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DENTAL MALPRACTICE CASES IN TURKEY: EVIDENCE BASED ON HIGH COURT DECISIONS

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Abstract

This study aims to examine dental malpractice cases in Turkey through the Supreme Court's decisions. In this study, the dental malpractice decisions of the Supreme Court of Appeals, one of the highest judicial bodies in Turkey, are evaluated. It is seen that 83.3% of dental malpractice lawsuits filed against dentists occur in private enterprises (private clinics, practice, private hospitals, etc.). It was also discovered that most of the decisions were made in 2014, 2015, and 2018. Furthermore, the majority of the decisions (93.7%) are compensation cases. The cases were brought mainly by adults (89.6%). The patients mostly applied to the dental clinic for a dental prosthesis (25%) and implant (18.8%). Choosing the wrong treatment method (66.7%) and service failure (14.6%) are the leading causes of malpractice. Health consequences such as severe pain (31.3%), inability to fully perform the chewing function due to defective prosthesis (10.4%), mouth sores, and difficulty in swallowing (6.3%) occurred in patients. It was determined that 7 (14.6%) cases had to undergo a second operation due to malpractice. The average amount of pecuniary and non-pecuniary compensation demanded from physicians is 53.431 TL. The majority of the decisions (52.1%) were reversed under Article 428 of the HUMK (Law of Civil Procedure). Like other healthcare professionals, dentists are faced with a malpractice lawsuit and can pay high compensation penalties. There is a need to develop individual, institutional, and national strategies for malpractice, and necessary precautions must be taken.

Keywords: Dental Malpractice, High Court Decisions, Dentist, Malpractice Cases, Turkey.

Jel Codes: I10, I18, K10.

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TÜRKİYE'DE DENTAL MALPRAKTİS OLGULARI: YARGITAY KARARLARI ÜZERİNDEN BİR DEĞERLENDİRME

Öz

Bu çalışmada Türkiye'nin yüksek yargı organlarından biri olan Yargıtay'ın diş hekimliğine yönelik malpraktis kararları değerlendirilmektedir. Diş hekimleri aleyhine açılan malpraktis davalarının %83,3'ünün özel işletmelerde (özel klinikler, muayenehaneler, özel hastaneler vb.) meydana geldiği görülmektedir. Kararların büyük çoğunluğunun 2014, 2015 ve 2018 yıllarında verildiği ve kararların büyük çoğunluğunun (%93,7) tazminat davaları olduğu tespit edilmiştir. Hastalar diş kliniğine en çok diş protezi (%25) ve implant (%18,8) için başvurmuştur. Yanlış tedavi yöntemini seçmek (%66,7) ve hizmet hatası (%14,6) malpraktis nedenlerinin başında gelmektedir. Hastalarda şiddetli ağrı (%31,3), bozuk protez nedeniyle çiğneme fonksiyonunu tam olarak yerine getirememesi (%10,4), ağız yaraları, yutma güçlüğü (%6,3) gibi sağlık sorunları ortaya çıkmıştır. 7 (%14,6) olgunun malpraktis nedeniyle ikinci kez ameliyat olmak zorunda kaldığı belirlendi. Hekimlerden talep edilen ortalama maddi ve manevi tazminat tutarı 53.431 TL'dir. Kararların çoğunluğu (%52,1) HUMK'nın (Hukuk Usulü Muhakemeleri Kanunu) 428. maddesi uyarınca bozuldu. Diğer sağlık çalışanları gibi diş hekimleri de malpraktis davası ile karşı karşıya kalmakta ve yüksek tazminat cezaları ödeyebilmektedir. Malpraktis için bireysel, kurumsal ve ulusal stratejiler geliştirilmesi ve gerekli önlemlerin alınması gerekmektedir.

Anahtar Kelimeler: Dental Malpraktis, Yargıtay Kararları, Diş Hekimi, Malpraktis Davaları, Türkiye.

Jel Kodları: I10, I18, K10.

