



Handling Ordinary Complaints in Gynecology-Obstetrics: Analysis of French Ordinal Jurisprudence

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Abstract

Introduction: The practice of gynecology-obstetrics exposes practitioners to a high medico-legal risk due to the sensitive nature of the procedures performed. This responsibility can be engaged before ordinal bodies, potentially leading to disciplinary sanctions [1][2]. This study aims to identify recurring situations prone to ethical breaches in gynecology-obstetrics, understand disciplinary procedures, and analyze the decisions rendered, in order to propose recommendations to improve practice.

Materials and Methods: This is a descriptive and analytical retrospective study of 112 disciplinary cases handled by the National Disciplinary Chamber of the French Medical Council between 1993 and 2021. Data were collected from the ordinal jurisprudence platform of the National Council of the French Medical Council [7].

Results: Of the 112 cases analyzed, 82% concerned disputes related to the quality of care, mainly diagnostic errors (42%) and non-compliant care (58%). Complaints were mostly initiated by patients and their beneficiaries (69%). Specialists in gynecology-obstetrics were most often prosecuted (69%). The most frequent sanctions were dismissal of the complaint (33%) and firm suspension (24%).

Discussion: The analysis reveals that ethical breaches in gynecology-obstetrics are mainly related to the quality of care and patient information. Comparison with the annual report of the ordinal jurisdiction shows similar trends [8]. The French and Moroccan codes of medical ethics share common principles, but differences exist, particularly regarding medical research and assisted reproduction [3][9][10]. Recommendations are proposed to reduce breaches, focusing on medical training, disciplinary procedures, and improving the doctor-patient relationship.

Conclusion: This study highlights the ethical challenges in gynecology-obstetrics and underscores the need to improve practice through continuous training, better communication with patients, and increased awareness of ethical obligations.

Keywords: Gynecology-obstetrics, Ordinal complaints, Ethical breaches, Jurisprudence, Quality of care, Patient information.

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I. Introduction

Gynecology-obstetrics is a medical specialty that, due to the intimate and complex nature of the procedures performed, exposes practitioners to a high medico-legal risk. Complications inherent to interventions, whether faulty or not, can engage the responsibility of the gynecologist-obstetrician before ordinal bodies [1][2]. Disciplinary responsibility aims

to sanction any transgression of the provisions of the Code of Medical Ethics and professional rules.

Although there is no international convention defining the content of medical ethics, the essential principles of ethics, developed since Antiquity through the Hippocratic Oath, are universally recognized [3][4]. In Morocco, as in France, professional faults are increasingly raised due to the evolution



of citizens' relationships with the law, easier access to information, and the media coverage of medical accidents [5][6].

Problem Statement: Gynecology-obstetrics is an area where ordinal complaints are frequent, but there is little accessible data on specific ethical breaches in this specialty, especially in Morocco. Understanding recurring situations of breaches and disciplinary procedures is essential to propose improvements.

Objectives of the Study:

1. Identify recurring situations prone to ethical breaches in gynecology-obstetrics.
2. Understand disciplinary procedures and decisions rendered in this specialty.
3. Propose recommendations to reduce breaches and improve practice.

II. Materials and Methods

Type of Study

Descriptive and analytical retrospective study.

Study Population

General practitioners and specialists practicing in France, prosecuted for ethical breaches in gynecology-obstetrics before French ordinal jurisdictions.

Data Sources

Ordinal jurisprudence platform of the National Council of the French Medical Council (CNOM) in France [7].

Inclusion Criteria

- Cases handled by the National Disciplinary Chamber of the Medical Council between 1993 and 2021.
- Ethical breaches specific to gynecology-obstetrics.

Exclusion Criteria

- Cases not related to gynecology-obstetrics.
- Incomplete or inaccessible cases.

Methodology

- Data Collection: Use of specific keywords to extract relevant decisions (e.g., "Prenatal Diagnosis," "IVG," "Medical Liability in Gynecology").
- Data Analysis: Parameters analyzed included the nature of the jurisdiction seized, temporal evolution of complaints, discipline concerned, qualification of the prosecuted physician, quality of the complainant, complaints made, infractions retained, and sanctions imposed.
- Statistical Tools: Microsoft Excel for counting and creating graphs.

III. Results

1. Nature of the Jurisdiction Seized

- CNOM: 93 cases (83%).
- Social Insurance Section (SAS) of the CNOM:

19 cases (17%).

2. Temporal Evolution of Complaints

- Notable increase from the year 2000.

- Plateau between 2001 and 2010.
- Decline since 2016 with 19 cases.

3. Discipline Concerned

- **Obstetrics:** 91 cases (81%).
- **Gynecology:** 29 cases (25%).
- Some cases involved both disciplines.

4. Qualification of Prosecuted Physicians

- **Specialists in Gynecology-Obstetrics:** 77 cases (69%).
- **Bi-competent Physicians:** 18 cases (16%).
- **General Practitioners:** 6 cases (5%).

5. Quality of the Complainant

- **Patients and Beneficiaries:** 77 complaints (69%).
- **Departmental Council:** 28 complaints (25%).
- **Primary Health Insurance Fund (CPAM):** 20 complaints (17%).

6. Complaints Made by Complainants

- **Quality of Care:** 92 cases (82%) : Diagnostic errors: 35 cases (42%) / Non-compliant care: 57 cases (58%).
- **Lack of Information/Consent:** 35 cases (31%).
- **Fees and Abuse of Acts:** 23 cases (20%).
- **Medical Record Keeping:** 20 cases (18%).
- **General Duties:** 20 cases (18%).

