

Closed claims from Switzerland: an important contribution to improving patient safety in anaesthesia

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Studies based on closed claims are very important in our efforts to improve patient safety. For patients, complications of anaesthesia can be compared with 'friendly fire'. Harm is done unintentionally by somebody whose aim was to help. Patients may be seriously injured or even die due to a complication of anaesthesia, and such events may also lead to serious psychological consequences for the responsible anaesthesiologist.

Most patients are prepared to accept that surgery may not be entirely successful, or may be associated with a small incidence of complications, but they are often unwilling to acknowledge that any untoward consequence which they attribute to anaesthesia, or the anaesthetist, is acceptable.

When a patient is having a surgical procedure, we can choose regional anaesthesia, general anaesthesia or a combination. In order to make our choice, we need to know the risks associated with the various procedures and relate these to the benefits. Furthermore, it is important, if possible, to know the warning signs that something is wrong before the actual complication occurs.

An increased awareness of such signs and of potential contributors to harmful events can be obtained from observations in prospective studies or anecdotally from case reports, retrospective reviews and closed claim studies, as in this issue of the *European Journal of Anaesthesiology*. This type of analysis is still rare but is very important because considerable amounts of useful information on complications and potential approaches to their prevention can be learnt and applied in the future.

In this issue of the *European Journal of Anaesthesiology*, closed claims from Switzerland are reviewed.¹ That study retrospectively reviewed 171 patients with anaesthesia-related injuries in the period 1987–2008. It seems a very low number considering that there are 7 million citizens in Switzerland and that data from more than 20 years were analysed. However, it is important to recognise that the actual number of injuries may be as much as 30 times greater because of under-reporting.²

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It is remarkable that the majority of the claims (54%) were related to regional anaesthesia, assuming that regional anaesthesia represents only about 30% of all anaesthetic procedures in Switzerland. There is no obvious explanation for this disproportionately high incidence of injuries related to regional anaesthesia. Is regional anaesthesia, in fact, associated with a higher incidence of complications or are confounding factors, including the small number of cases, an explanation?

On the basis of their findings, Staender *et al.*¹ developed the following preventive strategies: not to repeat injections nor administer unusually large amounts of local anaesthetics in the event of incomplete block; to ensure that the puncture site for spinal anaesthesia is below L2/3; not to proceed with the injection when the puncture is painful or induces twitching; and finally to remain alert to clinical signs of epidural haematoma. If a patient complains of persistent hoarseness after tracheal intubation, possible subluxation of the arytenoid cartilage must be excluded as a cause without delay. Great care must be taken when placing a central venous catheter and the correct position of the catheter tip must be verified.

In Scandinavia, patients can seek financial compensation from systems which operate on a no-fault-no-blame basis. Payment is made for any injury even in the absence of negligence if specific criteria are fulfilled. As a result, the Scandinavian countries have more than 20 times more anaesthesia claims per anaesthetic given than Switzerland, England, Canada or the USA.³ Data from analysis of these closed claims have already resulted in several studies and recommendations. We hope that more such studies will follow in order to identify potential means to improve patient safety and prevent injuries.

References

- 1 Staender S, Schaer H-J, Clergue F, *et al.* A Swiss Anaesthesiology Closed Claims Analysis: report on events happening in the years 1987–2008. *Eur J Anaesthesiol* 2011; **28**:85–91.
- 2 Cook TM, Bland L, Mihai R, Scott S. Litigation related to anaesthesia: an analysis of claims against the NHS in England 1995–2007. *Anaesthesia* 2009; **64**:706–718.
- 3 Hove LD, Nielsen HB, Christoffersen JK. Patient injuries in response to anaesthetic procedures: cases evaluated by the Danish Patient Insurance Association. *Acta Anaesthesiol Scand* 2006; **50**:530–535.

◆ This Invited Commentary accompanies the following article: Staender S, Schaer H-J, Clergue F, *et al.*: A Swiss Anaesthesiology Closed Claims Analysis: report on events happening in the years 1987–2008. *Eur J Anaesthesiol* 2011; **28**:85–91.