
Cases reported to the Patient Insurance Centre in 2012–2017 by year of decision



Safeguarding patients and nursing staff

We handle the compensation procedures for patient injuries occurring in Finland on a centralised basis. We safeguard the rights of patients and nursing staff and produce useful information in support of the evolving insurance system and patient safety work.

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Any quotations must be accompanied by an indication of the source.

Preface

The Finnish statutory patient insurance system commenced with the entry into force of the Finnish Patient Injuries Act (585/1986) on 1 May 1987. The Act was the first of its kind in the world, although in Sweden a voluntary patient insurance scheme had been in place since the mid-1970s. Currently, all the Nordic countries have a similar type of blame-free patient insurance system in place, based on the principle of avoidability. Elsewhere in the world, patient insurance is still rare: there are individual statutory or voluntary compensation systems in place for compensating bodily injuries that occur in connection with health care, but where their compensation criteria or amounts are concerned, they are not necessarily as comprehensive as the Nordic systems.

In Finland, the Patient Insurance Centre (PVK) handles and resolves all notices of patient injuries concerning the medical treatment and health care provided in the public and private sectors. The impartial handling of claims outside the treatment process safeguards the rights of both patients and nursing staff. During the last 30 years, PVK has resolved more than 200,000 cases reported to it, of which around 68,000 have been deemed compensable. More than EUR 560 million has been paid out from the system in compensation for those who have sustained a patient injury.

In addition to an effective system for compensations, it is important to focus on the prevention of accidents and patient safety to avoid human suffering and additional costs in future. Human action always involves risks, and mistakes may occur, but they can and should be learned from.

The Patient Insurance Centre's comprehensive injury statistics from the last few decades open an interesting perspective on the Finnish health care system and its development. For its part, the Patient Insurance Centre wishes to promote patient safety and improve the availability of its injury and statistical data to support the quality and safety of work in health care.

This is the first annual report of the new type compiled from PVK's injury data. The report includes, among other things, information about reported, resolved and compensable cases of injury from 2012–2017, and more detailed statistics about the resolved compensable patient injuries and compensations paid in 2017. In future, we will publish annual statistics concerning the last year at the beginning of each year on an annual basis, and statistics of current interest on the injury development trends during the current year on a semi-annual basis.

The Patient Insurance Centre is happy to receive any feedback and development suggestions you may have.

Helsinki, March 2018

Minna Plit-Turunen
Unit Director

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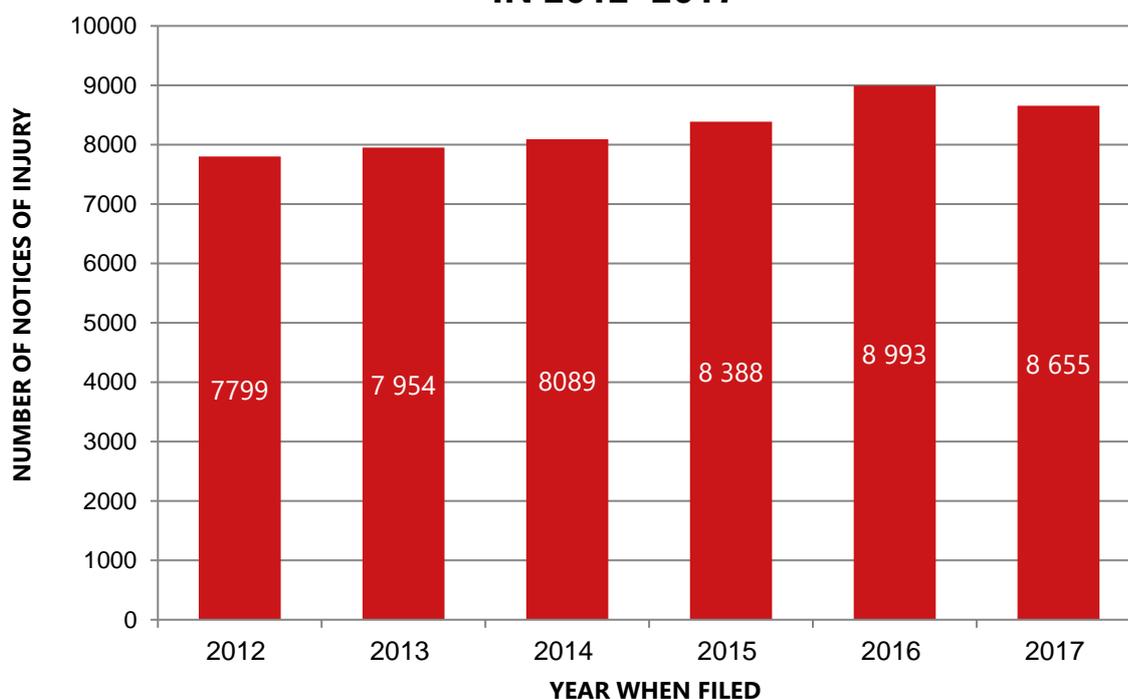
1 Received notices of patient injury