1. INTRODUCTION

Medical error and malpractice concepts are internationally significant and one of the most important agendas of health-related authorities. The concepts of patient safety, medical error, and malpractice brought up in the 2000 report of the American Institute of Medicine "To Err is Human: Building A Safer Health System" attracted the attention of health care providers and health authorities. Moreover, the report in question revealed that 44.000 to 98,000 people per year lose their lives due to medical errors only in the USA (IOM, 2000). Other studies conducted more than 20 years later reveal that these numbers have increased, and malpractice has risen to third place among the causes of death in the world and that approximately 400,000 people die from malpractice in the USA every year (Makary and Daniel, 2016). According to a statement issued by the World Medical Association in 1992, medical malpractices are "the damages caused by physicians' failure to apply standard treatment, or a lack of competence, or a failure to offer any treatment" (TTB, 2009). On the other hand, the Turkish Medical Association defined malpractice as "harming a patient due to ignorance, inexperience or indifference" (TTB, 2010). Malpractice is also common in dentistry. Dental malpractice is a situation where a dental professional harms the patient due to not complying with the standards required by dental practices; for this reason, it is similar to medical malpractice (Manca et al., 2018). The legal definition of dental malpractice varies between different countries. However, a general description of dental malpractice that is consistent

among countries would be described as medical malpractice for an injury due to negligent dental work, failure to diagnose or treat possible precarious oral conditions, delayed diagnosis or treatment of oral disease, or other precarious oral conditions, as well as any malevolent or otherwise intentional misconduct on the dental professional's part (Kiani and Sheikhzadi, 2009).

Written code of professional conduct of Hippocrates in the fifth century B.C., standards of medical practice documented in Egyptian papyri in 2000 B.C., the Chou dynasty's requiring doctors to pass an exam before they could practice their profession, and paying the doctors based on patient results in 1100 B.C., evaluation of the knowledge of all those who practice medicine in Iran in 1000 C.E. (Kaya,2013). the practices of ancient civilizations such as the laws of Hammurabi and the principle of "first no harm (primum non nocere)," as stated by Hippocrates in the rules of professional behavior, show that steps have been taken to protect the body integrity of the patient from ancient civilizations to the present day. It was stated that physicians should be careful in their relations with patients, and their body integrity should be protected by paying maximum attention to them. Various aspects of the doctor-patient relationship have been discussed since Hippocrates. The increase in the use of new technologies in medicine has brought new dimensions to the doctor-patient relationship. Medical malpractice is an example of this. Compensation demands of the patients have recently shown a tendency to increase due to factors such as mass media (Ozdemir et al., 2005), the improvement of health literacy, developments in patient rights, and awareness of patients. An increase in compensation claims is observed in Turkey as well as in the rest of the world. For example, Yalcin Balcik and Cakmak (2019) express that the number of medical malpractice lawsuits and the compensation requested by the patients is increasing.

They also explain the reasons for the increase in malpractice cases as follows:

- Patients' increased awareness and consciousness of the issue;
- Developments in terms of patient rights;
- Patients' understanding of the obligations and responsibilities of physicians, hospital workers, and other healthcare professionals concerning medical malpractice; and
- Patients' understanding of their right to initiate a medical malpractice lawsuit against healthcare professionals.

Like all other medical practices, dental practice is associated with errors and failures despite medical knowledge, advances in medical technology, and excellent healthcare facilities

(Mohebbi et al., 2014). The physician's failure to comply with professional norms and standards and achieve the therapeutic goals widely accepted and desired by other practitioners are among the leading causes of dental malpractice (Hashemipour et al., 2013). As with other physicians, dentists may also face compensation cases. Sometimes patients are not satisfied with the treatment they receive from dentists. In most cases, such dissatisfaction can be resolved between the patient and the dentist, but sometimes the patient may file a lawsuit against the dentist when the complaint cannot be resolved (Kiani and Sheikhazadi, 2009). (Ozdemir et al. (2005) state that in our country (Turkey), malpractice cases are not covered within the framework of specific legislation. Although there are no courts on health law in our country, the trials are carried out within the scope of judicial jurisdiction. The highest organ of the judiciary is the Supreme Court. The Supreme Court is the final examination authority of the decisions and provisions given by the courts of appeal and that the law does not assign to another judicial authority, and is an independent high court that operates in accordance with the Constitution of the Republic of Turkey, this Law and other laws (Yargıtay Mevzuatı, 2018). When the problem is not resolved by applying to the first instance courts, or the case is appealed, the case is referred to the higher court. The decision of the Supreme Court is final.

