

## The Profile of Medical Claims in Taif City, Saudi Arabia

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### Abstract

Saudi Arabia's legislative medical system has been the main supporter of a large inventory of medical complaints filed in the Taif city in recent times, especially in Taif City's 2020 health data. This research has to evaluate the prevalence and epidemiological profile of medical claims in Taif city from 2020 and study the prevalence and epidemiological profile of medical lawsuits in Taif city Saudi Arabia in the year 2020. In the course of the research, the legislative medical system in the Kingdom of Saudi Arabia was listed and the extent of its application in the city of Taif was balanced relative to the number of complaints filed in the city relative to other cities in the Kingdom, especially large cities. Data taken on Taif City reports of medical complaints were disaggregated and compared to the annual report of the Ministry of Health in the Kingdom of Saudi Arabia for 2020. Data collected for lawsuits in Taif city has huge leakage because of documentation dismissed and careless of the medico legal issues over country. This medical panel are the first responsible for taking decisions towards these claims according to what they see fit the situation, once they reach a decision either party of the medical lawsuit have the right to issue an appeal which will give both parties to gather evidence and defend themselves in a higher court order.

**Keywords:** *Medical Claims, Epidemiological Profile, Medical Lawsuits.*

### INTRODUCTION

A fair, rapid, and accessible justice system is essential to ensure that medical negligence is sued. The requirements for proof of medical negligence are similar in all countries. Litigation and compensation in Saudi Arabia are increasing, although Saudi Arabia needs to keep this culture under control. Degree of transparency in the documentation and publication of medical errors.

Article 34 of the Medical Practice Law states that the Forensic Medical Council has the following competencies:

- If a patient sues a doctor for medical malpractice

- It takes into account cases of medical malpractice resulting in death, organ damage, total loss of use, or permanent disfigurement.

- I think this is a private claim, but the word "even" seems to imply that it may not be.

The cost of lawsuits and litigation in Saudi Arabia is not well-studied, but the data suggests it can range from \$25,000 to \$1 million.

If there are no claims, the compensation will be very small. When compensation is paid, the courts usually award small amounts of money. Blood money is the way to death. An arch is a specific compensation for the loss of a part of the body or injury to an organ. The blood money is currently determined by laws.

The law has a ceiling of \$300,000. A maximum of less than the blood money level.

Similarly, Arch is paid based on injury or loss of a specific body part which depends on the severity of the loss/injury.

The concept of medical action has occupied the thinking of many scholars, including physicians, in terms of its different perspectives: human rights, ethical, medical and legal. Each Angle seeks to incorporate this concept into its scope and influence it with its own characteristics. From a human and moral point of view, the imperatives of respect for human beings and good treatment come to the surface. In medicine, physicians seek to account for all stages of medical work so that one stage is not neglected at the expense of another, and to include contemporary medical developments in its scope. The rule of law concerns the justification for respect for human dignity and protection of the right to health and treatment

The problem of MEDICAL CLAIMS is not limited to the Kingdom of Saudi Arabia Ta'if region. In fact, it is a problem faced by all countries of the world. Many medical errors are not reported by healthcare professionals due to fear of retribution and may be concealed by patients and their families in the sense that reporting them may be pointless. As long as there is no system in place to report and address medical errors, these conditions will not improve. The Saudi Center for Accreditation of Health Facilities is now developing a system according to which it will receive and study the current cases of serious accidents that occur in approved facilities, serious medical errors and serious accidents that must be reported. The Ministry of Health has identified the following events that need to be reported:

- Diagnostic or therapeutic procedure for the wrong patient
- Performing surgery in the wrong place
- Serious damage caused by blood transfusion
- Suicide in the hypnosis department
- Forget about surgical tools and pads
- Wrong medication leads to death or serious complications
- Handing over a newborn to non-parents
- Baby kidnapping
- Maternal mortality
- unexpected death
- Unexpected loss of a limb or function of a member
- airway obstruction of a blood vessel

Previous articles showed steady increase in medical claims each passing year. Failure or delay in diagnosis is the most common issue tackled globally followed by medication errors. Most medical claims issued against obstetrics and gynecology, followed by other surgical specialties then general medicine. Medical lawsuits and claims issued the sharia medical panel which is consisted of:

- Judge.
- Two capable Doctors.
- One capable pharmacist.
- One teacher from a medical college.
- One teacher from a pharmacy college.

