Author's response to reviews

Title: Claims, Liabilities, Injures and Compensation Payments of Medical Malpractice Litigation Cases in China from 1998 to 2011

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Author's response to reviews: see over
Dear Editor Christian Giray,

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled “Claims, Liabilities, Injuries and Compensation Payments of Medical Malpractice Litigation Cases in China from 1998 to 2011” (MS: 1012311626112337).

The reviewer’s comments are very valuable and helpful for us to improve our paper. I have studied comments and suggestions carefully and have made relative correction in line with it, I hope those revisions will meet with your approval. The revised parts are marked in red in our paper. The following is a point-to-point response to the editor’s and to the two reviewers’ comments.

1. **Response to the editor**

1. Copyedit

Answer: Thanks for your advice. At first, I revised our paper following the two reviewers’ comments. “editage company--English Editing and Proofreading Services for Academic and Scientific Papers”, to take a language editing service. I hope our manuscript can meet the language requirement. If the language of article has any problem, I will modify again.

2. Manuscript body

Answer: According your advice, I checked all the required sections including (in the following order): Title page, Abstract, Keywords, Background, Methods, Results and discussion, Conclusions, Competing interests, Authors’ contributions, Authors’ information, Acknowledgements, Endnotes, References, Tables and captions.

Depending on your requirements, I corrected the format of all above.

3. Proper format of Authors Contribution

Answer: According your requirement, I corrected the format of Authors Contribution.

4. Competing interests

Answer: We declared that we have no competing interests.

1. **Response to the two reviewers**

Response to the two reviewers 1

1. The English language is in several parts so unclear or faulty that the text in incomprehensible (reader is not able understand what do you mean). Please do thorough language check.

Answer: Thanks for your advice. At first, I revised our paper following your advice. Then, I sent our paper to the “editage company--English Editing and Proofreading Services for Academic and Scientific Papers”, because the editor suggested us to use a language editing service to edit our manuscript by a native-English speaker with scientific expertise. I hope the English language is
more comprehensible and accurate this time. If the language of article has any problem, I will modify again.

2. Several of the methods need to be included in the article: for example: It is not clear if this is a sample and if it is, how the sampling was made. Also, criteria for coding (classifying) of the data needs to be reported as well: if the researchers did it or if it was in the data base already and how reliability was taken into account.

Answer: Thanks so much for your advice. Firstly, in our study, this is not a sample. I got all 1086 cases (not sample or portion) related medical malpractice from the legal database named Chinese Justice Legal Application Support System (CJLASS) database, which was admitted by the Supreme People’s Court of China, similar as The National Health Service Litigation Authority (NHSL) in England.

While referring relevant literatures on malpractice claims’ study, such as the article “Litigation Related to drug errors in anesthesia: an analysis of claims against the NHS in England 1995-2007” published on journal of the Association of Anesthetists of Great Britain and Ireland, as well as other studies which also using the same methods as ours.

Secondly, it is true as you suggested that it is better to report criteria for coding (classifying) of the data. In fact, I had reported the classifying on the manuscript’s draft. When I submitted the paper, due to the words limited, I deleted them. According your advice, I added the “criteria for coding and definition” on the third part in method section in red.

3. In the Background (and more in Discussion) you could include the recent phenomenon in China on increase in conflicts between patients and doctors/hospitals (eg extensively discussed in Liebman 2013). In other words, put this issue into a wider context in China of the change in health system. Also, compare this to the results in Italy where there is no out-of-pocket payment by patients and yet a huge amount of claims.

Answer: Thanks so much for your advice. According to your advice, I carefully read the Liebman’s article “Malpractice Mobs: Medical Dispute Resolution in China” and I found some new references. Then, I summarized them and revised our paper by putting the malpractice dispute into a wider context of the change in health system of China mainly including the poor investment in the health system and in training and paying doctors, which can lead to medical errors, corruption, and poor communication between health professional and patients.

Besides that, following your advice, I compared the results in Italy where there is no out-of-pocket payment by patients and yet a huge amount of claims. Then, I pointed the common reasons about the high payment, such as high and unrealistic patient expectations about the treatment, and the special social background and reasons in China (eg. Catastrophic out-of-pocket health–care expense of family and the negative media report about doctor).

Please check all the above revisions on the introduction and discussion section, which we add
another part “The conflict between patient and doctor” in discussion section in red.

4. The article would benefit from brief definitions of key terms as they may not be known to many readers. These could be added easily in parenthesis.

Answer: Thanks for your advice. It is true as you suggested that it is better to add brief definitions of key terms in our article. In line with your suggestion, I added some definitions, such as "civil ruling", "fault liability", and "equitable liability". Please check the third part "criteria for coding and definition" in method section in red.

5. Please note the difference between a significant difference and a statistically significant difference.

Answer: Thanks so much for your advice. I am sorry for unclear descriptions. According to your advice, I checked all the “difference” in our article again. I corrected five “statistically significant difference”, which I added “statistically” on the description of data, to confirm and emphasize the results was statistically significant difference. Please check the fourth part of “compensation payment” in the result section in red.

6. The tables are very good! However, in the results part it is difficult to understand how the % has been counted; especially in the abstract.

Answer: Thanks for your approval of our article. I am sorry for the % causing confusion. In our result and the abstract, because of the common characteristic and the limitation of words, I put two or three classification together to count the percentage. And the % can be calculated by the number of the tables.

According to your valuable opinions, I altered some description mainly in the abstract in red. If it still causes further confusion; I will just follow the same approaches to make more revisions.

7. Abstract: needs a lot of work as it is incomprehensible now. Also, for the Background it is not sufficient to say that there have been no studies or no data (there has been the data base). Put the theme in a wider context as that would be really interesting.

Answer: Thanks for your advice. According to your advice, I carefully revised the abstract and background on both language and contents. Please check the abstract and background in red.

8. The conclusion on unfair compensations is not clearly supported by the results.

Answer: We considered the unfairness on two ways in the initial thoughts. On the one hand, the average compensation on patient in China was much lower than the other countries. On the other hand, the compensation on death was lower than the serious injury because of the legal loopholes in China, which is not fair to the death patients.
After carefully consideration of your comments, what you suggested is quite sensible. I deleted the first paragraph—the confused part. And we retained the second part about the unfair compensation for the death patient using the data from the result directly for consistency and clarity. Please check the revised paragraph of “the unfair compensation in medical malpractice” in discussion red.

1. **Response to the reviewer 2**

   1. In references, usually Family name is followed by the Initials of the givenname. It seems the authors write the Chinese names by putting Given name followed by Initials of the Family name. Please try to correct them according to the international standard. For instance, “Xiaowen Zhao” should be cited in reference as “Zhao XW” or “Zhao X”, rather than “Xiaowen Z.”

   Answer: Thanks for your advice. I am so sorry for my mistake and I have corrected them.

   2. In Table 2: “Infected related” is advised to change to “Infection related”. In Table 2,3: “Seriously injury” to “Serious injury”. So also in the main manuscript

   Answer: I am so sorry for my mistake and I have corrected them.

   3. Please refer to the red colored parts in the main manuscript to make adequatecorrections.

   Answer: I am so sorry for my mistake and I have corrected them.

   4. This paper can be accepted for publication after making minor corrections as shown in the red colored parts in the attached file.

   Answer: Thank you for your approval of our article.


   Answer: Thanks so much for your advice. According your advice, I have added and compared the result of article “Medical malpractice experience of Taiwan” with our result. Please check the third paragraph of “the reasons of high risk medical specialties” in the discussion section.

Thanks so much for you hard work and nice help.

Yours sincerely,

Heng Li