7. Infractions Retained by the Ordinal Jurisdiction

- **Quality of Care:** 53 cases (47%).
- **Fees and Abuse of Acts:** 18 cases (16%).
- **Lack of Information/Consent:** 13 cases (11%).
- **Medical Record Keeping:** 12 cases (10%).
- **General Duties:** 9 cases (8%).

8. Sanctions Imposed

- **Dismissal of the Complaint:** 38 cases (33%).
- **Firm Suspension:** 27 cases (24%).
- **Reprimand:** 17 cases (15%).
- **Warning:** 9 cases (8%).
- **Prohibition to Treat Socially Insured Patients:** 14 cases (12%).
- **Removal from the Medical Register:** 2 cases.
- **Amnesty:** 3 cases.

9. Types of Gynecology-Obstetrics Activities Concerned

- **Complications of Delivery:** 38 cases (34%).
- **Pregnancy Monitoring:** 32 cases (28%): Lack of detection of fetal malformations: 16 cases / High-risk pregnancies: 13 cases.
- **Oncology and Benign Pathologies:** 15 cases (13%).
- **IVG and Medically Assisted Procreation:** 15 cases (13%).

IV Discussion

1. Critical Analysis of Results

Prevalence of Quality of Care Issues:

- Diagnostic errors and non-compliant care represent a significant portion of breaches.

- This may be attributed to the complexity of cases in gynecology-obstetrics and the necessity for increased vigilance.

Importance of Lack of Information:

- Lack of information and informed consent is a major source of complaints.
- Highlights the need for effective communication with patients.

Sanctions Imposed:

- Dismissal of the complaint in 33% of cases indicates that not all complaints are founded.
- Firm suspension as the most common sanction reflects the severity of breaches.

2. Comparison with the Annual Report of the Ordinal Jurisdiction [8]

- The trends observed in our study are similar to those in the annual report [8].
- General duties and quality of care are the main areas of breaches.
- Patients and their beneficiaries are the main complainants.

3. Comparison of French and Moroccan Codes of Medical Ethics

Common Principles:

- Respect for principles of integrity, human dignity, and human rights [3][9].
- Obligation to provide conscientious care and respect professional secrecy [10][9].
- Importance of patient information and consent [3][9].

Differences:

- The French code addresses specific areas such as medical research, assisted reproduction, and voluntary termination of pregnancy [10].
- The Moroccan code is less detailed on these aspects, reflecting cultural and legal differences [9].

4. Limitations of the Study

- **Absence of Moroccan Data:** The study relied on French data due to lack of access to Moroccan data.
- **Generalization of Results:** Results should be interpreted cautiously when transposed to the Moroccan context.
- **Selection of Cases:** Only accessible online cases were analyzed, which may introduce selection bias.

V Recommendations

1. At the Level of Disciplinary Trials

- **Accessibility of Decisions:** Publish complete decisions of disciplinary bodies after anonymization.
- **Training of Members:** Train members of disciplinary bodies on procedural rules.

- **Improvement of Procedures:** Review the organization of disciplinary trials to ensure a fair debate.

2. In Medical Training

- **Integration of Medico-Legal Aspects:** Include high-risk situations in gynecology-obstetrics modules.
- **Continuous Training:** Encourage physicians to train on ethical and medico-legal aspects.
 - **Updated Protocols:** Provide up-to-date recommendations and protocols.

3. At the Ministry of Health Level

- **Strengthening Staff:** Increase residency positions to reduce workload.
- **Equipping Establishments:** Provide necessary material resources.
- **Quality Audits:** Implement maternal morbidity and mortality reviews.

4. In Doctor-Patient and Interprofessional Relationships

- **Effective Communication:** Allocate time to patients to explain care.
- **Informed Consent:** Obtain written consent when necessary.
- **Team Cohesion:** Promote collaboration among health professionals.

VI Conclusion

This study highlights that ethical breaches in gynecology-obstetrics are mainly related to the quality of care and patient information. Disciplinary sanctions reflect the severity of these breaches. It is essential to improve medical training, adapt disciplinary procedures, and increase awareness of ethical obligations to reduce ordinal complaints. Effective communication with patients and interprofessional collaboration are key elements to improve practice and maintain trust in the medical profession.

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Bibliography

1. Eduscol. Resources for the final literary class, Law and major contemporary issues; June 2012.
2. National Council of the Order of Physicians. Ordinal jurisprudence. Available at: <https://www.conseil-national.medecin.fr/>.
3. World Medical Association. International Code of Medical Ethics, 2006.
4. Almeras P., Pequignot H. Medical Ethics. Litec, Paris, 1996.
5. Galam E. Medical error. *Rev Prat Med Gen.* 2003;17(626):626-630.
6. Practical Dictionary of Humanitarian Law. Medical Ethics.

7. National Council of the Order of Physicians. Annual activity report of the ordinal jurisdiction, 2019.
8. Dahir No. 1-15-26 of 29 rabii II 1436 (February 19, 2015) promulgating Law No. 131-13 relating to the practice of medicine.
9. Decree No. 2-21-225 of June 17, 2021, relating to the code of ethics of the medical profession. *Official Bulletin* No. 7002 of July 8, 2021.
10. Decree No. 2020-1662 of December 22, 2020. French Code of Medical Ethics, February 2021 edition