The number of notices of injury has been on the rise throughout the 2010s. The increase between 2010 and 2016 was more than 20%. The rising trend is consistent with the general development in the Nordic countries. In recent years, the growth was strongest in Sweden (LÖF), where the number of notices during a corresponding period increased by more than 50%. In Denmark (Patienterstatningen), the number of notices also increased until 2016, but started to decrease in 2017. In Norway, growth of more than 30% was seen until 2015, but this already started to decrease in 2016. In Finland, the growth trend also ended in 2017, when the number of notices of injury received (8,655) was for the first time smaller than the previous year (8,993). However, the number of notices continued to remain higher than in 2015 (8,388). The most recent data from Sweden and Norway from 2017 again indicate minor growth in the number of notices of injury. It remains to be seen whether the decline is only temporary in Finland as well.

The growth in the number of notices of injury is estimated to be due to the increase in the number of treatment contacts and procedures conducted in health care. Furthermore, interest in health care matters and awareness of patient insurance have increased, with health care and patient safety being subject to wide-ranging public debate on issues such as the health and social services reform. Individual cases of malpractice and patient injury receiving media attention are also expected to temporarily increase the number of reported cases. The slight decline in the number of notices in 2017 may arise from the fact that more attention has been paid in patient safety in health care, and the measures taken have begun to yield results. In its own communications, the Patient Insurance Centre has also sought to state more clearly the kinds of circumstance in which it is worthwhile to claim compensation.

When examining the statistics, it should be borne in mind that, as a rule, a notice of injury must be filed within three years of the date when the patient first knew of the injury. For this reason, of the cases reported last year, for example, only one third occurred during 2017. In other words, changes occurring in health care are only gradually reflected in the statistics.

NOTICES OF PATIENT INJURY RECEIVED IN 2012–2017



2 Resolved and compensable notices of patient injury

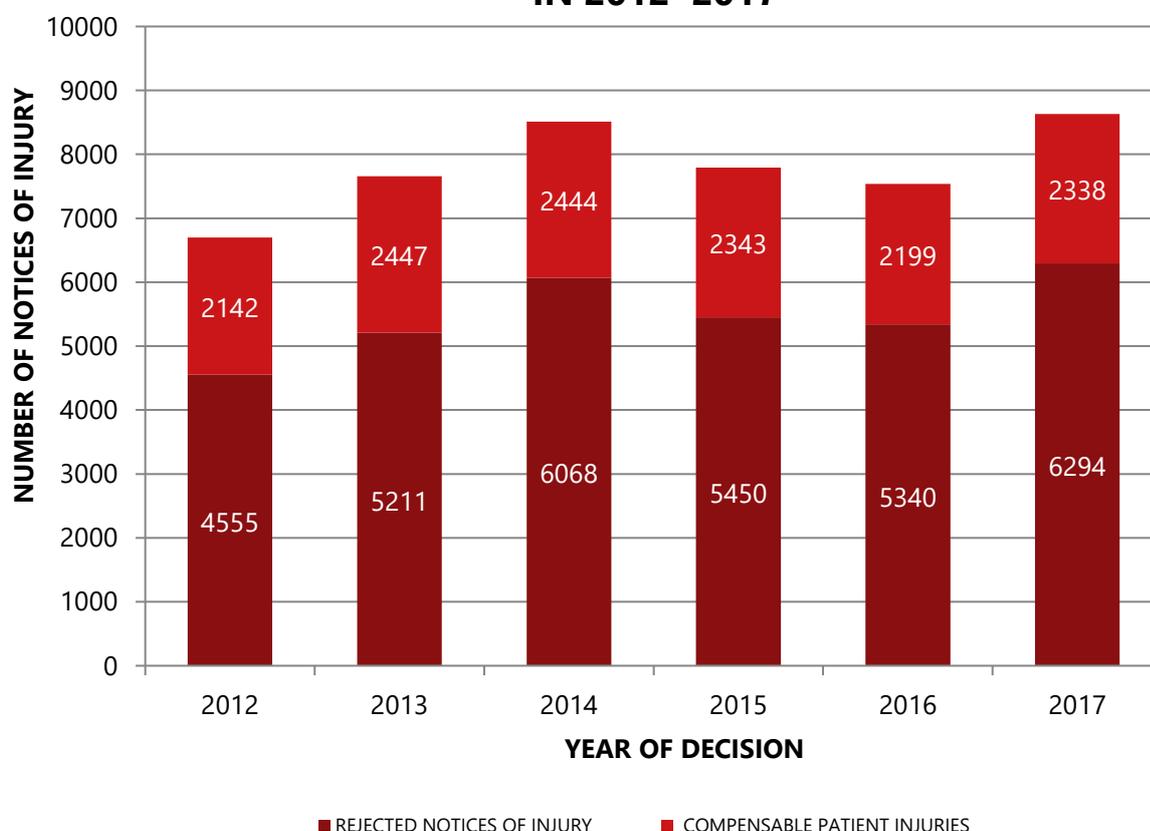
In 2017, a total of 8,632 reported cases were resolved, which is roughly the same as the number of new notices of injury received. Of the resolved cases, 2,338, or 27%, were deemed compensable. Furthermore, in 91 cases, the compensation criteria were deemed to have been met, but the loss incurred was so negligible that no compensation was payable. About 70% of notices of injury result in a negative decision.

