

AB189. 167. When errors tip into the realm of medical manslaughter

Niamh M. Foley, Cherry X. Cheung, Fiachra Cooke

Department of Surgery. University Hospital Waterford, Waterford, Ireland

Background: Between 1925 and 1969, two doctors were convicted of GNM. This rose to 14 convictions between 1976 and 2005. However, since 2005, there has been a rise in prosecutions. There are three main routes for suspicious deaths to be reported: families, a hospital or the coroner can report cases directly to the police.

Methods: Case law, scholarly articles, the Westlaw Library and LexisLibrary were interrogated to identify prosecutions among healthcare professionals for the period 2006 to 2017. Additionally, news articles were also included particularly where trials collapsed.

Results: Fifteen prosecutions were included in the study period. Of these seven were convicted, however two

convictions were overturned on appeal, resulting in an overall conviction rate of 33%. The errors that resulted in conviction included a lethal dose of diamorphine, two deaths from unrecognised sepsis, an unrecognised DKA resulting in death and an incompatible blood transfusion. The two convictions which were successfully appealed included a death from perforated diverticulitis and unrecognised papilloedema resulting in death a number of months later from acute hydrocephalus.

Conclusions: To err is human, however, the increasing numbers of prosecutions among healthcare professionals gives cause for considerable concern. In many cases these prosecutions fail to result in conviction giving rise to questions surround CPS decisions. Additionally, the rise in prosecutions may be counterproductive to the culture of improving patient safety.

Keywords: Error; negligence manslaughter; conviction; negligence; legal medicine

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