This study aims to examine dental malpractice cases in Turkey in light of the Supreme Court's decisions. In addition, the absence of other studies evaluating the decisions of the Supreme Court, showing dentists and health professionals working in the field of dental health the legal process they will face in case of malpractice and revealing Turkey's national picture on this subject can be cited among the other aims of the study.

2. MATERIALS AND METHODS

This study retrospectively evaluates medical malpractice arising from dental services at the national level. It investigates where malpractice incidents took place, the consequences for the patient, those who are culpable, the type of punishment imposed, and the damages claimed. In this study, it is aimed to determine the frequency of malpractice cases encountered in the field of dentistry in Turkey and to raise awareness.

2.1. Research Question

How the Supreme Court concluded the malpractice cases in dental health in Turkey, what kind of health consequences occurred in patients due to malpractice, and what kind of responsibilities were imposed on dentists are the questions for this research.

2.2. Search Strategy

The decisions of the Criminal and Civil Chambers were examined together. The reason for this is to reveal whether dentists have faced compensation and freedom-restricting decisions. Decisions were obtained by using the decision search tab of the <https://www.yargitay.gov.tr/> website and using the keywords. Keywords were determined by interviewing specialist dentists. This internet address is an official and reliable source for data, and it is heavily used in research on medical malpractice.

2.3. Inclusion Criteria

Dentists were primarily interviewed about which decisions to include in the study. Keywords for the areas that dentists want to see in the study were determined, and court decisions were searched with these keywords. A large number of decisions up to 2018 were obtained and included, but in such studies, the selection should be narrowed, filters should be included, and duplicate decisions should be removed. The steps are taken at this point, and the inclusion and exclusion criteria are shown in Figure 1.