Of the compensable injuries, the overwhelming majority (91.2% in 2017) are classified as treatment injuries. In these cases, the compensation criteria are that an experienced health care professional would have acted differently in the situation concerned and thereby avoided the injury. The second most frequent are infection injuries (6.5% in 2017).

In negative decisions, the grounds that were more frequently invoked (37.6%) were that the adverse effect could not have been avoided by opting for a different course of action, or that the infection was such that the patient was deemed capable of enduring it as a risk related to a medically justified treatment.

When an annual comparison is made of the compensable and rejected cases and the compensation criteria, attention should be paid to percentages instead of numbers, as the latter are considerably influenced by the number of claims decisions made by the Patient Insurance Centre during each year. Additionally, it should be borne in mind that in most cases, claims decisions do not pertain to injuries occurring during the year concerned: last year, for example, only 8.5% of decided cases occurred in 2017.

NOTICES OF PATIENT INJURY RESOLVED IN 2012–2017



NOTICES OF PATIENT INJURY RESOLVED IN 2012–2017

CLAIMS DECISION	YEAR OF DECISION					
	2012	2013	2014	2015	2016	2017
COMPENSABLE PATIENT INJURIES						
- TREATMENT INJURIES	1,961	2,261	2,253	2,175	2,037	2,131
- EQUIPMENT-RELATED INJURIES	8	9	14	8	5	13
- INFECTION INJURIES	132	125	132	119	121	152
- ACCIDENT INJURIES	23	21	22	22	23	24
- FIRE-RELATED INJURIES	0	0	0	0	0	0
- INJURIES DUE TO INCORRECT SUPPLY OF PHARMACEUTICALS	4	10	6	2	4	5
- UNREASONABLE INJURIES	14	21	17	17	9	13
* TOTAL	2,142	2,447	2,444	2,343	2,199	2,338
NEGLIGIBLE PATIENT INJURIES	67	66	62	58	67	91
NO PATIENT INJURY						
- NOT AVOIDABLE OR TOLERABLE	1,673	2,002	2,063	1,986	2,037	2,335
- OTHER GROUND FOR REJECTION	2,821	3,143	3,943	3,406	3,236	3,868
* TOTAL	4,494	5,145	6,006	5,392	5,273	6,203
* TOTAL	6,697	7,658	8,512	7,793	7,539	8,632
RESOLVED NOTICES OF INJURY						
- COMPENSABLE PATIENT INJURIES	32.0%	32.0%	28.7%	30.1%	29.2%	27.1%
- NEGLIGIBLE PATIENT INJURIES	0.9%	0.9%	0.7%	0.7%	0.9%	1.1%
- NO PATIENT INJURY	67.1%	67.1%	70.6%	69.2%	69.9%	71.8%
* TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
COMPENSABLE PATIENT INJURIES						
- TREATMENT INJURIES	91.5%	92.4%	92.2%	92.8%	92.7%	91.2%
- INFECTION INJURIES	6.2%	5.1%	5.4%	5.1%	5.5%	6.5%
- ACCIDENT INJURIES	1.1 %	0.9%	0.9%	0.9%	1%	1%
- OTHER INJURIES	1.2%	1.6%	1.5%	1.2%	0.8%	1.3%
* TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NO PATIENT INJURY						
- NOT AVOIDABLE OR TOLERABLE	37.2%	38.9%	34.3%	36.8%	38.6%	37.6%
- OTHER GROUND FOR REJECTION	62.8%	61.1%	65.7%	63.2%	61.4%	62.4%
* TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

3 Compensable patient injuries by place of injury

PVK discloses the number of compensable patient injuries itemised by hospital district, as well as in the aggregate with regard to injuries occurring in the private sector. More detailed information about the injuries occurring in the area of a specific hospital district can be obtained from the relevant hospital district that has taken out a patient insurance policy.

