

Original article

Medical dispute cases involving traditional Korean medical doctors: A survey[☆]

Hyeun-Kyoo Shin^a, Soo-Jin Jeong^a, Byoung-Kab Kang^b, Myeong Soo Lee^{b,*}^a Herbal Medicine Research Division, Korea Institute of Oriental Medicine, Daejeon, Republic of Korea^b Medical Research Division, Korea Institute of Oriental Medicine, Daejeon, Republic of Korea

Received 26 September 2013; received in revised form 20 May 2014; accepted 20 May 2014

Abstract

Introduction: Medical dispute cases have increased worldwide as patients become more aware and able to access medical information. The aim of this survey was assessing the frequency and resolution of medical dispute cases involving traditional Korean medicine (TKM).

Methods: A total of 501 TKM clinics were randomly selected from throughout South Korea, and stratified by region and contacted by mail. The clinics were asked about the frequency and resolution of any medical dispute cases between June 1 and December 9, 2008.

Results: Response rates were 4.0% for TKM private clinics and 40.1% for TKM hospitals. Out of a total of 501 clinics, 64 (12.7%) reported having at least one medical dispute case. The rates of medical disputes for each TKM therapy in proportion to the 112 respondents were as follows: acupuncture, 38 (34%); herbal medicine, 31 (28%); moxibustion, 13 (17%); physical therapy, 11 (10%); herbal medicine injection, 7 (6%); chiropractic, 7 (6%); and misdiagnosis, 5 (4%). Of the 97 disputes, 71 (73%) were resolved by mutual agreement, 15 (15%) were resolved by insurance claims, 3 (3%) went to civil suits, and 8 cases (8%) were resolved using other methods.

Conclusions: A method to record medical disputes would be necessary to further clarify this process if accurate information on frequency and resolution is to be achieved. The standardisation of TKM and the establishment of evidence-based medicine should continue to improve this situation. Furthermore, legal guidelines and regulations of TKM should be established for the resolution of medical disputes.

This article belongs to the Special Issue: Ensuring and Improving Patients' Safety in Integrative Health Care.

© 2014 Elsevier GmbH. All rights reserved.

Keywords: Traditional Korean medicine; Medical dispute; Complementary and alternative medicine; Adverse events

Introduction

Medical disputes have increased dramatically worldwide in recent decades [1–5]. In South Korea, medical disputes have increased rapidly since the late 1980s due to patients' rising awareness of their rights and greater access to medical information [3,6].

A medical dispute is defined as a patient proposal in return for the argument, which may or may not correlate medical mal-

practice [1]. Usually, a medical dispute is started once patient claims that doctors fail in their care and obligations in medical practice and the patient's symptoms is worsened or death as a result of their neglect [7].

The medical system in South Korea is regulated by the government and comprises two systems: one based on Western medicine and the other based on traditional Korean medicine (TKM). Only traditional Korean medical doctors (TKMDs) can prescribe herbal formulas, acupuncture, moxibustion, cupping, physical and chiropractic therapies based on the TKM theory. These TKM therapies are unavailable to Western medical doctors because medical laws restrict their practice [8].

TKM is an integral part of the national medical insurance system. Western medicine has been part of the national insurance system since July 1, 1977, whereas TKM has been part of this system since February 1, 1987 [9,10]. In 2008, 14,818 TKMDs

[☆] This article belongs to the Special Issue: Ensuring and Improving Patients' Safety in Integrative Health Care.

* Corresponding author at: Medicine Research Division, Korea Institute of Oriental Medicine, 483 Expo-ro, Yuseong-gu, Daejeon 305-811, Republic of Korea. Tel.: +82 42 868 9266; fax: +82 42 868 9299.

E-mail addresses: drmslee@gmail.com, mslee@kiom.re.kr (M.S. Lee).

provided TKM prescriptions to a total of 12,128,657 patients that were reimbursable by the national health insurance system. This represents 7.3% of the total medical treatment and 3.5% of the medical cost compared with Western medicine [11]. However, the use of TKM therapies has continuously increased, as has complementary and alternative medicine (CAM) and traditional Chinese medicine (TCM) use [12,13]. Recently, TKM has faced difficulties regarding the lack of a sufficiently robust scientific evidence basis for establishing efficacy. Furthermore, questions have arisen regarding the safety of increasingly used TKM.