Once the medical worker found guilty the judge issues a compensation paid to the claimer. The

amount of the compensation is based on deia or blood money in Islamic religious law which is the amount paid as compensation for death or a complete organ disability caused by the medical worker.

The compensation in Saudi Arabia is set to the maximum to:

1. 300000 SAR or the equivalent of 80000 USD for the male.
2. 150000 SAR of the equivalent of 40000 USD for the female.

This amount could change depending on the situation for example these numbers may double during hajj.

The complete disability of an organ is paid a full deia, and accordingly to the amount of disability:

- Unjustified failure or delay in diagnosis.
- Lack of medical knowledge which caused the patient's harm.
- Lack of communication caused the patient's harm.
- Failure to establish a proper follow-up plan.
- Unethical medical trials.
- Unethical surgical trails.
- Lack of supervision.
- Lack of needed consult or needed transfer.

Doctors face these claims and lawsuits lacking the proper knowledge about the medical lawsuit's procedure. Doctors lack awareness

about this common issue and how to prepare to face such claims.

Medical work and differed between jurisprudence, legislation and the judiciary

jurisprudence

The most famous definition of medical work is that of Admiral (Savatier), the definition 1 that a medical work is "the work of a qualified person to heal others" here is limited to the purpose of healing, consistent with its history of the middle of the last century. He defines an activity which, in the manner and circumstances in which it is carried out, conforms to other rules: established in medical science, is directed by itself - in the ordinary course of things - to the healing of the patient, and the origin of medical work is therapeutic, in other words, aimed at eliminating or alleviating the disease, or simply alleviating the pain, but also considered to be medical work aimed at detection. It is noted that this definition is limited to reasons of health or simply the prevention of disease "technical aspect related to the origins and practice of medical science. Other researchers, adopting a legal view in their definition of medical work, state that medical work: "Any activity that responds to the human body or to oneself, which, by its nature and manner, conforms to the scientific origins and accepted norms of medical science, in theory and in practice, and is carried out by a doctor is authorized by law for the purpose of detecting, diagnosing and treating disease for the purpose of healing, relieving, reducing or preventing the pain of patients or for the purpose of preserving the health of individuals or achieving a social

interest, provided that there is consent of the person performing the work

It is to be noted that the latter definition includes important elements in the composition of medical work: workplace, the human body, the prescription of the person performing the work, the physician, the method of performing the work, the conformity with the origins and rules of medical science and the objectives of medical work: diagnosis, treatment and prevention of disease. It broadened the scope of medical work, after the narrowing of the previous definitions, as well as the reference to the legal component of the medical operation, the declaration that must be made to the physician, and the patient's consent to the conduct of the medical work. However, that definition is taken to mean limiting the practice of medical work to that of a doctor, and in fact - with the development of health and medicine - it has been medical necessity for other persons to intervene in the practice of other branches of medical science and to carry out operations that depart from the traditional framework of the doctor, which, at best, was limited to diagnosis, treatment and surgery.

### Medico-legal

In French legislation, there is no explicit definition of medical work that can be deduced from the various texts of French medical law. In the Act of 30 November 1892, it was considered a medical act to treat only diseases and surgeries, and it was illegal to perform them without a doctor, until the Public Health Act of 30 November 1892. 2 On December 24, 1945, guaranteed diagnosis and treatment

This situation largely corresponds to the classical doctrinal trend that defines medical work in two basic elements: diagnosis and prescription of treatment. However, the content of the medical work can be deduced in French law, of public health law, which punishes the illegal practice of medicine. According to this article, medical practice is illegal for any person who, on a regular basis, participates in the diagnosis or treatment of the disease by means of personal action, either oral or written advice or by any other means whatsoever. Or practicing one of the jobs specified in the Code of Medical Works

Prescribing appropriate treatment and giving it to the patient is one of the best-known tasks of the physician. In that regard, the Supreme Council took responsibility for the university hospital and required it to compensate the patient, who had been admitted to the hospital for a fracture of the pelvis and left wrist. This patient, who had not received his case, was turned into a gangrene for appropriate treatment by the doctors, and this negligence worsened his condition, which is what. It was considered by the Supreme Council to be a grave fault for the responsibility of the hospital facility.