When the statistics are examined, it should be borne in mind that the number of injuries deemed compensable during each year is considerably influenced by the number of claims decisions made by the Patient Insurance Centre during the year concerned. In other words, the numbers of decisions made in each year are not directly comparable. Furthermore, no conclusions can be drawn on patient safety in different hospital districts based on the numbers alone, because several background factors should be considered in the comparison, such as the level of difficulty and the number of procedures performed in the area of the hospital district concerned, along with the demographic structure and the number of health care treatment visits.

COMPENSABLE PATIENT INJURIES RESOLVED IN 2012–2017

PLACE OF INJURY	YEAR OF DECISION					
	2012	2013	2014	2015	2016	2017
PLACES OF INJURY IN HOSPITAL DISTRICTS*	1725	1947	1982	1845	1742	1817
JOINT AUTHORITY OF THE HELSINKI AND UUSIMAA HOSPITAL DISTRICT	328	369	382	351	301	380
JOINT MUNICIPAL AUTHORITY OF THE HOSPITAL DISTRICT OF SOUTHWEST FINLAND	124	161	161	150	120	138
JOINT MUNICIPAL AUTHORITY OF THE SATAKUNTA HOSPITAL DISTRICT	73	86	68	73	71	66
JOINT MUNICIPAL AUTHORITY OF THE KANTA-HÄME HOSPITAL DISTRICT	83	94	80	92	79	92
JOINT MUNICIPAL AUTHORITY OF THE PIRKANMAA HOSPITAL DISTRICT	149	198	208	188	177	129
JOINT MUNICIPAL AUTHORITY FOR SOCIAL AND HEALTH SERVICES IN PÄIJÄT-HÄME	72	78	75	74	67	86
JOINT MUNICIPAL AUTHORITY FOR HEALTH AND SOCIAL SERVICES IN KYMENLAAKSO	100	97	98	91	99	97
JOINT MUNICIPAL AUTHORITY FOR SOCIAL AND HEALTH SERVICES IN SOUTH KARELIA	58	44	40	55	45	45
JOINT MUNICIPAL AUTHORITY OF THE SOUTH SAVO HOSPITAL DISTRICT	58	52	33	39	53	58
JOINT MUNICIPAL AUTHORITY OF THE EAST SAVO HOSPITAL DISTRICT	21	18	28	18	18	19
JOINT MUNICIPAL AUTHORITY FOR HEALTH AND SOCIAL SERVICES IN NORTH KARELIA	52	76	64	58	64	82
JOINT MUNICIPAL AUTHORITY OF THE NORTH SAVO HOSPITAL DISTRICT	106	127	153	128	134	120
JOINT MUNICIPAL AUTHORITY OF THE CENTRAL FINLAND HOSPITAL DISTRICT	74	87	79	90	67	78
JOINT MUNICIPAL AUTHORITY OF THE SOUTH OSTROBOTHNIA HOSPITAL DISTRICT	66	80	74	65	49	76
JOINT MUNICIPAL AUTHORITY OF THE VAASA HOSPITAL DISTRICT	34	40	32	34	46	37
JOINT MUNICIPAL AUTHORITY FOR SPECIALISED MEDICAL CARE AND BASIC SERVICES IN CENTRAL OSTROBOTHNIA	36	36	43	31	38	38
JOINT MUNICIPAL AUTHORITY OF THE NORTH OSTROBOTHNIA HOSPITAL DISTRICT	149	164	181	144	152	143
KAINUU REGION FEDERATION OF MUNICIPALITIES	33	40	45	45	31	31
JOINT MUNICIPAL AUTHORITY OF THE LÄNSI-POHJA HOSPITAL DISTRICT	23	24	27	26	32	27
JOINT MUNICIPAL AUTHORITY OF THE LAPLAND HOSPITAL DISTRICT	62	59	81	69	73	47
THE ÅLAND HEALTH AND MEDICAL CARE ORGANISATION	3	8	8	7	8	9
STATE'S PLACES OF THE INJURY	2	4	0	3	4	6
OTHER PLACES OF INJURY	19	5	22	14	14	13
PRIVATE SECTOR	417	500	462	498	457	521
TOTAL	2142	2447	2444	2343	2199	2338

*A hospital district's places of injury refer to all those places of injury, such as health stations and hospitals, covered by

the patient insurance of the hospital district concerned. The figures also include the injuries of private operators occurring in the health stations and hospitals of the hospital district concerned, even if they are not insured by the hospital district.

