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院内感染に関する医療訴訟の解析

(Medico-legal Evaluation of Malpractice Claims for Nosocomial Infection)

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Abstract

This research is intended to analyze precedence related to nosocomial infection in order to know ①the frequency of court decisions which granted claims of plaintiffs, ②which department and bacteria are more likely, ③what issues are argued, and ④on what issues hospitals are deemed responsible.

Research is made to review and analyze the 39 cases in this past 20 years. Main objectives of this analysis are: ①court decisions, ②amount of damages, ③event on patients, ④departments, ⑤category of bacteria, ⑥issues on trial. Issues on the scene are roughly categorized into the following 6 types as ①lack of prevention measures, ②specific prevention, ③delay of diagnosis and treatment, ④inappropriate choice and method of antibiotics, ⑤poor accountability, ⑥causality. Trend of Precedence on above-mentioned issues are carefully examined.

As to court decisions, nearly 58% were granted. Though bacteria weren't limited to MRSA on this survey, more than 75% were surprisingly related to MRSA. As to the issues concerned, although 47.5% claimed due to the lack of prevention measure, there were only one case in which hospital were considered responsible. As far as specific prevention is concerned, 30% were granted while 57.5% were argued. As for delay of diagnosis and treatment, 67% were granted whereas 67.5% were disputed. As an inappropriate choice and method of antibiotics goes, 27% were granted though 37.5% discussed. We cannot see any poor accountability granted.

Prevention measures of nosocomial infection have mostly been achieved by now. It should be noted, however, that delay of diagnosis and treatment are likely to be remarkably granted, thereby implying necessity of experts on infectious diseases. In particular, that is considered requisite in the field of digestive-surgery. In addition, as MRSA were dominant, closer attentions should be paid.