Medical problems and how to nurse on health practitioners and the general public

The medical examination is the beginning of the effort and work carried out by the doctor, and the patient's health condition is checked outwardly, by observing the clinical signs and evidence such as the patient's appearance and body. The doctor may use some medical machines and equipment, such as a stethoscope and a pressure gauge, in the examination. The

aim of the examination is to verify the presence of certain signs or phenomena that help the doctor in establishing an appropriate diagnosis of the disease. In the event that the doctor is unable to reach a diagnosis of the disease through simple tools, the doctor can resort to conducting more accurate and in-depth examinations, such as medical analyzes, x-rays, and views.

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#### Pre-treatment medical work

I mean, at this point, this is the first contact that occurs between doctor and patient, in which the doctor attempts to identify the patient's mental and health condition to help him or her heal. Traditionally, this period covers two important stages: medical examination and diagnosis. A medical examination is the beginning of the effort and work of a physician, and the patient's health is examined outwardly by observing clinical signs such as the patient's appearance and body. Some medical instruments and equipment, such as a stethoscope and a pressure gauge, may be used for the examination. The purpose of screening is to ascertain the presence of specific signs or phenomena that help the physician make a proper diagnosis of

the disease. If a diagnosis is not accessible with simple tools, the doctor can resort to more detailed and in-depth examinations, such as medical tests, radiology and binoculars.

Failure by the physician to carry out the initial examination before commencing treatment or surgery is negligence that can give rise to liability. According to the French court, the conduct of the preliminary medical examination of the patient is necessary before the surgery or the treatment is carried out, and the negligence of the doctor in carrying out such an examination is his fault, which is the fault of his own responsibility

The diagnosis stage is the beginning of the relationship between the doctor and his patient, and the medical work depends on the validity and safety of the diagnosis, and if the subsequent actions, especially the prescribed treatment, may become wrong as well. The patient carefully examines the locations of pain and his countrymen using all means that science has at his disposal, so that his opinion on the diagnosis is as far from error as possible. Diagnosis is the act by which a physician identifies a disease, taking inventory of its characteristics, symptoms, and causes, and identifies the risk of disease in terms of tendencies and predispositions

Not far from this idea, French jurisprudence has held that the diagnosis is the sick act that identifies diseases after knowing their symptoms. The process of diagnosing a patient's condition is of great importance, so that the nature of the disease is determined and placed in the appropriate setting; diagnosis is a complex intellectual process in which the disease is recognized from the symptoms of the patient. The physician is supposed to take care of the watchful man who was found under the same external circumstances as the physician in

charge and was similar in certification and specialty and under existing general conditions. In addition, the doctor shall use all necessary medical equipment and equipment in his or her diagnosis, using the scientific methods used by doctors. He could use more specialized colleagues if doubts arose about the nature of the disease

Because of the importance of diagnosis in detecting serious diseases and injuries, French law makes it compulsory before the birth of the unborn child, to prevent any symptom that threatens the child's safety at the time of pregnancy, or after that. The Saudi legislator has given the doctor the right to perform all diagnostic work. He also urges doctors and freelance professionals to use the means and equipment necessary for their occupation, provided they do not endanger the patient's health or professional honor at risk.