4 Compensable patient injuries in different procedures, underlying diseases and surgical procedures

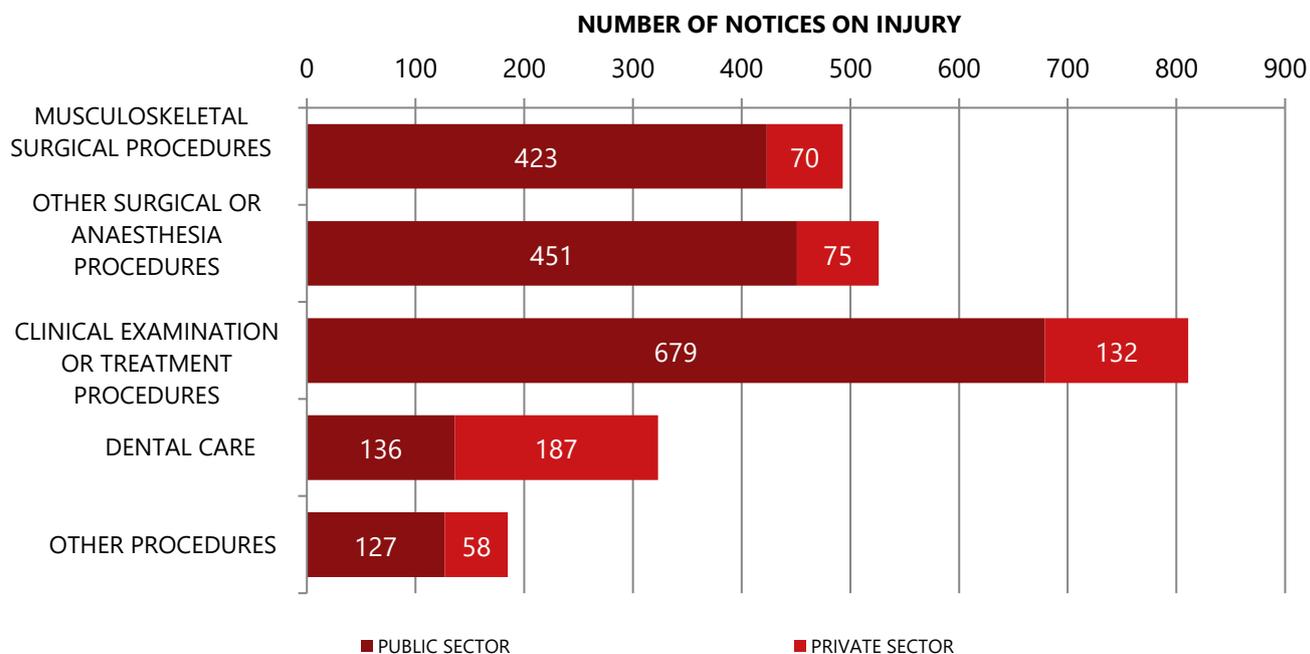
Compensable patient injuries are mostly related to surgical and anaesthesia procedures, in connection with which a total of 1,019 injuries were compensated in 2017. Of these, nearly half (493) were related to musculoskeletal system procedures. In surgical procedures, a compensable injury most frequently occurred in hip and knee arthroplasty surgeries.

A total of 811 injuries occurring in connection with clinical examination or treatment procedures were compensated. This category includes situations where the treatment given was incorrect or insufficient, for example, or where the diagnosis and treatment were delayed because the patient was not referred to further examinations at a sufficiently early stage or further examinations were not sufficiently comprehensive.

A total of 323 injuries occurring in connection with dental care procedures were compensated. Of these, 130 occurred in connection with root canal treatment and 99 in connection with prosthetic treatment. Additionally, 59 injuries occurring in dental, oral, maxillofacial and pharyngeal surgical procedures were compensated.

The following pages summarise not only the procedure data for 2017, but also the data on underlying diseases and the most common surgical procedures in the compensable patient injuries decided in 2015–2017.

