% in Kırtışoğlu's study (14, 20). In our study, the malpractice practice rate of healthcare professionals was determined as 33.4%.

No malpractice was found in 56.5% of the cases, while malpractice was determined in 43.5% in Savaş's thesis (16). In Bilir Balıkçı's thesis (23), it was found that malpractice was determined in 9% of the cases referred to the 2nd Forensic Medicine Specialization Board and in 14.2% of the cases referred to the 1st Forensic Medicine Specialization Board. In the studies conducted on cases sent by the Republic Prosecutor's Offices and Courts to the 3rd Forensic Medicine Specialization Board between September 2003 and August 2004, the rate of malpractice was reported as 36% (32). In Algan's thesis, they reported no malpractice was found in 65% of the cases, malpractice was found in 26.5% (20). In our study, we found that, no malpractice was found in 49.4% of the cases, malpractice was found in 47.6%. In 3% of the cases, malpractice could not be determined. Although our study is consistent with the literature, the percentage of cases in which medical malpractice was determined was slightly higher.

In Eyigün's and Temel's theses, the rate of death resulting from incidents subject to malpractice claims was 31.5%, while in our study, we found that 32.9% of the cases involved cases resulting in death. The findings of our study are consistent with the literature (21, 24).

Researchers in a study that the expert opinions were compared with the opinions of other institutions, found that, there was no contradiction between the expert opinions and the opinions of other institutions/persons in 23.9% of the cases, there was a contradiction in 27.2% (16). In our study, we found no contradiction between the expert panel reports and the opinions of other institutions/persons in 40.2 % (n:66) of the cases, while there was a contradiction in 33.5% (n:55).

In Turkey, the data is collected through the National Safety Reporting System (NSRS) to monitor the frequency, numbers, and sources of malpractice. According to reports made to NSRS between March 23, 2016, and December 31, 2017, 155.295 errors were reported. Of these errors, 87.3% were laboratory errors, 4.9% were surgical errors, 4.6% were medication errors, and 3.1% were patient safety errors (33). In another study, diagnostic errors were the most common at 29%, followed by treatment errors at 27% (34). In a randomized study, surgical treatment errors were found in 29% of the cases, diagnostic errors or delays in diagnosis in 29%, and medication errors in 18% of the cases (17). In a study diagnostic errors were found in 31.8% of the cases, surgical errors in 26.9%, and medication errors in 24.5% (35). In our study, treatment errors accounted for 30.9%, diagnostic errors for 25.2%, patient follow-up errors for 14.4%, and lack of or inadequate informed consent for 13% in the evaluation of the reasons for malpractice.

In a study, researchers showed that physicians with a history of malpractice had shorter examination times compared to other physicians (36). In another study, the time allocated per patient was 15.0 minutes for physicians with malpractice lawsuits and 18.3 minutes for other physicians (37). In Turkey, the Turkish Medical Association has reported that examination times in some hospitals have been reduced to as little as 5 minutes (38). We suggest that factors such as the higher number of patients per physician, long working hours, and the reduction of time allocated per physician to 5-10 minutes contribute to the higher number of malpractice claims.

The number of lawsuits cased for malpractice claims is increasing due to deficiencies in medical education, physicians' inability to keep up with advances in medicine and technology, increasing media coverage, high compensation amounts, as well as factors such as physicians having to examine and treat a large number of patients in a short time, stressful working conditions, lack of knowledge in medicine or in their specialty, carelessness, negligence, discrepancies between preliminary and definitive diagnoses, misdiagnosis, incorrect prescription of medication, nursing service errors, failure to follow physician treatment instructions, pharmacy errors, insufficient staff, incorrect or incomplete medical records, and laboratory errors. Additionally, factors related to auxiliary healthcare personnel and diagnostic support units, communication deficiencies between physicians or between physicians and patients, missing information and documents in patient cases, insufficient knowledge of the patient's medical history, illegible physician handwriting, complex cases, intense work pace, lack of current regulations, and pressure to pay compensation can also be the causes of medical errors (39-41). In a study, the most common causes of malpractice in hospitals were reported as heavy workload, lack of

experience, lack of concentration, physical fatigue, incomplete treatment and care, and insufficient theoretical and practical professional knowledge (42). In recent years, one of the factors affecting the physicians' choice of specialty after the Medical Specialty Exam has been the increase in medical malpractice claims. Specialties with high malpractice claims, such as gynecology and obstetrics, general surgery, and pediatrics, have been less frequently preferred by physicians in recent years, while specialties with fewer malpractice claims, such as dermatology and physical therapy and rehabilitation, have become more preferred (14). Malpractice claims will never end. Therefore, it is essential for healthcare professionals, especially those accused, to maintain minimum standard care conditions and to fully fulfill their obligation to keep records to prove this (23).

Autopsy, which plays a critical role in determining and proving medical errors, is crucial for accurately determining the cause of death. The quality of the autopsy is essential for its results to influence court decisions. Therefore, standardizing autopsies is extremely important (43). In our study, autopsies were performed on 23 cases, and malpractice was determined in 10 cases based on autopsy results.

In studies conducted in our country and in the world, it has been reported that malpractice claims against healthcare professionals are increasing day by day and among healthcare professionals, specialised physicians and surgical branches are the most frequently complained about. Treatment, diagnosis and follow-up errors, lack of informed consent or insufficient informed consent are the most common causes of malpractice.
Considering that there may sometimes be contradictions between the expert reports issued for malpractice and the opinions of other institutions/persons, it is important to perform autopsy in cases where death occurs to determine the cause of death and to determine whether the physician and other healthcare professionals are at fault.

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The authors have no conflicts of interest to declare.

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Data is available on request from the authors.

Authors Contributions
GB: Conceptualization; Data curation; Investigation; Methodology; Validation; Visualization; Writing-original draft.
MY: Conceptualization; Methodology; Resources; Writing-review & editing.
AÇ: Investigation; Validation; Visualization
ŞG: Investigation; Visualization
HÇ: Resources; Visualization; Editing
YÇ: Supervisor; original draft; Editing

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