#### Medical work in the treatment phase

Once the diagnosis is complete, the physician moves into the treatment stage, determining what is appropriate. The right of the patient to treatment methods and methods, which address the achievement of recovery as far as possible treatment is concerned, is an essential human right, as is the right to life and integrity of the body. The treatment stage is therefore the decisive and essential stage for the patient after the appropriate diagnosis has been made

Treatment is defined as the method chosen by the physician, or to reduce its risks or relieve the resulting pain, either by palliating or eliminating it. It is defined by the French judiciary as any measure, whatever may result in the recovery of illness or the alleviation of the condition, "an act issued by a licensed

physician shall be followed. Some researchers have defined it as pathological diagnosis and include work to eliminate or reduce the disease. French law did not define a specific treatment, and only used it. With regard to treatment, the term is used throughout the legislation of Saudi Arabia, which is the same doctrine as medical law, two stages of treatment must be taken in itself: the prescription of treatment and the initiation of treatment.

#### Treatment Description Phase

After the physician makes a diagnosis, he or she will prescribe treatment appropriate for the patient, consistent with his or her state of health and physical condition. The general principle of treatment is the freedom of the doctor to choose the most appropriate choice for the patient, a fundamental matter which must be respected by the judiciary, as the medical profession, like other liberal professions, is characterized by the presence of personal initiative and the speculative factor plays an important role in this field

The judiciary respected the specificity of the medical profession and enshrined doctors' freedom to choose their own treatments. The French Aix court ruled that a surgeon was free to choose the treatment that appeared to him to be correct and appropriate for the case before him. Liege argued that the judge should not interfere with a doctor's preference for one form of treatment or surgery

In prescribing treatment, the physician must take into account the patient's intention, age, persistence and psychological state for treatment to be appropriate. However, the doctor's freedom to prescribe treatment is not absolute; there are no diseases, but patients. The most important of them is to observe the

rules and scientific principles of firm prudence, caution and vigilance when prescribe illness

A prescription, the issuance of which is considered by some scholars to be a medical act, must be a miniature field in which all the obligations imposed on the physician in the field of medical work are clearly demonstrated: a diagnosis and choice of treatment and it matches the available scientific data. Moreover, 4 because it is considered a document of proof of the relationship between the need to contain all the legal data, the doctor and the patient. If it contains the necessary information, it will help to lighten the burden of proof for those required

#### Treatment Execution Phase

This stage comes in time, after the doctor diagnoses the disease, and settles on the appropriate treatment prescribed for him, and begins treatment, thus being a final stage in him, and of great importance. Treatment may be simple, involving the patient and the physician, such as prescribing a medication and directing it. Treatment may also be more difficult, including surgery, and the fact that the doctor must carry out his duty with precision from examination to diagnosis to the operation.

The examination should be thorough and complete, not limited to the organ involved, considering all the possibilities and incidental consequences that may result from the surgical act. Thus, when entering treatment, the physician is assured to follow medical principles. It is a general obligation of the physician to provide his or her patients with the necessary care

In accordance with established scientific principles that are prevalent in the medical sciences, he does not ask for adverse effects of treatment in the course of conducting such treatment, but is responsible... If it is proved that there is a fault on his part, the Saudi Medical Code affirms that doctors must pay the utmost attention to the treatment given by them to patients, this affirmation will result from the loftiest principles laid down by them as an obligation for doctors, such as to serve the individual and health, to relieve suffering and to provide treatment that is sincere, devoted and consistent For the data of modern science, and the best implementation of treatment.

In judicial application, the French court found the conviction of the doctor and the pharmacist who had failed to determine the concentration and composition of the prescribed medication, resulting in his death. The Supreme Court also ruled that the administration of medication inappropriate to the medical condition of the patient, which had been ill and had led to his death, held the doctor liable on the basis of his fault of negligence and inattention

#### Methodology

##### Study Design

Analytical cross-sectional study for the medical lawsuits which reached the medical panel in Taif city Saudi Arabia panel in the year 2020.

##### Study Population

Medical lawsuits that reached the medical panel in the year (2020) in Ta'if city.

#### ELIGIBILITY CRITERIA

##### a. Inclusion criteria

Any medical lawsuits issued against the ministry of health, governmental non-MOH, and private sectors in the year 2020 and reached

the final verdict by the medical panel only in Taif city Saudi Arabia.

b. Exclusion criteria

Any medical claim didn't reach a final verdict in the year 2020

Any medical claim which didn't reach the medical panel

Any medical needed further investigation and passed the medical panel.

