## ECP05-04

## MALPRACTICE - AN ISSUE FOR ALL PSYCHIATRISTS

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Norfolk and Waveney Mental Health NHS Foundation Trust, Norwich, UK Introduction: Psychiatrists practice in a world of ever increasing scrutiny of their daily practice. Premiums for malpractice insurance are increasing year after year. Yet there are common themes that emerge from complaints and malpractice litigation that may be usefully elucidated in order to contribute towards improvements in psychiatric practice.

Objectives: By the end of this presentation the audience will have a good practical and theoretical understanding of the common causes of malpractice complaints and litigation, and will be well placed to improve their practice accordingly.

Aims: This presentation aims to examine and discuss malpractice issues in psychiatry. The focus will be on learning the lessons from the experience of other psychiatrists in order to improve the standard of our own practice, and improve our ability to deal appropriately with any future concerns and complaints.

Methods: Data and experience from medical malpractice insurers, research findings, perspectives from cognitive neuroscience and stories from the popular media will be reviewed. The presentation will highlight key issues and themes in order to draw out the lessons for all psychiatrists.

Results: Certain simple principles are fundamental to safeguarding psychiatric practice from malpractice complaints and litigation.

Conclusions: All psychiatrists are potentially vulnerable to malpractice complaints and litigation. There is much media attention paid to certain cases. This may in turn contribute to the public perception of psychiatry and psychiatrists. Yet there are also a number of straightforward steps that many psychiatrists can take in their day to day practice that will protect both themselves and their patients now and in the future. Improving our practice can not only benefit our patients and ourselves personally, but can also contribute to combating stigma and enhancing the image of psychiatry.