COMPENSABLE PATIENT INJURIES RESOLVED IN 2017



COMPENSABLE PATIENT INJURIES RESOLVED IN 2017

PROCEDURE	PUBLIC SECTOR	PRIVATE SECTOR	TOTAL	PROPORTION OF THE PRIVATE SECTOR
SURGICAL AND ANAESTHESIA PROCEDURES	874	145	1019	14%
A NERVOUS SYSTEM PROCEDURE	73	2	75	3%
B ENDOCRINE SYSTEM PROCEDURE	18	0	18	0%
C EYE-AREA PROCEDURE	27	14	41	34%
D OTORHINOLARYNGEAL PROCEDURE	9	1	10	1%
E DENTAL, ORAL, MAXILLOFACIAL AND PHARYNGEAL PROCEDURE	19	40	59	68%
F CARDIO-THORACOVASCULAR PROCEDURE	10	0	10	0%
G THORACIC CAVITY WALL AND LUNG-AREA PROCEDURE	10	0	10	0%
H MAMMARY PROCEDURE	13	1	14	7%
J PROCEDURE IN THE GI TRACT AND ASSOCIATED ORGANS	118	7	125	6%
K URINARY TRACT- AND MALE GENITAL-AREA PROCEDURE	21	0	21	0%
L FEMALE GENITALIA PROCEDURE	49	4	53	8%
M OBSTETRIC PROCEDURE	10	0	10	0%
N MUSCULOSKELETAL SYSTEM PROCEDURE	423	70	493	14%
NA BACK AND NECK PROCEDURES	34	2	36	6%
NB SCAPULA, CLAVICLE, SHOULDER JOINT AND UPPER ARM PROCEDURES	23	15	38	39%
NC ELBOW JOINT AND FOREARM PROCEDURES	35	2	37	5%
ND WRIST AND HAND PROCEDURES	32	13	45	29%
NE PROCEDURES IN THE PELVIS, SACRUM AND COCCYX	2	0	2	0%
NF HIP JOINT AND FEMUR PROCEDURES	135	5	140	4%
NG KNEE AND LEG PROCEDURES	99	25	124	2%
NH ANKLE AND FOOT PROCEDURES	63	8	71	11%
P VASCULAR AND LYMPHATIC SYSTEM PROCEDURE	16	0	16	0%
Q DERMAL AND SUBCUTANEOUS TISSUE PROCEDURE	17	3	20	15%
T SMALL PROCEDURE	13	0	13	0%
U ENDOSCOPIC PROCEDURE	18	3	21	14%
OTHER SURGICAL PROCEDURE	4	0	4	0%
ANAESTHESIA PROCEDURE	6	0	6	0%
CLINICAL EXAMINATION OR TREATMENT PROCEDURE	679	132	811	16%
DENTAL TREATMENT PROCEDURES	136	187	323	58%
NON-SURGICAL REMOVAL OF TOOTH	24	7	31	23%
DENTAL FILLING TREATMENT	3	16	19	84%
ROOT CANAL THERAPY	71	59	130	45%
DENTAL PROSTHETIC TREATMENT	9	90	99	91%
OTHER DENTAL CARE	29	15	44	34%
OTHER PROCEDURES	127	58	185	31%
RADIOLOGICAL EXAMINATION	25	21	46	46%
INJECTION, PUNCTURE	22	3	25	12%
CATHETERISATION, DRAINAGE, CANNULATION	13	0	13	0%
CASTING, DRESSING	12	2	14	14%
WOUND CARE	2	0	2	0%
PHYSIOTHERAPY OR REHABILITATION	1	11	12	92%
HOSPITAL TREATMENT	15	0	15	0%
CHILDBIRTH	11	0	11	0%
OTHER PROCEDURE	26	21	47	45%
TOTAL	1816	522	2338	22%

The injuries of private operators occurring in health stations and public hospitals have also been classified as public sector injuries.

MOST COMMON UNDERLYING DISEASES IN THE COMPENSABLE PATIENT INJURIES RESOLVED IN 2015–2017

	UNDERLYING DISEASE	SURGERY OR ANAESTHESIA	PROCEDURE		NUMBER IN TOTAL
			CLINICAL EXAMINATION OR TREATMENT	OTHER PROCEDURE	
1.	K04 DISEASES OF PULP AND PERIAPICAL TISSUES	11	0	406	417
2.	M16 ARTHROSIS OF HIP	274	7	2	283
3.	K08 OTHER DISORDERS OF TEETH AND SUPPORTING STRUCTURES	67	0	184	251
4.	M17 ARTHROSIS OF KNEE	208	13	8	229
5.	S52 FRACTURE OF FOREARM	76	129	18	223
6.	S82 FRACTURE OF LOWER LEG, INCLUDING ANKLE	101	78	19	198
7.	K02 DENTAL CARIES	6	0	191	197
8.	S62 FRACTURE AT WRIST AND HAND LEVEL	32	114	14	160
9.	S72 FRACTURE OF FEMUR	69	39	13	121
10.	M51 OTHER INTERVERTEBRAL DISC DISORDERS	65	45	4	114
PROPORTION OF 10 MOST COMMON UNDERLYING DISEASES					32%
11.	M20 ACQUIRED DEFORMITIES OF FINGERS AND TOES	108	1	0	109
12.	S83 DISLOCATION, SPRAIN AND STRAIN OF JOINTS AND LIGAMENTS OF KNEE	72	16	4	92
13.	M48 OTHER SPONDYLOPATHIES	78	13	1	92
14.	S42 FRACTURE OF SHOULDER AND UPPER ARM	53	30	4	87
15.	K80 CHOLELITHIASIS	71	13	1	85
16.	C50 MALIGNANT NEOPLASM OF BREAST	23	27	32	82
17.	M19 OTHER ARTHROSIS	60	0	6	66
18.	H25 SENILE CATARACT	52	12	0	64
19.	K35 ACUTE APPENDICITIS	24	37	3	64
20.	S63 DISLOCATION, SPRAIN AND STRAIN OF JOINTS AND LIGAMENTS AT WRIST AND HAND LEVEL	21	35	3	59
PROPORTION OF 20 MOST COMMON UNDERLYING DISEASES					44%
21.	G56 MONONEUROPATHIES OF UPPER LIMB	54	3	0	57
22.	S92 SUPERFICIAL INJURY OF ANKLE AND FOOT	11	43	2	56
23.	K05 GINGIVITIS AND PERIODONTAL DISEASES	18	0	36	54
24.	S86 INJURY OF MUSCLE AND TENDON AT LOWER LEG	4	43	7	54
25.	M47 SPONDYLOSIS	47	5	1	53
26.	S43 DISLOCATION AND SPRAIN OF JOINTS AND LIGAMENTS OF SHOULDER GIRDLE	18	29	2	49
27.	I63 CEREBRAL INFARCTION	0	41	6	47
28.	S46 INJURY OF MUSCLE AND TENDON AT SHOULDER AND UPPER ARM LEVEL	21	25	1	47
29.	S02 FRACTURE OF SKULL AND FACIAL BONES	8	7	32	47
30.	T84 COMPLICATIONS OF INTERNAL ORTHOPAEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS	40	4	2	46
PROPORTION OF 30 MOST COMMON UNDERLYING DISEASES					51%

