Litigation after Thyroid Surgery

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Dear Editor,

We discussed in our departmental journal club the article "Malpractice Litigation after Thyroid Surgery. What factor favor surgeons?" By Joshua C Chau, et al., published in Surgery.[1]

We recommend this article to our members of the Indian Association of Endocrine Surgeons since thyroid surgery is the major chunk for happy endocrine surgeons. We congratulate the authors on their effort to list factors that may favor surgeons. We also suggest and agree prevention is the best way forward since litigation impacts physicians financially, reputationally, and professionally. Operations done at academic institutions appeared to have favorable decisions. Endocrine surgery fellowship-trained defendants won in this study.[1] We also agree with the authors that there is evidence to show perceived threat of risk, may encourage the practice of defensive medicine which leads to inferior care. The most common complication from thyroid surgery was RLN injury followed by parathyroid injury. A total of 16% had monetary compensation awarded.[1]

From a medicolegal standpoint, medical records are the fundamental pillars and protective, probative tool for happy endocrine surgeons. The second most important element which is the motive for many litigations is the patient information and informed consent for that particular procedure. The surgeon must take all necessary precautions to avoid complications, but he/she is not obliged to obtain only a certain result.[2]

Intraoperative nerve monitoring is increasingly adopted in thyroid surgery as the tool can help in abandoning total thyroidectomy if there is a loss of signal and plan staged thyroidectomy. We recommend any surgeon who is doing thyroid surgery to consider every parathyroid as the last parathyroid gland and to be careful near the recurrent laryngeal nerve even with magnification of either robot, endoscope, or Loupe magnification.[3]

We would request comments of IAES members.

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