

Patterns and outcomes of Patient Complaints Against Urologists: A Seven-Year Retrospective Analysis in Iran

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Patient complaints and medical malpractice claims represent significant challenges for healthcare systems and individual practitioners. Although urology is considered a moderate-risk surgical specialty, urologists remain highly vulnerable to litigation, with even a single case carrying profound professional, emotional, and financial consequences. Previous studies from the United States and Europe have identified surgical complications, diagnostic delays, and inadequate physician–patient communication as primary drivers of litigation⁽¹⁻³⁾. However, data from Middle Eastern countries, particularly Iran, are scarce.

We conducted a retrospective cross-sectional analysis of 288 complaints filed against urologists between 2017 and 2023 at the Forensic Medicine Organization in Shemiranat, Tehran. Data on patient demographics, physician academic rank, hospital type, complaint etiology, and case outcomes were analyzed using SPSS version 27.

The number of complaints increased steadily, peaking in 2023 (n = 66) and reaching a nadir in 2020 (n = 13), likely reflecting the impact of the COVID-19 pandemic. Most complainants were male (89.6%), and patients aged > 60 years comprised the largest group (31.3%). Complaints were overwhelmingly directed at specialist urologists (97.6%), with subspecialists accounting for only 2.4%. Cases more frequently originated from public hospitals (66.3%) than from private institutions (33.7%).

Malpractice was confirmed in 27.8% of cases (n = 80). Among these, patient deaths occurred in 25% of cases, while permanent physical injury was reported in 75%. Perioperative mortality was the most frequent cause of complaint, accounting for 21.2% (n = 61) of all cases. Fatalities were most often associated with major procedures such as renal transplantation, nephrectomy, prostatectomy, bladder tumor surgery, and percutaneous nephrolithotomy, although some occurred after less complex interventions, such as catheterization. Contributing factors included massive hemorrhage, septic complications, thromboembolic events, and cardiopulmonary decompensation, particularly in elderly patients with comorbidities. Notably, many deaths did not result from technical errors but were still judged as malpractice due to inadequate perioperative monitoring, delayed recognition of complications, or insufficient disclosure of operative risks during the informed consent process.

Other common causes of complaints included postoperative complications such as urinary incontinence, erectile dysfunction, and fistula formation (21.9%); testicular injury or atrophy (8.7%); and dissatisfaction with reconstructive outcomes, particularly penile curvature and hypospadias repair (8.3%). Additional issues included retained foreign bodies, delayed cancer diagnosis, and iatrogenic ureteral or bowel injuries.

Our findings mirror international reports identifying surgical complications and communication failures as leading drivers of litigation⁽²⁻⁴⁾. However, the proportion of confirmed malpractice in our cohort exceeded the rates reported in the United States and the United Kingdom^(5,6). This discrepancy may reflect differences in malpractice insurance systems, adjudication standards, and legal frameworks.

This study underscores the urgent need for preventive strategies, including adherence to clinical guidelines, meticulous surgical technique, enhanced postoperative monitoring, and, critically, effective communication with patients and their families. Transparent risk disclosure, thorough documentation of informed consent, and improved medico-legal education for urologists are essential. Expanding liability insurance coverage and implementing systematic risk management programs should also be prioritized.

In conclusion, complaints against urologists in Iran have risen steadily over the past seven years, with elderly male patients constituting the majority of complainants. Surgical complications and perioperative mortality were the leading causes, and malpractice was confirmed in nearly one-third of cases. Focused preventive strategies are vital to safeguarding both patients and practitioners while strengthening trust in the healthcare system.

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