Sample size

We included all the complaints and medical lawsuits that reached the medical panel in the year 2020. It counted as 333 responds divided into 3 main scales (dismissed, not guilty, guilty).

Data collection tool

Questionnaire: We used the data sheet used by the medical panel which is validated and contain information such as:

- Patient name and gender.
- HCW name, specialty, and sector (MOH- GOV none MOH- Private).
- Time taken to reach a final verdict.
- The final verdict (guilty- non-guilty- dismissed).

Data Collection technique

STUDY OUTCOMES

a. Primary Outcome

Prevalence and epidemiological profile of medical claims in Taif city Saudi Arabia in the year 2020.

b. Secondary Outcome(s)

To provide data about which area to improve to provide better medical care such as:

1. Data about time taken to reach a verdict.
2. Amount of HCWs involved in the medical claims.
3. Most and least specialties involved.
4. Nationalities and genders of the involved HCWs.
5. Number of complaints against HCWs.
6. Comparison of data to the MOH statistical yearly book.

STUDY VARIABLES

Dependent variable

1. Medical error if founded.
2. Specialty.
3. Sector.
4. Final verdict

Independent variables

1. Age.
2. Gender.
3. Nationality of both parties.
4. Time taken to reach the final verdict.

Data collection analysis

Classification

Data used in the research classified into 3 aspects, the first one classifies by nationalities of complaints submitter, the second one is classified into the fields of the complaints about, and finally it classified by determining the respond of the complaint's statements.



Nationality variable

**Table 1 nationality variances**

Saudi	Egyptian	Algerian	British	Sudanese	Pakistani	Tunisian	Syrian	Palestinian
62	122	1	7	39	13	12	27	5
Jordanian	Yemeni	Indian	Filipino	Cuban	German	Lebanese	Bangladeshi	
6	2	14	11	1	1	3	1	

Through the files of medical claims and complaints submitted in the city of Taif for the year 2020, the nationalities of the complainants were classified to learn and analyze the Medical error

relationship between the patient's nationality, health insurance and medical entitlement. Especially if he's a foreign national.

**Table 2 medical error**

Anesthesia	Bariatrics	Bariatrics surgery	Cardiology	Dentistry	Dermatology	Emergency	Endoscopy
2	3	1	2	28	1	26	1
Internal medicine	Neurology	Neurosurgery	OBS & Gyn	Oncology	Orthopedic	Orthopedic Surgery	Pediatric
76	14	7	47	14	41	2	9
Psychiatric	Radiology	Specialty	Surgical	Thoracic surgery	Vascular surgery	ICU	Pediatric surgery
8	2	1	32	2	4	4	5

Through the files of medical claims and complaints filed in the city of Ta'if for the year 2020, the reasons for the said medical errors are classified to implement the compensation limit attached in the Saudi Medical Legislative Law for Compensation based on the gravity and causes of the medical error, provided that every complaint by a specialized committee of the specialists in which the problem occurred

HCW and sector

**Table 3 sector**

MOH	Private	Military
98	72	12

In the files of medical claims and complaints filed in the city of Taif for the year 2020, the hospitals in which the most errors occurred were classified among public, private or military hospitals to determine which entity needed the greatest reform by the Saudi Ministry of Health. It turns out that the body most eligible to monitor was the public hospitals in Taif

final verdict

**Table 4 verdict**

Dismissed	Not-Guilty	Guilty
47	165	125

A breakdown of complaints data in the city of Taif shows that 49% of complaints submitted in Taif Health Care for 2020 were misplaced after health monitoring, review and monitoring by the Ministry of Health after each complaint. And just 37% from over lawsuit was guilty.