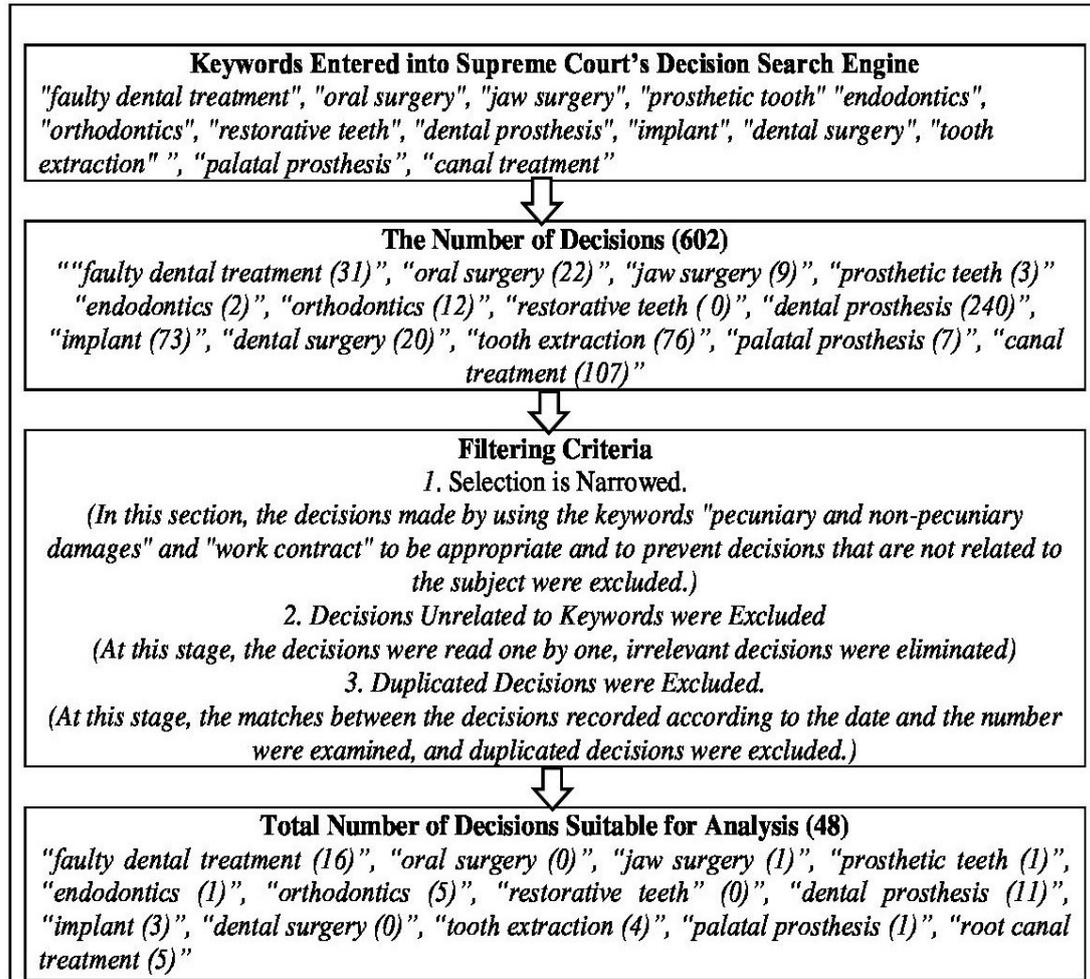


Figure 1. Methodology of Investigation of Dental Malpractice Cases via Supreme Court Decision Search Engine

2.4. Study Selection and Data Collection

There was no sample selection in the study, and all decisions were tried to be reached. Qualified decisions were tried to be reached by applying only inclusion criteria. The data were downloaded by the researchers from the official website of the Supreme Court, <https://www.yargitay.gov.tr/>. The data was obtained on 31.10.2019, and the decisions were recorded on the computer. The data were first read one by one by the researchers and subjected to content analysis and then transferred to the SPSS 23.0 package program for analysis.

2.5. Risk of Bias and Assessment of the Quality of Evidence

Since the decisions obtained in the study are downloaded from the website of the Supreme Court, which is one of the official organs of the Republic of Turkey, there is no risk of bias.

Researchers do not have a chance to interfere with the data. In addition, since it is an open-source site, other researchers will reach similar results using similar methodological methods, so the information revealed by the study is reliable.

2.6. Data Analysis

Descriptive statistics were obtained by using the SPSS 23.0 Package program for all data.

3. RESULTS

Table 1. Descriptive Statistics for Malpractice Cases

Type of institutions in which patients encountered medical malpractice				Public		Private		No Data		University		Total				
				n	%	n	%	n	%	n	%	n	%			
Hospital Types				4	8,3	40	83,3	3	6,3	1	2,1	48	100			
Decisions by Years	2012		2013		2014		2015		2016		2017		2018		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
	3	6,3	5	10,4	9	18,8	9	18,8	6	12,5	7	14,6	9	18,8	48	100
Decision-Making Chamber				Criminal Division (Intentional Injury Offenses)								3	6,3			
				Civil Chamber (Material and Moral Compensation Cases)								45	93,7			
People Who Filed the Case				Adults								43	89,6			
				Adults for Their Daughters								3	6,3			
				Adults for Their Sons								2	4,2			

Table 1 shows the hospitals the dental malpractice cases occurred, the year the cases brought to the court were concluded, the department that made the decision, and the frequency and percentage of the people who brought the case. When Table 1 is examined, it is seen that 83.3% of dental malpractice cases occur in private enterprises (private clinics, practice, private hospitals, etc.). Public hospitals (8.3%), businesses without data on their ownership (6.3%), and university hospitals (2.1%) follow the private enterprises, respectively. It is seen that most of the decisions were made in 2014, 2015, and 2018. The majority of the decisions (93.7%) were given by the legal departments authorized to negotiate compensation cases. The cases were primarily filed by adults (89.6%). Other lawsuits were filed by parents on behalf of their children.

Table 2. Reasons for Application to the Dentist by Patients Exposed to Malpractice

Malpractice Cause	n	%
Tooth Extraction	5	10,4
Tooth Extraction, Periodontal Treatment, and Veneer	1	2,1
Dental Filling	1	2,1
Dental Bridge and Teeth Whitening	1	2,1
Dental Prosthesis and Dental Veneer	1	2,1
Dental Prosthesis	12	25,0
Dental Treatment	8	16,7
Implant	9	18,8
Root Canal Treatment	2	4,2
Channel and Porcelain Treatment	1	2,1
Orthodontic Treatment	5	10,4
Zirconium Coating	2	4,2
Total	48	100,0

Table 2 shows the reasons or health problems of the patients applied to the dentist. The patients mostly applied for a dental prosthesis (25%). Some of the other reasons are: implant (18.8%), dental treatment (16.7%), tooth extraction (10.4%), canal and porcelain treatment (10.4%), zirconium coating (4.2%), root canal treatment (% 4.2). The frequency and percentage of other reasons for admission are low.

