G32 Guidelines and Medical Malpractice in Minor Head Injury Management

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This presentation will impact the forensic community and/or humanity by showing the limitations of guidelines used in the management of minor head injuries.

The use of therapeutic-diagnostic protocols and guidelines is spreading more and more within healthcare systems. The guidelines are based upon the latest scientific discoveries of Evidence Based Medicine, and oriented to suggest the most appropriate procedures, optimal recovery time, and tools and resources for every patient in order to identify the best clinical practice and the best possible treatment for that patient.

According to some experts' opinions, the international standardization of the best possible treatment of the most widespread pathologies implies some negative aspects, such as the restriction in being free to make diagnostic and therapeutic decisions by doctors.

Regarding forensic medicine, these guidelines are gaining significant importance: from defensive medicine to medical malpractice. In the forensic medical field, protocols and guidelines are used as scientific references to confirm or contest the doctors' behavior in the cases in which there is the suspicion of professional error.

As minor head injuries (1.6 million victims per year in U.S.A.) may have grievous disabling consequences, the guidelines on this topic have great importance. They provide that patients without neurological signs and symptoms and with a Glasgow Coma Score of 15 should not be hospitalized.

This study is aimed at verifying the effective reliability of these guidelines in order to make them more complete and to prevent potential malpractice events.

For this purpose, 1,035 case histories, representing all the hospitalizations occurring during the year 2002 in all seven hospitals in a province in Southern Italy, were examined. Two hundred fifty-eight hospitalized people (25%) were negative for loss of consciousness, vomiting, amnesia, cephalea, and risk factors (clotting pathologies, use of anticoagulant drugs, alcoholism, use of narcotics, previous surgery of the cranium, disabled elderly people), and the physical examination at admission showed a Glasgow Coma Score of 15. All of these patients were admitted to the hospital contrary to guidelines. In fact, for this kind of patients the guidelines suggest discharge, with an instruction sheet in case of the onset of neurological symptoms. An observation period in the hospital and C.T. scanning by the first six hours would be for the patients with loss of consciousness only.

During hospitalization, these patients underwent plain film radiography and/or CT scanning of the head that documented cranial fractures in 7 cases and intracranial lesions in another 5.

Conclusions: the study shows that in the 5% of the patients with minor head injury, noanamnesia, and normal neurological examinations–patients that should not be submitted to any medical treatment in accordance with the guidelines–performing additional diagnostic tests could reveal the presence of lesions more serious than initially suspected. The nondiagnosis of these lesions could produce forensic-medical problems resulting in potential malpractice allegations.

Guidelines, Medical Malpractice, Minor Head Injuries

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