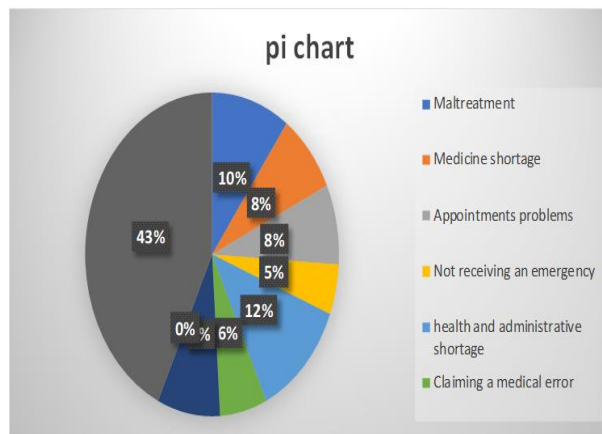
### Analysis

The ministry of health in Saudi Arabia refers to classify complaints into percentages from over Causes of the complaints

**Table 5 complaints**

Maltreatment	Medicine shortage	Appointments problems	Not receiving an emergency	health and administrative shortage	Claiming a medical error	Hospital neglect (services)	No hospital or health center nearby	Hospital Neglect (healthy)
%10	%8	%8	%5	%12	%6	%8	%0	%43

**Figure 1 pie chart of complaints**



aspects into three categories remains as following:

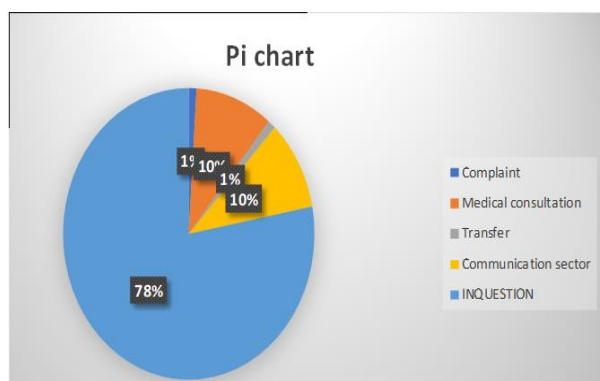
- 1- Causes of the complaints
- 2- All statements received
- 3- Where are the scoops of complaints?

Through the 2020 report of the Saudi Ministry of Health on health complaints in the city of Taif, the causes of health complaints and health lawsuits were classified into several causes in different sectors and compared with the numbers submitted for the first four cities in medical complaints for the year 2020-2019

All statements received

**Table 6 statement percentage**

Comp laint	Medica l consult ation	Tran sfer	Communi cation sector	INQUES TION
1%	10%	1%	10%	78%

**Figure 2 pie chart of percentage****Table 7 cases in comparison**

Region	Referred Cases			No. of Resolutions	No. of Sessions	Sessions/ Resolution
	Rounded Cases	New Cases	Total			
Riyadh	1,077	1,421	2,498	1,176	1,322	1.1
Makkah	105	131	236	141	95	0.7
Jeddah	1,254	602	1,856	1,069	1,283	1.2
Ta'if	230	261	491	169	322	1.9

The issues of medical errors before the legitimate health authorities for the year 1440 AH (2020-2019). Taif has the highest resolution statement around Saudi Arabia.

#### Locations

The center receives requests and enquiries from citizens, receives complaints and notes in the field of health # hours a day, passes through the specialist and decides on them as a matter of urgency, and reports on the procedures taken. The center takes turns from patients in the country and patients with emergencies

Riyadh has the highest complaints statements by total 2249 form, in the other side the next stage in Jeddah has 779 form, then Madinah with only 486 forms, and all other states refers to low statements in a relation between the efficiency of healthcare system and small towns (not capitals) at all.

#### Results

There are medical errors that are happening in our medical institutions, both in public and private health, and this is a problem in all countries of the world, even in the developed world. The Ministry's statistics show that the number of complaints filed with the Shariah health authorities in the Kingdom alleging medical error causing harm or injury to patients and claiming private rights has increased slightly over the past five years. This increase in the number of complaints may be due to the increase in the incidence of medical errors or may be due to the increasing and growing awareness of patients or to the quantitative and qualitative development of many public and private health institutions and the expansion of specialized medical services.