Table 3. Reasons of Malpractice

Malpractice Reason	n	%
Failure to Obtain Informed Consent	1	2,1
Lack of Attention and Care	1	2,1
Carelessness and Negligence	1	2,1
Treatment by Unlicensed Persons	1	2,1
Faulty Treatment Method	32	66,7
Faulty Treatment Method and Lack of Care	1	2,1
Service Failure	7	14,6
Failure of Service and Lack of Care	1	2,1
Lack of Care	2	4,2
Lack of Care and Selection of Faulty Treatment Method	1	2,1
Total	48	100,0

Table 3 shows the causes of malpractice. When Table 3 is examined, it is seen that choosing the wrong treatment method (66.7%) and service failure (14.6%) are the most common.

Although the frequency and percentage of other causes are low, it is essential to examine them.

Table 4. The Malpractice Results in the Patients

Result	n	%
Mouth Sores and Difficulty Swallowing	3	6,3
Pain	15	31,3
Pain and Inflammation	1	2,1
Unspecified	1	2,1
Permanent Damage to Jaw Bones, Tooth Loss, Severe Pain	1	2,1
Loss of Chewing Function and Asymmetric Teeth	1	2,1
Psychological Deterioration Due to Braces	1	2,1
Removal of the Implant by Extracting the Tooth	1	2,1
Removal of Alveolar Bone and Tuber Maxilla Surrounding the Teeth in One Piece	1	2,1
Injury to the extent that the teeth will lose their function	1	2,1
Infection	1	2,1
Inability to heal	2	4,2
Extraction of Permanent Tooth	2	4,2
Damage To the Level To Lose Vital Functions	1	2,1
Speech, Eating, and Visual Disorders	1	2,1
Defective Implant	1	2,1
Inability to Function Due to Defective Prosthesis	5	10,4
Dissatisfaction	1	2,1
Pain Due to Interruption of Treatment	1	2,1
Extraction of All Teeth	2	4,2
Inability to Eat	2	4,2
Severe Swelling Percent	1	2,1
Total	48	100,0

Table 4 includes the health problems experienced by the patient as a result of malpractice. When Table 4 is examined, it is seen that the patients feel the most severe pain (31.3%) after malpractice, they cannot fully perform their chewing function (10.4%), and suffer from mouth sores and swallowing difficulties (6.3%) due to defective prosthesis. Although the frequency and percentage of other health problems are low, it is seen when the table is examined that they have serious health consequences. In addition, as a piece of additional information, it was determined that 7 (14.6%) cases had to undergo a second operation due to malpractice.

Table 5. Data Regarding the Amount of the Compensation Claimed

Compensation Type	Pecuniary Compensation	Non-pecuniary Compensation	Total Compensation
Average	13.078TL	33.634TL	53.431TL
Standard Deviation	17.444TL	50.994TL	122.004TL
Minimum Value	500TL	1000TL	2000TL
Maximum Value	75.000TL	25.000TL	71.700TL

Table 5 shows the material, pecuniary and non-pecuniary compensation amounts requested by the patients. Among the 48 cases, the patients in the 5 (10.4%) cases were health tourists who came to Turkey and had dental treatment within the scope of health tourism. In this context, first of all, when the court decisions are examined, it is seen that health tourists pay in foreign currency. Therefore, the following procedure was followed to calculate the compensation amounts in Turkish Lira. For the amount of compensation requested, the foreign currency paid by the patients coming as health tourists have been converted into Turkish Lira over the year-end average of the relevant exchange rate (Euro, Dollar, Swiss Franc) of the year they paid. Then, the average, standard deviation, minimum and maximum values for compensation claims in Turkish Lira obtained in the context of all decisions were obtained. Before starting the analysis, it was observed that there was an outlier value. When this decision was examined, it was seen that as a result of the intervention made by the physician, the patient was damaged at a level that would lose his vital functions in that case. The amount of pecuniary compensation requested for this case is 1 million T.L., and the amount of non-pecuniary compensation is 500,000 TL, in total 1 million 500,000 thousand T.L. Within this context, calculations were made by removing this outlier. When Table 5 is examined, the average amount of pecuniary and non-pecuniary damages is 53.431 TL.