MOST COMMON SURGICAL PROCEDURES IN THE COMPENSABLE PATIENT INJURIES RESOLVED IN 2015–2017

PROCEDURE	PUBLIC SECTOR	PRIVATE SECTOR	TOTAL	PROPORTION OF THE PRIVATE SECTOR
1. NFB PRIMARY PROSTHETIC REPLACEMENT OF HIP JOINT	292	11	303	4%
2. NGB PRIMARY PROSTHETIC REPLACEMENT OF KNEE JOINT	158	6	164	4%
3. ABC DECOMPRESSION OF SPINAL CORD AND NERVE ROOTS FOR DEGENERATIVE CONDITIONS OF SPINE	130	8	138	6%
4. NHG EXCISION, RECONSTRUCTION AND FUSION OF JOINT OF ANKLE AND FOOT	113	5	118	4%
5. NAG EXCISION, RECONSTRUCTION AND FUSION OF JOINTS OF SPINE	93	3	96	3%
6. LCD TOTAL EXCISION OF UTERUS	73	1	74	1%
7. EBB RECONSTRUCTIVE OPERATIONS ON TEETH	4	68	72	94%
8. NCJ FRACTURE SURGERY OF ELBOW AND FOREARM	62	1	63	2%
9. NGE OPERATIONS ON CAPSULES AND LIGAMENTS OF KNEE JOINT	17	46	63	73%
10. JKA OPERATIONS ON GALLBLADDER	51	5	56	9%
PROPORTION OF 10 MOST COMMON PROCEDURES			38%	
11. CJE EXTRACAPSULAR CATARACT OPERATIONS USING PHACOEMULSIFICATION TECHNIQUE	51	5	56	9%
12. ACC OPERATIONS FOR IMPAIRED FUNCTION OF PERIPHERAL NERVES	52	4	56	7%
13. NHJ FRACTURE SURGERY OF ANKLE AND FOOT	51	2	53	4%
14. NHK OPERATIONS ON BONE OF ANKLE AND FOOT	44	7	51	14%
15. NBJ FRACTURE SURGERY OF SHOULDER AND UPPER ARM	44	7	51	14%
16. EBA EXTRACTION AND PARTIAL EXCISION OF TOOTH	24	25	49	51%
17. NGJ FRACTURE SURGERY OF KNEE AND LOWER LEG	43	2	45	4%
18. JFB PARTIAL EXCISION OF INTESTINE	45	0	45	0%
19. NFJ FRACTURE SURGERY OF FEMUR	43	0	43	0%
20. UJF ENTEROSCOPY AND COLOSCOPY	30	6	36	17%
PROPORTION OF 20 MOST COMMON PROCEDURES			54%	
21. JAB REPAIR OF INGUINAL HERNIA	30	5	35	14%
22. BAA THYROID GLAND OPERATIONS	34	0	34	0%
23. NFC SECONDARY PROSTHETIC REPLACEMENT OF HIP JOINT	32	0	32	0%
24. NHB PRIMARY PROSTHETIC REPLACEMENT OF JOINT OF ANKLE AND FOOT	27	2	29	7%
25. JEA APPENDECTOMY	27	0	27	0%
26. NDJ FRACTURE SURGERY OF WRIST AND HAND	22	4	26	15%
27. JAD REPAIR OF INCISIONAL HERNIA	25	0	25	0%
28. NBL OPERATIONS ON MUSCLES AND TENDONS OF SHOULDER AND UPPER ARM	9	14	23	61%
29. LAF EXCISION OF OVARY AND FALLOPIAN TUBE	23	0	23	0%
30. JAH OPENING OF PERITONEAL CAVITY	22	0	22	0%
PROPORTION OF 30 MOST COMMON PROCEDURES			64%	