The Shariah health agencies formed under article 33 of the Regulations on the Practice of Health Professions, issued by Royal Decree No. M /59 of 4 January 1440 A.H., are independent courts specializing in medical errors. There are currently 18 Shariah health agencies deployed throughout the Kingdom, each headed by a judge of no less than a class of judge nominated by the Minister of Justice and comprising three experienced and competent consultant doctors, one from one of the medical schools in the Kingdom, nominated by the Minister of Higher Education and the other two nominated by the Minister of Health, as well as a faculty member from one of the country's medical schools Pharmacy colleges, nominated by the Minister of Higher Education and another pharmacist nominated by the Minister of Health, in addition to a statutory adviser, consider the decisions of these legitimate health bodies to be legitimate provisions and scrutinized by the Ombudsman Board in accordance with article 35 of the Regulations on the Practice of Health Professions.

One of the important matters mentioned in the system of practicing health professions is the subject of mandatory cooperative insurance against medical errors for all doctors and dentists working in public and private health institutions.

From this, it becomes clear that there is a clear and effective mechanism for dealing with medical errors, identifying those responsible for them, and applying legal penalties against their perpetrators. It is very important to work on not recurring it by taking many measures that work to limit and reduce the occurrence of medical error, and this is what the Ministry has striven for through its various departments and agencies and in cooperation with other ministries and health and educational institutions in the KSA.

The Ministry of Health is making unremitting efforts to ensure the safety and security of patients in various health facilities and at several levels through:

- 1- Establishing a health facility accreditation board affiliated to the Health Services Council.
- 2- Improving the level of medical performance by activating the quality committees in health facilities and thus reducing medical errors.
- 3- A decision was issued to form a central committee to oversee patient safety in health facilities affiliated with the Ministry of Health.
- 4- Holding several conferences and symposia, including the International Conference on Patient Safety, which was held in cooperation with the Internal Security Forces Hospital.
- 5- Work to establish a national center for patient safety to be concerned with setting standards and policies to ensure patient safety.
- 6- Sending contracting committees to select the best medical competencies who have high academic qualifications and good practical experience to contract with them to work in the Kingdom.
- 7- All health practitioners are required to register with the Saudi Commission for Health Specialties to verify their certificates and qualifications, and then classify and register them accordingly.
- 8- Focusing on continuing medical education programs, which will enable doctors and health practitioners to communicate continuously with the latest developments in the world in the specialized medical field, which will have a positive impact on the patient. The health practitioner's attendance of

the minimum continuous medical education hours was required to re-register with the Saudi Commission for Health Specialties.

9- Studying the annual statistical report on medical errors in the Kingdom, and the work of legitimate health authorities to continuously review the reality of medical errors with the aim of reducing them in the future.

10- The Ministry is working to establish the concept of quality in the various health facilities, as well as working to activate the role of continuous monitoring and follow-up of governmental and private health facilities and to take the necessary measures to ensure the efficiency of their employees.

11- Continuous follow-up by the relevant authorities in the Ministry of all health facilities; To ensure the provision of equipment and medicines and the smooth running of work to serve the public health.

12- Continuous work to raise the level of health awareness among patients through appropriate medical instructions and with the help of various media.

13- Compulsory medical malpractice insurance has been started for all doctors, and this ensures that the rights of all parties are preserved and facilitates litigation procedures in health cases.

### Recommendations

1- Develop data collection software on medical and health ministry on Saudi Arabia.

2- Documenting data for every individual city to store it organized.

3- Classify data of Taif medical lawsuit into more than above four criteria sequence.

4- Reduce the leaking of data management specially in Taif

5- Quick solution for guilty statements to not accumulates over months.

### Conclusion

Data collected for lawsuits in Taif city has huge leakage because of documentation dismissed and careless of the medico legal issues over country.

Once we are familiar with the legal and doctrinal attempts at medical work, we can say that, given the specificity of the work and the status of the person doing it, it would be appropriate for the concept of medical work to be based on the professional and technical nature of its activities, regardless of whether it is a doctor, a pharmacist, a nurse or a health professional.