Table 6. The Court Decisions as a Result of the Judgement

The Court Decisions	n	%
Under Article 321 of CMUK (Law of Criminal Procedure), numbered 1412, the provision is REVERSED in accordance with the request.	1	2,1
REJECTED under article 309 of the Criminal Procedure Code No. 271, SUBMISSION TO THE Office of the Chief Public Prosecutor	1	2,1
REVERSING the provision in accordance with the request, under Article	1	2,1

321 of CMUK (Law of Criminal Procedure)		
A reversal in Favor of Plaintiff and the Defendant	5	10,4
A reversal in Favor of the Plaintiff	9	18,8
Approval of the Provision in the Benefit of the Plaintiff	1	2,1
A reversal in Favor of the Defendant	3	6,3
REVERSAL under article 428 of the HUMK. (Law of Civil Procedure)	25	52,1
Reversal of the Judgement	1	2,1
Reversal of the Judgment in favor of the Defendant and Appointment of an Expert	1	2,1
Total	48	100,0

Table 6 shows the decisions of the Supreme Court. When Table 6 is examined, most of the decisions (52.1%) were reversed in accordance with Article 428 of the HUMK (Law of Civil Procedure). 18.8% of the decisions were reversed for the benefit of the plaintiff. 10.4% of the decisions were reversed in favor of the plaintiff and the defendant. 6.3% of the decisions were reversed in favor of the defendant. Under Article 321 of the Criminal Procedure Code numbered 1412, the verdict is REVERSED in accordance with the request, REJECTED and SUBMITTED to the Office of the Chief Public Prosecutor under Article 309 of the Criminal Procedure Code No. 271, and REVERSED in accordance with the request in accordance with the Article 321 of the Criminal Procedure Code, and Appointment of an Expert and Reversal of the Judgment have been ruled.

4. DISCUSSION AND CONCLUSION

Malpractice research has been largely unexplored in dentistry. This study examines malpractice cases in dental health in Turkey with high court decisions. The limited number of studies on dental malpractice and Turkey's attempt to present a national view of dental malpractice put this study in a special place. This study is the first to provide information about court records filed by patients against dentists working in Turkey.

Various problems and forensic medicine problems arise due to medical practices involving direct or indirect contact with patients. Conflicts with patients are rare if problems are detected and resolved early. However, legal and criminal disputes become inevitable if a patient is seriously harmed due to inadequate treatment. Also, if malpractice is identified as a clear cause, it can result in medical, administrative, and criminal penalties. Healthcare professionals must faithfully fulfill their duty of care and give a prior explanation, help

healthcare personnel and patients maintain close relationships, and promptly deal with any problems that may arise (Kim, 2017). Researchers conducting quality research in health state that it is necessary to focus on systems rather than people. For example, Juran states that the performance of an organization is determined by two factors, the system, and the people. He expresses the effects of these two factors on the result as 85% and 15%. On the other hand, Deming expresses the weights of these factors as 94% and 6%. Accordingly, 85-94% of performance, problems, or improvement opportunities are related to systems and processes, only 6-15% can be directly attributed to employees (Kaya, 2013). Therefore, in malpractice cases, first of all, the systems must be well organized.

According to the results of dental malpractice cases examined in Iran by Kiani et al. (2009), most of the dental malpractice complaints (86.9%) occurred in the private sector. 69.2% of malpractice cases were against private solo practice clinics, 14.8% against outpatient clinics, and 2.9% against medical centers. The remaining complaints (13.1%) are against the public. Most cases (87.1%) were against general dentists, 8.5% against specialists, and 4.4% against experimental technicians. In 69.9% of cases, the dentist is the owner of the practice, while in the remaining cases (30.1%), the dentist is an employee (Kiani and Sheikhzadi, 2009). This study shows that 83.3% of dental malpractice cases occur in private enterprises (private clinics, practice, private hospitals, etc.). Private enterprises are respectively; public hospitals (8.3%), businesses without data on their ownership (6.3%), and university hospitals (2.1%) follow.