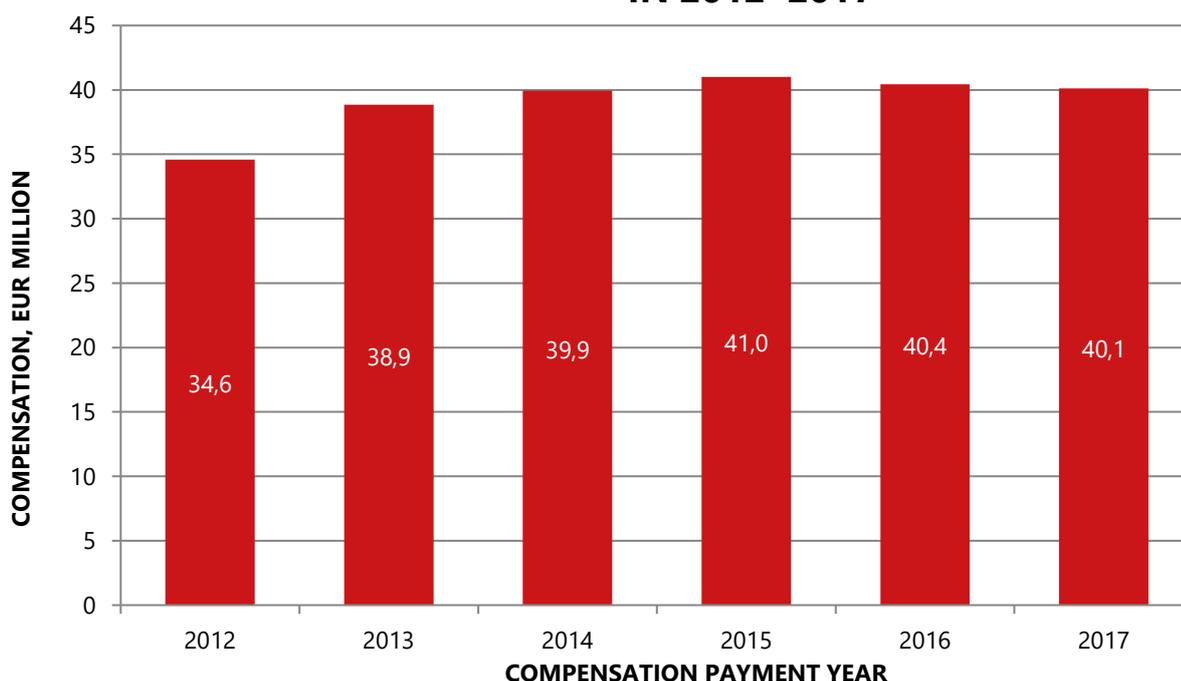
5 Compensations payable under patient insurance

The compensations payable under patient insurance are determined according to the provisions of the Patient Injuries Act (585/1986) and the Tort Liability Act (412/1974). When the compensations are assessed, due consideration is also given to the decision practice of the Patient Injuries Board and, where applicable, the guidelines and norms issued by the Traffic Accident Board.

The single largest compensation type, accounting for more than one third of all compensations paid, is compensation for loss of income. The second third, accounting for slightly less than one third of all compensations paid, consists of compensations paid for immaterial loss and damage, i.e. compensation for temporary incapacity, cosmetic impairment and permanent incapacity. The final third consists of medical treatment and other costs.

In 2017, compensations paid totalled EUR 40.1 million, including the management expenses of claims handling operations and the Patient Injuries Board's expenses. Compensation was mostly paid for compensable patient injuries that occurred earlier and were decided prior to 2017. For example, compensations for loss of income can be paid as a monthly pension-like compensation for several years or decades after the occurrence of the patient injury. The injured can also be compensated for medical treatment, medicine and other expenses as long as the patient injury gives rise to such expenses.

COMPENSATIONS PAID OUT OF THE PATIENT INSURANCE IN 2012–2017



COMPENSATIONS PAID OUT OF THE PATIENT INSURANCE IN 2012–2017 BY COMPENSATION TYPE

