



How medical complaints and compensations are handled in Sweden

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Population 9 174 464 inh.
 4615641 women
 4558823 men

Area 411000 km²

North-South 1574 km
 East –West 499 km



Department of Health and Social Welfare

- Annual budget 30 870 billion SEK (32 350 billion €)
- 7.5 % of GDB
- 9.1 % if health care of the elderly is included

County councils

- responsible for health and medical care
- 89 % of the budget
- 9 regional hospitals
- 70 county and provincial hospitals
- 1000 health centres

Health care is free?

- total taxation can be as much as 55 %
- out patient charges up to 900 SEK (94 €)
- in hospital charges 80 SEK/day (84 €)
- cost ceiling for drugs 1800 SEK (190 €)
- dental care costs vary upon treatment, age group and orthodontic material



**Sveriges
läkarförbund**

Den medicinska professionens organisation

- 29134 doctors < 65 years
- 5578 doctors > 65 years
- 15584 male < 65
- 13096 female < 65
- 2100 in full time private praxis = < 10 %



Public health employed

- **24200 in hospitals or health centres**
- **12700 specialists in hospitals**
- **4500 GPs at health centres**
- **5000 residents**
- **2000 interns**



**Sveriges
läkarförbund**

Den medicinska professionens organisation

Privately employed

- **2000 in private practice**
- **500 company doctors**
- **2000 in other activities**

Health care providers

- 80 public hospitals
- 12 private hospitals
- 755 public health centres
- 269 private health centres

Outpatient visits 2006

Public health

Private

Specialist

9,5 mil.

3.3

GP

9.0 mil.

4.0



Swedish Orthopaedic Association

- 1350 members
- 171 women
- 178 retired
- 100 full time private practice



**In Sweden few medico-legal
complaints reach the judicial courts**

The reason

- **The Medical Responsibility Board**
- **The Patient's Insurance Scheme**

The issue of holding medical staff responsible for their actions and deciding on sanctions is kept separate from the matter of economic compensation for patients



Patient's Insurance Scheme

Since 1975, authorities providing health care voluntarily assumed responsibility to grant compensation to patients who suffers injury or illness during treatment

Patient's Insurance Scheme



A patient who has been injured, infected or has met with an accident in connection with an examination, operation or treatment can be compensated regardless of whether or not it is the fault of the health care provider

Patient's Insurance Scheme



- From 1997 a legal obligation for every health care authority to provide compensation for injury or illness sustained in the course of clinical procedures.
- All such authorities are insured against liability as a result of compensation claims from patients.

Patient's Insurance Scheme



- The public health care providers and private providers cooperating with the public health are insured in a special company, LÖF.
- 90 % of all providers are included.
- All are insured against liability as a result of compensation claims from patients.

Patient's Insurance Scheme



Economic compensation for

- Loss of income
- Expenses
- Pain and suffering
- Permanent disability
- Future loss of income
- Death

Patient's Insurance Scheme

Year	Claims
1997	8174
1998	8552
1999	8129
2000	8871
2001	9003
2002	9395
2003	8717
2004	8938

Patient's Insurance Scheme

Orthopaedics	1600/y	21 % of total claims
Gen. surgery	1200/y	15 %
General pract.	1000/y	12 %
Dentistry	1000/y	12 %
Gynecology	600/y	8 %

Compensation is given in 45 %



The Medical Responsibility Board is a government agency whose composition resembles that of a legal court

The MRB assesses medical negligence.

**99 % of the complaints against doctors
and other medical personnel are handled
by **The Medical Responsibility Board =
MRB****

MRB handles complaints against

- **doctors**
- **nurses, midwives**
- **physiotherapists, chiropractors, naprapaths**
- **occupational therapists**
- **orthopaedic technicians**
- **dentists, dental hygienists**
- **pharmacists**
- **psychologists**
- **opticians**
- **speech therapists**

Composition of the MRB

- **A chairman and eight members**
- **Government appointed for a 3-year period**
- **Chairman: a practising (or former) judge**
- **Other Board members:**
 - **persons with experience from various sectors of the health services**

Composition of the MRB



Other Board members:

- often members of parliament
- from the trade unions of doctors and nurses

Who can file a complaint?

- **A patient,**
- **A close relative**
- **A legal representative**
- **The National Board of Health**
can approach the Board if it is
considered that health service
personnel have acted incorrectly

What can the Board do?

The Board is empowered to decide on disciplinary measures

- warning
- admonition
- observation time
- remove the practitioner(s)

from the health register

Disciplinary sanctions



- may be imposed on health and medical practitioners who, intentionally or by negligence, do not discharge their duties as required of them under Sweden's 1994 Health and Medical Personal Duties Act

Disciplinary sanctions

- **or under any other requirement directly concerning the care or safety of patients**
- **Disciplinary measures may be waived if the fault is of a minor nature or is seen to be excusable**

Disciplinary sanctions

- Reprimand (admonition)
- Warning
- may also be imposed on staff who have already left that employment
- may not be imposed unless notice of a complaint is given within two years
- or after a period of five years has elapsed

Revocation of authorisation

The permission to practise in the field of health is revoked if

- gross incompetence**
- manifestly unsuitable**
- illness or similar circumstance**
- personal request to be excluded**
- barred from practising in one EU country**

Procedures of the Medical Responsibility Board

- **All complains to the Board are made in writing**
- **Name of the person or persons**
- **Subject of the complaint**
- **Circumstances of the case**
- **The board staff collects all relevant records and associated documents (e.g. radiology)**

Procedures of the Medical Responsibility Board

- **the complaint is re-directed to the practitioner**
- **the practitioner responds**
- **the plaintiff may respond to the practitioner**
- **a specialist in the field reads the file and proposes a decision**

