The authors reported no conflicts of interest.

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REPLY: MALPRACTICE LITIGATION: THE UNMEASURED COMPLICATION

Reply to the Editor:

We read with interest the letter from Luc and Lee¹ and thank them for sharing their thoughts about the importance and timeliness of our article.² We wholeheartedly agree with their assessment and it is our hope that ours, and other similar articles in the future, will inspire us as health care providers to consider the benefits of consulting and utilizing medical law findings in our own practices. We particularly appreciate and concur with the assertion that by “embracing the intersection of medicine, ethics, and law” we can better achieve the optimal outcomes we seek, while meeting, and arguably, exceeding, the standard of care that our patient population—and the law itself—demands. Ultimately, this vital knowledge stands to provide superior protection for not only our patients, but for health care providers. We further appreciate the recommendation of considering one’s specific state’s case law, and believe that doing so would be an excellent mechanism for retrieving information more germane, and at times binding, to cases that may arise in our own practices.

It is certainly not enough to merely consider how a case turns, although this point is critical and should be examined and understood. But, we must also understand why the cases were initiated, how the litigation could have been avoided, and what findings were considered relevant and persuasive to the courts for us to best prepare ourselves regarding these matters and, ideally, prevent them.

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REPLY: MEDICOLEGAL RESEARCH: A KEY TO THE LOCKED DOOR OF PATIENT EXPECTATIONS

Reply to the Editor:

We have read the commentaries on our article concerning medical malpractice litigation related to aortic dissection,¹ and we thank all of the authors for their continued discussion of a topic of importance to cardiothoracic surgeons.

The commentary from Mick and Girardi² interlinks the role of the snow leopard as an exemplar of aortic conditions to the complexity and lethality of aortic dissection. Their interpretation of the data we presented as the “tip of the iceberg” is appropriate, and we hope that this medicolegal research encourages legal database providers to raise their legal reporting standards so that more information is available to clinical providers. Having more data at our disposal will allow physicians to not only be more cognizant of legal liability, but also serves as another platform for physicians to understand the values that matter most to patients, and more specifically, which values, when unsatisfied, are likely to lead to the filing of a malpractice suit.

The commentary from Ikonomidis and Ikonomidis³ also supports the continued discussion of our work and provides more context for the role of Westlaw as a legal database for future medicolegal research. We appreciate the insight and thank the authors for their acute understanding of our primary goal to unearth the reasons why medical malpractice litigations are filed. The further granularity in the litigations that the authors of the commentary request is unfortunately not consistently reported across litigations, but we can certainly consider this for smaller subsets of litigations. For instance, the granularity of reporting for a medical malpractice litigation in 1 US state could vary from another US state because of dissimilar reporting practices or varying quality of local commercial vendors that the Westlaw legal database contracts to obtain the relevant court documents. However, this dialogue paves a path to expect more granular data from legal research providers across all jurisdictions in the future.

The commentary from Luc and Lee⁴ sets the tone for how medicolegal research should be presented and employed by those within our field to drive forward the specialty as a whole. We are fortunate to have individuals with technical backgrounds and experience within the legal domain

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provide their thoughts on our original article, and we believe a combined background in medicine and law will be imperative in better understanding the significance of medicolegal research in the context of clinical care.

We thank the authors of all 3 commentaries for their perspectives, and believe medicolegal research will help drive patients' perception of care quality in a positive direction. Surgeons and physicians nearly always attempt to provide their patients with the best possible care. However, there are several issues that may lead to a medical malpractice claim. First, poor communication with a patient or his or her family, especially if problems occur or the outcome is not as hoped. Second, poor written communication and documentation in medical records, where a surgeon, resident, or midlevel practitioner leaves long gaps in communication or does not document procedures, patient visits, or changes in the status of the patient. Another issue that needs to be addressed is leaving a foreign body behind. If a scrub nurse tells you she cannot find a sponge, vein clip, or other article, do not leave the operating room without resolving the issue. This might appear obvious and simplistic, but it is amazing how often it is a major issue in a surgical medical

malpractice case. Cardiothoracic surgeons will benefit from increased awareness of patients' expectations in conduits such as courtrooms for future patients, but being the defendant in a medical malpractice suit is not a position in which a physician wants to find him- or herself. Consequently, we hope that our work begins to make a path forward for medicolegal research so that physicians are acutely aware of medicolegal trends without being ensnared by litigations themselves, and can provide care that is both clinically effective and legally tenable.

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