Medical dispute cases have been a major social issue in Western medicine. Medical accidents and disputes in the Korean medical system have increased since the late 1980s, but exact figures are difficult to determine [3]. Medical dispute cases related to TKM are very similar to Western medicine. A few cases of medical disputes between patients and TKMDs have been reported by governmental agency, the Korean Consumer Agency (KCA), and a non-governmental organisation, the Association of Traditional Korean Medicine (ATKM) [14]. To address the increasing interest in both traditional therapies and their medical complaints among the public, this survey aimed to assess the frequency and resolution of medical dispute cases related to TKM by TKMDs.

Methods

Study design

This study presents a survey of medical dispute cases related to TKM practices in TKM private clinics and hospitals carried out between June 1 and December 9, 2008. The survey was sent out to TKMDs on the directory of the Association of Traditional Korean Medicine (ATKM) by mail.

Setting

There are 11,001 TKM clinics in South Korea (10,859 TKM private clinics and 142 TKM hospitals). Our study was conducted in TKM private clinics and hospitals. There are many TKM private clinics, which are medical institutions that use general TKM therapies and treat minor ailments. A total of 10,859 TKM private clinics were identified and stratified by region, including one capital (Seoul), six large cities (Busan, Daegu, Incheon, Gwangju, Daejeon and Ulsan), and nine local regions (Gyeonggi-do, Gangwon-do, Chungcheongnam-do, Chungcheongbuk-do, Jeollanam-do, Jeollabuk-do, Gyeongsangnam-do, Gyeongsangbuk-do, Jeju-do), using a stratified sampling method (Table 1).

Through the directory of the ATKM, we selected 4200 TKM private clinics according to stratified by region using a proportionate probability sampling method and randomly sent out 4200 TKM private clinics in each region with return envelopes.

In contrast, there are fewer TKM hospitals, and these are medical institutions that use professional TKM therapies and treat serious diseases. All 142 TKM hospitals were contacted because of the high likelihood of them having medical disputes.

Table 1

Distribution of TKM private clinics by regional blocks in South Korea.

Total region no.	No. of total TKM private clinics (N = 10,859)	No. of responding TKM private clinics (%) 453 (4.2)
Seoul	3052	94 (3.1)
Busan city	905	28 (3.1)
Daegu city	685	29 (4.2)
Incheon city	453	14 (3.1)
Gwangju city	263	11 (4.2)
Daejeon city	393	45 (11.5)
Ulsan city	233	19 (8.2)
Gyeonggi-do	2041	63 (3.1)
Gangwon-do	285	10 (3.5)
Chungcheongbuk-do	287	18 (6.3)
Chungcheongnam-do	375	25 (6.7)
Jeollabuk-do	389	30 (7.71)
Jeollanam-do	269	12 (4.5)
Gyeongsangbuk-do	510	27 (5.3)
Gyeongsangnam-do	606	21 (3.5)
Jeju-do	113	7 (6.2)

Participants

Traditional Korean Medical Doctors (TKMDs) who provided medical treatment to patients regardless of gender, age, career period, or number of patients were included. In the event of nonresponse, we randomly chose and added new samples from the sampling frame.

Variables

The survey items were as follows (Appendix A):

- Gender and age.
- Number and type of medical disputes during the intervention period.
- The main cause of medical disputes in TKM treatment (e.g., acupuncture, moxibustion, chiropractic, and physical therapy) and herbal medicine.
- The resolution methods for medical disputes.

Statistical analysis

A frequency analysis was conducted for all questions. Analysis of the survey results was performed using Microsoft Excel and SPSS WIN 12.0K (SPSS Inc., Chicago, IL, USA).

Ethical considerations

The ethical review committee of the Korea Institute of Oriental Medicine provided their agreement for the study to take place. The survey was conducted on a voluntary basis with agreement from the participants for the use of the collected data for scientific purposes.

Download English Version:

<https://daneshyari.com/en/article/5807994>

Download Persian Version:

<https://daneshyari.com/article/5807994>

[Daneshyari.com](https://daneshyari.com)