Citation

Posner KL, Cheney FW, Domino KB: Anesthesia vs. Neurosurgery Malpractice Liability. *Anesthesiology* 105: A144, 2006.

Abstract

Introduction

We previously reported that anesthesia malpractice claims for permanent disabling injuries and their associated payments had decreased over time[1,2] For this study we compared anesthesia and neurosurgery liability using the Physicians Insurers Association of American (PIAA) Data Sharing Project database. We also compared PIAA anesthesia data to the American Society of Anesthesiologists Closed Claims Project to ascertain the reliability of Closed Claims Project data.

Methods

PIAA is a trade association of professional liability companies that insure approximately 60% of US private practice physicians. The ASA Closed Claims Project database contains closed anesthesia malpractice claim data from 35 liability insurers that insure approximately 1/2 of practicing anesthesiologists in the U.S.2 Annual aggregate payment (median payment, % paid vs. unpaid) and severity of injury data for 1985-1999 were compared by paired t-test (data paired by year) with $p<0.025$ considered statistically significant (Bonferroni correction for multiple tests). Payment amounts were adjusted to 1999 dollars using the Consumer Price Index.[3]

Results

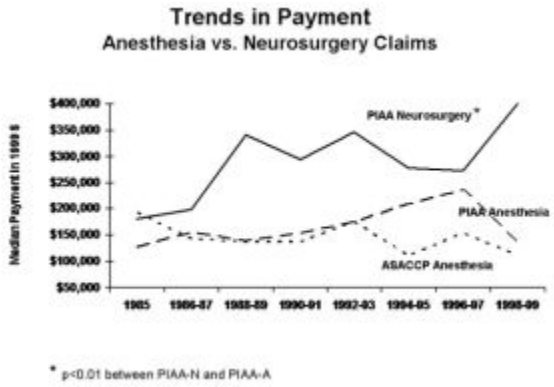
After IRB approval, 4742 PIAA anesthesia claims (PIAA-A), 2878 PIAA neurosurgery claims (PIAA-N), and 4051 Closed Claims Project claims were analyzed. A similar proportion of PIAA-N and PIAA-A claims were paid (Table), but PIAA-A payments were smaller ($p<0.001$, Figure). PIAA-N claims had a higher proportion of permanent disabling injuries than PIAA-A claims and a lower proportion of deaths ($p<0.001$, Table). Comparison of Closed Claims Project and PIAA-A claims showed similarities and differences. Median payments in the Closed Claims Project did not differ significantly from PIAA-A (Figure) but a higher proportion of Closed Claims Project claims were paid ($p<0.001$, Table). The proportion of Closed Claims Project claims for death and permanent disabling injuries was similar to PIAA-A (Table).

Table

	Payment and Severity of Injury PIAA - Neurosurgery	PIAA - Anesthesia	ASA Closed Claims Project
% Paid	30%	34%	52%*
% Permanent / Disabling	34%*	20%	24%
% Death	16%*	25%	28%

* p<0.001 compared to PIAA-A

Figure



Discussion

PIAA data suggests that neurosurgery claims resulted in higher payments than anesthesia claims. This may reflect the higher proportion of neurosurgery claims for permanent and disabling injuries, which typically result in compensation for lifelong care. ASA Closed Claims Project data compared favorably to PIAA data. Differences in proportion of claims paid may result from different exclusion criteria in the two databases. The ASA Closed Claims Project excludes claims for dental damage and claims with insufficient information to reconstruct the sequence of events and nature of the injury. Such claims are unlikely to result in payment.

References

1. Anesthesiology 2004, 101: A1405.
2. Anesthesiology 1999, 91: 552.
3. U.S. Bureau of Labor Statistics Inflation Calculator, http://data.bls.gov/cgi-bin/cpical.pl.