Medicolegal cases against obstetricians

To the Editor: We read the article on a retrospective, observational study of medicolegal cases against obstetricians and gynaecologists in South Africa (SA)'s private sector^[1] with interest. On the surface, there is some good news for obstetrics. Contrary to expectations and international experience, the article suggests that medicolegal notifications for gynaecological mishaps are now (at least financially) a greater concern than obstetric claims.

It is tempting to conclude that the laudable efforts to curb the exponential rise in obstetric claims (including the efforts of the BetterObs programme, as well as a drive to promote mediation rather than litigation) have borne fruit. On the other hand, it is difficult to place the data in context. Although the authors state that their data include the medicolegal case histories of more than twothirds of obstetrician/gynaecologists in private practice, it is unclear whether practitioners moving their medicolegal cover to Constantia Insurance Company (the source of the data) migrate with all their medicolegal baggage. In a move from occurrence-based cover with a different provider to claims-based cover, this might not be the case. The relatively low number of obstetric cases could be related to a relatively young data base, as these claims might take years to decades to come to the attention of the insurers. It is also possible that practitioners with a self-perceived (or real) higher risk of obstetric claims may have chosen to stay with their current insurer. It would be valuable to know how representative the sample is. Table 1, for example, depicts the relative frequencies of practitioners' gender, age, experience and location, but it would be interesting to know whether this information is representative of all obstetrician-gynaecologists in private practice.

While we would like to commend Constantia Insurance Company for making their data available, leading to many valid and valuable conclusions, it is imperative to obtain the data from the Medical Protection Society as well. Only when all the cards are on the table would it really be possible to understand the factors influencing SA's medicolegal climate, and how to address these factors coherently.

L R Pistorius

Department of Obstetrics and Gynaecology, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa lou@maternalfetal.co.za

I Bhorat

Department of Obstetrics and Gynaecology, Nelson R Mandela School of Medicine, University of KwaZulu-Natal, Durban, South Africa

L Snyman

Department of Obstetrics and Gynaecology, School of Medicine, University of Pretoria, South Africa

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