Procedures of the Medical Responsibility Board



- the specialist presents the case to the Board in session and an decision is made
- the chairman may reach a decision independently if it is obvious that there is no cause for diciplinary sanction

**The mean time from arrival of a complaint
to decision is**

- **4 months**
- **in complicated cases up to 10 months**

Decisions by the MRB

- are sent to
 - the concerned parties
 - the National Health Board
 - the employer
- are public records
- the general public and the press and medial have access

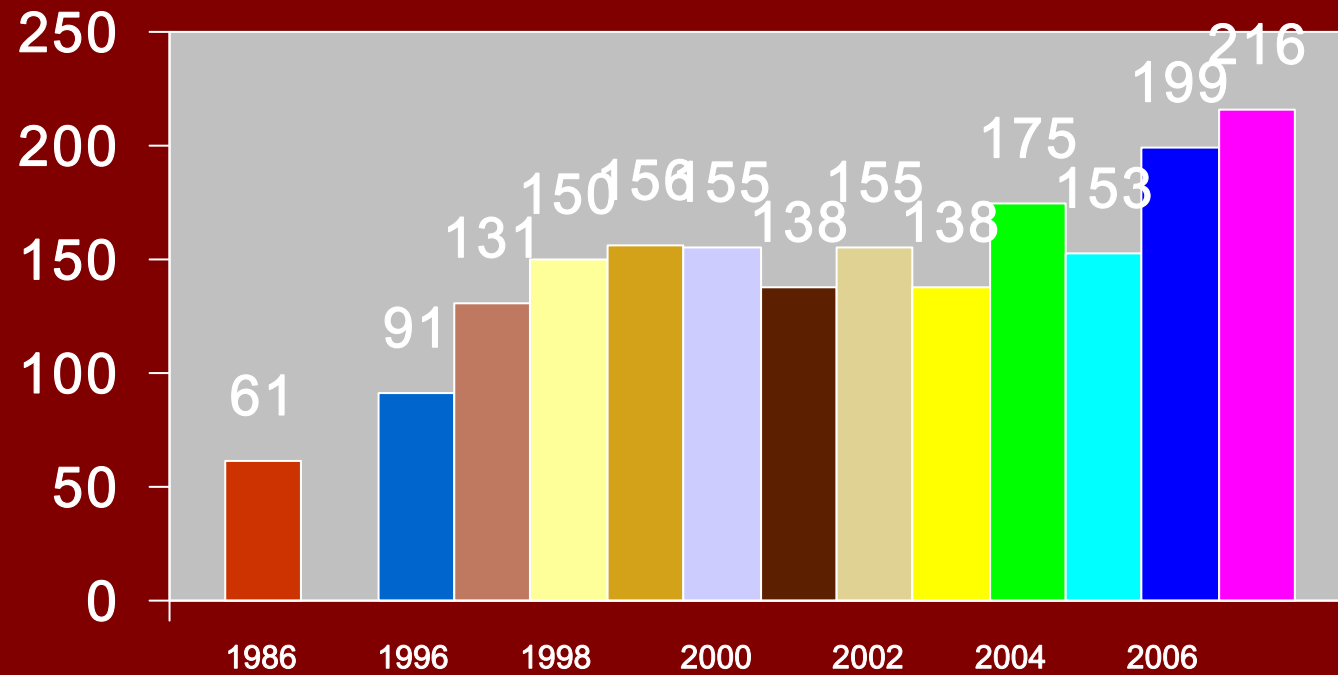
Appeals

Final decisions by MRB may be contested by appealing to the administrative courts

MRB statistics

	2000	2003	2007
Decisions	3187	3377	4500
Handling time (months)	5		4
Sanctions	335	292	380
Revoked licencies	22	21	31

My own orthopaedic cases 1986 - 2007



Complaints against who ?

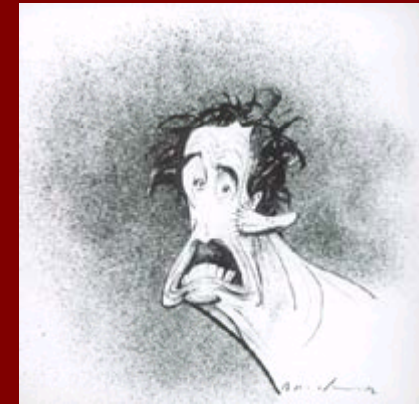
- 65 % doctors
- 3 % dentists
- 12 % nurses
- 20 % others

Which specialities are at risk?

1. General practitioners	833
2. Psychiatry	388
3. Orthopaedics	277
4. Surgery	276
5. Gynechology	237
6. Internal medicine	189
7. Dentistry	178
8. Ophtalmology	59
9. Paediatrics	55
10. ENT	49

Sanctions 2007

- 7 % received a sanction
- Warning 146
- Admonition 235
- Observation time 32
- Licence revoked 31
- Licence returned 11
- Limitation of right to prescribe drugs 8
- Return of right to prescribe drugs 6



Licence revoked

	2005	2006	2007
Doctors	13	14	13
Nurses	15	24	17
Dentists	1	1	0
Others		2	1
Total	29	41	31

What are the complaints about?

Neglect in

- **physical examination**
- **poor or absent diagnostics, no x-ray or MRI**
- **poor or incorrect treatment**
- **incorrect or failed operation**
- **varia (conduct, delays, statements to authorities)**

MRB

Every cases is evaluated based upon

- circumstances when the incidence happened**
- competence and experience of the doctor**
- what is reasonable to expect in the particular situation**



Science and well founded experience form the basis for the decisions of the MRB

**Another
MRB letter!**



Thank you