Why Doctors Practice Defensive Medicine?

The Problem of Blame Culture

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Goal, Methodology, Data Sources

GOAL:

- Findings of two Italian research surveys conducted in relation to the issue of defensive medicine
- The role of “blame culture”

METHODOLOGY AND DATA SOURCES:

- Quantitative analysis; 2 survey - national and local
- Qualitative analysis: in-depth interview
Defensive Medicine?

- Defensive medicine takes place when healthcare personnel prescribe unnecessary treatments, or avoid high-risk procedures, with the goal of reducing their exposure to malpractice litigation.
- Doctors in particular may:
  - prescribe unnecessary tests, procedures or specialist visits (positive defensive medicine),
  - or, alternatively, avoid high-risk patients or procedures (negative defensive medicine).
## Defensive Medicine

<table>
<thead>
<tr>
<th>Study</th>
<th>Year</th>
<th>Country</th>
<th>Result (% of defensive behaviours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tancredi</td>
<td>1978</td>
<td>US</td>
<td>70%</td>
</tr>
<tr>
<td>Studdert et al.</td>
<td>1995</td>
<td>US</td>
<td>93%</td>
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<tr>
<td>Summerton</td>
<td>2000</td>
<td>UK</td>
<td>90%</td>
</tr>
<tr>
<td>Hymaia</td>
<td>2006</td>
<td>Japan</td>
<td>98%</td>
</tr>
<tr>
<td>Jackson Healthcare</td>
<td>2008</td>
<td>US</td>
<td>72%</td>
</tr>
<tr>
<td>Massachusetts Medical Society</td>
<td>2009</td>
<td>US</td>
<td>83%</td>
</tr>
</tbody>
</table>
Two Surveys

NATIONAL STUDY

• July - November 2008
• 1,000 general practitioners
• e-mail questionnaire
• Response rate: 31%

LOCAL STUDY

• October 2008 - January 2009
• 124 specialists
• Distributed by hand
• Response rate: 82.2%
Avoided necessary risky procedures on patient
Excluded "risky" patients from certain treatments
Unnecessary invasive procedures
Unnecessary treatments
Unnecessary referral to a specialist
Unnecessary drugs
Unnecessary notes in a patient's record
Unnecessary hospitalisation
Negative Defensive Medicine
Excluded "risky" patients from certain treatments
Avoided necessary risky procedures on patient

Positive Defensive Medicine
National study results: 77.99% practice defensive medicine
In the course of the last month of work how many times did you perform the actions specified

- From 7 to 10 or more times
- From 1 to 6 times
- Never

Unnecessary hospitalisation
5.5
31.2
63.3

Unnecessary notes in a patient's record
19.7
17.2
63.1

Unnecessary drugs
6.7
44.8
48.5

Unnecessary referral to a specialist
5.1
41.4
53.5

Unnecessary treatments
2.4
22
75.6

Unnecessary invasive procedures
0.5
13.8
85.7

Positive Defensive Medicine

Negative Defensive Medicine

From 7 to 10 or more times
From 1 to 6 times
Never
Local study results: 83% practice defensive medicine

In the course of the last month of work how many times did you perform the actions specified

From 7 to 10 or more times  From 1 to 6 times  Never

Positive Defensive Medicine

Unnecessary notes in a patient's record
- From 7 to 10 or more times: 22.3%
- From 1 to 6 times: 56.6%
- Never: 21.1%

Unnecessary drugs
- From 7 to 10 or more times: 8.2%
- From 1 to 6 times: 49.5%
- Never: 42.3%

Unnecessary diagnostic tests
- From 7 to 10 or more times: 8.2%
- From 1 to 6 times: 44.8%
- Never: 47%

Unnecessary referral to a specialist
- From 7 to 10 or more times: 7%
- From 1 to 6 times: 41.3%
- Never: 51.7%

Unnecessary treatments
- From 7 to 10 or more times: 3.5%
- From 1 to 6 times: 30.7%
- Never: 65.8%

Unnecessary hospitalisation
- From 7 to 10 or more times: 2.3%
- From 1 to 6 times: 28.2%
- Never: 69.5%

Unnecessary invasive procedures
- From 7 to 10 or more times: 0%
- From 1 to 6 times: 4.7%
- Never: 95.3%

Negative Defensive Medicine

Excluded "risky" patients from certain...
- From 7 to 10 or more times: 1.1%
- From 1 to 6 times: 25.8%
- Never: 73.1%

- From 7 to 10 or more times: 2.3%
- From 1 to 6 times: 22.5%
- Never: 75.2%
The reasons of defensive behaviours (Aggregate data, NS)

- Fear of medical-legal litigation:
  - Disagree: 19.6%
  - Agree: 80.4%

- Colleague's experience of legal litigation:
  - Disagree: 34.3%
  - Agree: 65.7%

- Fear of a request for compensation:
  - Disagree: 40.2%
  - Agree: 59.8%

- Personal experience of medical-legal litigation:
  - Disagree: 48.2%
  - Agree: 51.8%

- Fear of negative publicity, loss of image:
  - Disagree: 43.5%
  - Agree: 56.5%

- Fear of disciplinary sanctions:
  - Disagree: 85%
  - Agree: 15%
The reasons of defensive medicine

(Aggregate data, LS)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of medical-legal litigation</td>
<td>88</td>
<td>11,7</td>
</tr>
<tr>
<td>Colleague's experience of legal litigation</td>
<td>68,3</td>
<td>31,7</td>
</tr>
<tr>
<td>Fear of a request for compensation</td>
<td>67,1</td>
<td>32,9</td>
</tr>
<tr>
<td>Personal experience of medical-legal litigation</td>
<td>58,8</td>
<td>41,2</td>
</tr>
<tr>
<td>Fear of disciplinary sanctions</td>
<td>68,2</td>
<td>31,8</td>
</tr>
<tr>
<td>Fear of negative publicity, loss of image</td>
<td>70,5</td>
<td>29,5</td>
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</table>
Summary of the findings

• The existence of a high level of defensive medicine
  • 77.9% (NS) and 83.3% (LS) had practiced some form of positive defensive medicine in the working month prior to being interviewed
  • 26.2% (NS) and 26.9% (LS) had practiced some form of negative defensive medicine in the working month prior to being interviewed
  • anesthetists are more inclined to practice defensive medicine than surgeons (LS)
  • surgeons more inclined than anesthetists to order the hospitalization of patients that could be managed otherwise (LS)

• The fear of medical litigation (legal dispute, damages claim) and negative publicity contribute to cause defensive medicine
Conclusion

- The threat of legal investigation does not make the medical system more careful and attentive toward the patient

- Individual blame logic does not improve patient safety

- Develop the capacity to learn from errors and system failures to become more resilient and reliable

- To achieve this, a profound cultural and juridical transformation is required

- Promote just culture to reduce defensive medicine and to promote a process of learning from error