

## **Greetings from the Committee on Professional Liability!**

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In this issue of the ASA Newsletter, the Committee on Professional Liability brings you four articles concerning medical liability and patient safety in anesthesiology. Three articles highlight recent findings from the Closed Claims project, including new trends in claims for chronic pain management, awareness during general anesthesia, and anesthesia administered in outside-the-operating room locations. A fourth article describes the elements of informed consent.

Dr. Fitzgibbon reports an increase in malpractice claims related to medication management of chronic pain, with contributions of both lack of patient cooperation with their care as well as inappropriate medication management by physicians.<sup>1</sup> This research was selected as one of the best abstracts of the 2009 ASA Annual Meeting, and a full manuscript of these findings will be published in *Anesthesiology* in the spring.

Dr. Metzner highlights recently published results concerning patient injury and liability arising from anesthesia care in remote locations, such as the gastrointestinal suite, cardiac catheterization laboratory, and radiology.<sup>2</sup> Compared with operating room claims, injuries in remote locations were more severe, more frequently involved oversedation with inadequate oxygenation/ventilation during monitored anesthesia care, and more frequently judged as preventable by better monitoring (i.e., end-tidal capnography). Almost a third of remote location claims occurred in the gastrointestinal suite, with oversedation occurring in more than one-half of these claims, suggesting that the gastrointestinal suite may be a particularly important area to improve anesthesia patient safety.

Dr. Kent reviews recent trends in claims for awareness during general anesthesia.<sup>3</sup> Although the number of claims has remained constant over the past decade, the monetary values of the awards for awareness have increased. The two main causes of awareness were light anesthesia and anesthetic delivery problems. Dr. Kent also describes the Anesthesia Awareness Registry ([www.awaredb.org](http://www.awaredb.org)), sponsored by the ASA to focus on patients' perspectives of their awareness experience. Information on how to refer patients who have suffered this complication to the Anesthesia Awareness Registry is included in this article.

Dr. O'Leary's article<sup>4</sup> reminds us that an informed consent discussion is required prior to anesthesia care, regardless of whether informed consent is documented on a preprinted anesthesia consent form, surgical consent form, or handwritten note in the medical record. She reviews the essential elements of informed consent as well as current CMS requirements.

As Committee Chair and Closed Claims Project Director, I want to remind you that customized queries of the ASA Closed Claims database are available to ASA members at no-cost. This service is limited to simple analysis of defined topics, usually for educational or risk management purposes. To request a customized data query, please complete the *Project Data Request Form* (<http://depts.washington.edu/asaccp/ASA/datarequests.PDF>) and return it to Karen L. Posner, Ph.D. at the address provided on the form. Questions about the query service can be addressed to either me ([kdomino@u.washington.edu](mailto:kdomino@u.washington.edu)) or Dr. Posner ([posner@u.washington.edu](mailto:posner@u.washington.edu)). We look forward to serving your needs.

## References

1. Fitzgibbon DR: Issues related to medication management in chronic pain claims. ASA Newsl 2010 Feb.
2. Metzner J: Risks of anesthesia at remote locations. ASA Newsl 2010 Feb.

3. Kent CD: Awareness during general anesthesia: ASA Closed Claims Database and Anesthesia Awareness Registry. ASA Newsl 2010 Feb.
4. O'Leary CE: Informed consent - principles and practice. ASA Newsl 2010 Feb.