





Letter to the Editor

The second victim in orthopedics and traumatology

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Dear Editor,

We have read thoroughly the accurate article by Dirvar et al.¹ concerning the effects of claims for Medical Professional Liability (MPL) against Orthopedic Surgeons (OS), as their conclusions state that there is no doubt that happens in other medical specialties, claims for MPL lead to a phenomenon integrated by burnout, dissatisfaction and doubts about the professional practice of doctors, a phenomenon known as the second victim.^{2,3}

The paradigm shift in our practice, from a paternalistic medicine to an exercise based on the principle of patient autonomy, has conditioned, among other things, an increase in claims and, as a result, in the practice of defensive medicine. This fact is especially relevant in OS, as this is one of the specialties with the highest incidence of claims, being the most claimed specialty in the Spanish environment.

At the Council of Medical Associations of Catalonia, we are currently carrying out an analysis of claims for MPL in orthopedic hand and wrist pathology. According to previous studies in this regard in our environment,² the preliminary results show the professional dissatisfaction and wear and tear noted by Dirvar¹ as a result of claims for MPL, a fact that forever changes the clinical practice of professionals.² However, it is pointed out as a basic aspect in the prevention of claims for MPL, from an individualized study of each case, the improvement in the information procedure to be provided to patients, informed consent, and the informed consent document. These aspects, together with the reduction of complications related to nosocomial infections, the improvement of

the doctor-patient relationship, and better training in communication with patients have been pointed out in OS as fundamental in the prevention of claims for MPL.⁴

We believe that surveys such as those of Dirvar¹ are essential to highlight the importance of the phenomenon of the second victim in OST professionals, in the same way as has been done in other specialties,⁵ to have the concrete data in each environment and thus be able to focus efforts to effectively prevent its serious consequences of this phenomenon for professionals.

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Author's response

We would like to thank authors for their encouraging feedback and their interest on the subject.

Emotional burnout and hesitant behavior in medical practices were significantly higher among the physicians who had undergone an investigation/trial with the claim of malpractice. Authors believe that further research and implications regarding the establishment of support and treatment protocols for these physicians will have a positive impact on difficult-to-grow physicians in order for them to practice their job in the best way possible.

In our study, it was revealed that malpractice complaints were higher in orthopedics and traumatology, especially in the sub-areas of

arthroplasty, spine surgery, hand surgery, and ankle surgery. Similar to the author's study that focused specifically on interventions in the field of hand and wrist surgery, there is a need for further studies in other medical fields.

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