The inclusion in the concept of certain rules of legality -as some definitions have been suggested- has been taken care of by the prevailing legal system of public health. As such, it may be noted that Kuwaiti law defines medical activities, while the similar concept in French law is broadened; this legal space may be the result of the medical and health realities in France, which define developments in the quality of the health system and services.

On the basis of the above, medical work can be defined as legitimate professional activities carried out by health users, whatever their characteristics or rank, relating to the prevention, diagnosis and treatment of diseases, as well as in the search for the most effective treatments and ways to alleviate the suffering of patients, to readjust and rehabilitate them within the framework of purely therapeutic or medical objectives.

From this definition, in the light of growing health indicators, the search for new therapeutic methods, and the use of information technology in medicine, researchers and legal professionals may be worth facing a growing role. Talk about medical activity rather than medical work that is showing the status of medicine and doctors today. As can be seen from the temporal phases of the medical work life cycle, the complementarity and sequencing between them, so that one cannot take place without the other.

This complaints and methodology of actions undertaken by doctors for the benefit of the sick and for health, in view of their broad scope and coverage of all the supposed work of the doctor, leads us to affirm and advocate jurisdictional and legislative orientations calling for the universality of the concept of medical work so as to accommodate all the ideas and methods studied by doctors, on the one hand, and to enrich the legal capacity of researchers and judges, on the other hand, by attempting to encompass all the ramification of medical work. In the same context, the content of medical work is specific Major in the dimensions and scope of establishing physician responsibility and the need to revisit its traditional domain

The mere occurrence of the medical error alone is not enough to make the physician or medical practitioner liable for the damage that has been done to the patient; above all, a causal link or link must be established between the physician or medical practitioner's error and the damage done to the patient. In other words, for medical responsibility to fall on a health practitioner, two basic conditions must be met: the injury and damage to the patient, and the link between the injury and the medical error. It is the responsibility of a health practitioner to compensate the harm caused to the patient if he

or she is found to have contravened established medical standards, has been employed without a right of exercise, has violated relevant regulations or has disregarded the obligations to which he or she has bound himself or herself. Importantly, there is often confusion among the general public between "medical error" and possible "complications" that may arise from various diagnostic or therapeutic procedures, as any intervention (surgical or non-surgical) or diagnostic intervention may not be without the potential for complications to the patient.

## Reference

- Kharoshah, M. A. (2011). Origin and development of forensic medicine in kingdom of Saudi Arabia. Dammam Saudi Arabia: The American journal of forensic medicine and pathology.
- Abdulhameed, A. (2015). The scope of medical litigations in Saudi Arabia - Analysis of closed claims over 15 years. J Health Spec.
- Administration, M. (2005). A historical note on origin and development of forensic medicine in Saudi Arabia. In: Guide of Instructions for forensic medical examiners in Saudi Arabia. KSA: Riyadh: Ministry of Health Publishing.
- Administration, M. (2007). Annual Informative Data of Medicolegal Centers in Saudi Arabia. . Riyadh: Ministry of Health Publishing.
- Al-Amoudi, S. M. (2017). Health empowerment and health rights in Saudi Arabia. Saudi Med J.
- Carlisle, J. (2018). Mental health law in Saudi Arabia. Birmingham, UK: Centre for Science, Knowledge and Belief in Society, Newman University.
- Dyer, C. (2013). Fault lines: resolving clinical negligence claims. BMJ.

- F, H. (2010). Obstetricians' Perception of Medico-legal Problems in Al Madinah Al Munawarah Kingdom of Saudi Arabia. Journal of Taibah University Medical Sciences.
- Fenn, P., Gray, A., Rickman, N., & Vencappa, V. (2016). Funding Clinical Negligence Cases; Access to justice at reasonable cost? London (UK): Nuffield Foundation.
- Rabiah, A. b. (2020). Annual report of ministry of health. The Ministry of Health (MOH).
- Shafiq, M. R., & Alkhenizan, A. H. (2018). The process of litigation for medical errors in Saudi Arabia and the United Kingdom. Saudi Medical Journal.
- The Saudi Commission for Health Specialties, D. o. (2014). Code of Ethics for Healthcare Practitioners. Riyadh: Journal of Health Specialties.