Author Reply: Comparing Medicolegal Risk Surrounding Vasectomy in Spanish and American Society

We thank the authors for sharing the Catalonian experience and how it both complements and differs from the US experience. We recognize the limitations of WestLaw which, nonetheless, is the most comprehensive dataset available in the United States. International data clearly confirms that urologists are at considerably high medicolegal risk, and must take certain steps to minimize this. One aspect in particular that must be addressed is communication. Dealing with recovery and complications from procedures can be a lonely experience for patients. The basis of the patient-physician relationship is trust, and if a patient feels they cannot trust their physician after a bad outcome, they often feel the only place they can turn to is a lawyer. Trust is typically built through continued, honest communication regardless of whether information or outcomes are positive or negative. As listed in our paper, patients who reported feeling rushed, ignored, received inadequate explanations, or perceived spending less time with their physician were two times more likely to sue.[1]

Another aspect to consider is the importance of following data driven and proven guidelines in dictating therapy and follow-up. This is why we still recommend following the American Urological Association (AUA) and European guidelines with respect to pre-procedure counsel and a single negative post-vasectomy semen analysis (PVSA), until such data suggests a second negative PVSA should be required.[2,3] The counseling centers on both the common risks and rarer complications of recanalization and pregnancy. With only a ~50% return rate for a single PVSA, requiring 2 PVSAs has been shown to have even lower compliance rates while likely only confirming the initial negative PVSA.[4,5] We believe this is why, in our study, pregnancy was associated with low indemnity payments, despite being the most commonly filed damage. These cases were often associated with negligence in post-operative care, the liability of which can be mitigated by adhering to published guidelines. We thank the authors for their response and believe that Spanish data add valuable information to an ongoing discussion as vasectomy continues to be offered and promoted world-wide.

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