It is seen that most of the decisions were made in 2014, 2015, and 2018. This situation does not show that malpractice cases did not occur before these dates, and the fact that patients have become more aware of their rights and that they have started to seek legal action shows that decisions have been made in recent years. In addition, in Turkey, The Supreme Council of Health, which is under the Ministry of Health of the Republic of Turkey, was authorized to discuss malpractice cases as an expert, but the suspension of the activities of the Supreme Council of Health caused those who suffered from malpractice to apply directly to the courts.

Ozdemir et al. (2005) have investigated 1,548 malpractice cases in Turkey between 1991 and 2000. Of these, 14 cases (0.9%) were related to surgical, prosthetic, and endodontic dental treatment. It has been revealed that dental malpractice cases examined in Iran by Kiani et al. (2009) are related to fixed prosthesis and oral surgery. According to the study of Mohebbi et al. (2014), while the complaints in the field of surgery are in the first place (50%), the second place is the implants and prostheses, which make up 27% of the requests. The Hapcook study

in 2006 noted that in the United States, 28% of complaints were in the area of prosthetics, with a lower incidence in endodontics and surgical dentistry (Pinchi et al., 2014). Similarly, in this study, it was seen that patients mostly applied to the dental clinic for a dental prosthesis (25%) and implant (18.8%) (or with these complaints). Pinchi et al. (2014) state that technical errors occur primarily in implant applications (82.6%). Bjorndal and Reit (2008) studied dental complaints in Denmark from 1995 to 2004 and found that they were mostly related to prosthetics and endodontics.

The majority of the decisions (93.7%) are compensation cases. The lawsuits were primarily filed by adults (89.6%). The patients mostly applied to the dental clinic for a dental prosthesis (25%) and implant (18.8%). Choosing the wrong treatment method (66.7%) and service failure (14.6%) are among the leading causes of malpractice. According to the results of the dental malpractice studies conducted by Makwakwa, & Motloba (2019) in South Africa, Fraud, clinical misconduct, and unprofessionalism are causes for 66.7%, 23.2%, and 10.1% of all malpractice numbers, respectively. It is also seen that dentists commit fraud in underdeveloped countries. However, the points that show similarities with our study are non-compliance with clinical procedures, choosing the wrong treatment method, and unprofessionalism, that is, service defect. Health consequences such as severe pain and soreness (31.3%), inability to fully perform the chewing function (10.4%) due to defective prosthesis, mouth sores, and difficulty in swallowing (6.3%) occurred in the patients. As a result of malpractice, it was determined that 7 (14.6%) cases had to undergo a second operation. The average amount of pecuniary and non-pecuniary compensation demanded from physicians is 53.431 TL. The majority of the decisions (52.1%) were reversed in accordance with Article 428 of the HUMK (Law of Civil Procedure).

Like other healthcare professionals, dentists face the risk of harming patients, which leads to malpractice. In such cases, if a dentist puts the patient's life or tissues at risk or causes any other harm, the dentist may face legal consequences (Özdemir et al., 2005). The main conditions that cause dentists to make professional mistakes are primarily due to reasons such as lack of knowledge and skills based on the inadequacy of vocational education and post-vocational education, the inadequacy of health infrastructure (Aytepe ve Yaman, 2015). It is argued that standard diagnostic and therapeutic protocols that meet ethical principles and comply with legal rules are critical to minimize the incidence of malpractice (Ozdemir et al., 2005). Graskemper (2002) states that risk management can significantly reduce malpractice, which facilitates close cooperation among medical personnel, allows patients to receive all

kinds of explanations about the treatment process, and helps minimize neglect during treatment. Correct diagnosis, treatment planning, surgical techniques, and detailed patient information are essential to reduce the incidence of malpractice to minimize claims about treatment. In addition, referral to relevant specialists for high-risk treatments is strongly recommended (Hapcook, 2006; Venta et al., 1998). Additionally, it is emphasized that system errors are more than human errors. Therefore, it is necessary to develop individual, institutional and national strategies and take necessary precautions by raising the awareness of health professionals without inclining them to blame people.

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