

# Medical prescription vs defensive medicine: Results of a questionnaire answered by members of the Latina Board of Physicians, Surgeons and Dentists

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## ABSTRACT

"Defensive Medicine" is intended as health practitioners' behaviour aimed at limiting any medical - legal disputes and in addition to limiting a doctor's responsibilities; specifically, DM is implemented by prescribing diagnostically useless tests, or by avoiding procedures that are potentially beneficial for the patient, but burdened by risk. The final effect of this medical conduct is to nullify the efficiency of health care, as well as increase times and costs. Our Group asked doctors registered with the Professional Board of Latina to answer a questionnaire aimed at investigating the perception of this issue and their behaviour in this regard, both in terms of prescriptions and insurance coverage. The results show a general attitude of distrust towards a disputed doctor and a series of behaviours aimed at avoiding such situations; the doctors interviewed asked for increased protection and less pressure in order to better carry out their work.

## RIASSUNTO

Per "Medicina Difensiva" si intende una condotta, posta in essere dal personale sanitario, volta a limitare eventuali contenziosi medico - legali e finalizzata a limitare le responsabilità del medico; nello specifico, la MD si realizza attraverso prescrizione di esami inutili dal punto di vista diagnostico, ovvero tramite evitamento di procedure potenzialmente benefiche per il paziente, ma gravate da rischio. L'effetto finale di questa condotta medica è quello di vanificare l'efficienza dell'operato sanitario, aumentandone anche tempistiche e costi. Il Nostro Gruppo ha somministrato ai medici iscritti presso l'Ordine Professionale di Latina un questionario, volto ad indagare la percezione del problema esposto e il comportamento adottato a riguardo, sia in termini di prescrizioni che di copertura assicurativa. I risultati mostrano un atteggiamento generale di diffidenza nei confronti del contenzioso medico ed una serie di comportamenti volti ad evitare tali situazioni; i medici intervistati richiedevano una maggior tutela e una minore pressione, al fine di svolgere al meglio il proprio operato.

## RESUMEN

"Medicina Defensiva" significa un comportamiento llevado a cabo por el personal de salud, dirigido a limitar cualquier disputa médico-legal y dirigido a limitar las responsabilidades del médico; específicamente, la MD se lleva a cabo prescribiendo pruebas innecesarias desde el punto de vista del diagnóstico, o evitando procedimientos que son potencialmente beneficiosos para el paciente, pero cargados por el riesgo. El efecto final de esta conducta médica es anular la eficacia de la atención médica, lo que también aumenta el tiempo y los costos. Nuestro Grupo ha entregado a los doctores inscritos en la Orden Profesional de Latina un cuestionario, dirigido a investigar la percepción del problema expuesto y el comportamiento adoptado al respecto, tanto en términos de prescripciones como de cobertura de seguro. Los resultados muestran una actitud general de desconfianza hacia el conflicto médico y una serie de comportamientos dirigidos a evitar tales situaciones; los médicos entrevistados requieren una mayor protección y menos presión, para realizar mejor su trabajo.

## Introduction

"Defensive medicine" (DM) refers to medical conduct geared towards avoiding any possible opportunity for litigation; doctors implement this behaviour with unnecessary prescriptions or by avoiding high-risk procedures for patients.

The first systematic analyses of the problem date back to the early 70s; in 1978 an international study by a psychiatrist (Tancredi) and a clinical doctor (Barondess) published in *Science* explained the characterising aspects, risks and problems of DM to the international scientific community. The Authors concluded their study by stating that defensive medicine was not the basic problem, but a symptom of it, and identified the core problem as

the system for compensating health treatment claims, which required extensive reform in order to overcome the issue. Despite the fact that almost 40 years have passed since Tancredi and Barondess's study, the issue of compensation system reform, the attribution of guilt in cases where medical fault is found and the consequent behaviours considered "defensive medicine" are still a current problem.

Italy is one of the top-ranking countries for doctors who receive claims for damages associated with professional fault (from 1995 to 2010 the number of claims reported to health insurance companies per year has more than tripled, from a total of 9750 to 33,682 - ANIA, 2010) and is also the European nation with the highest number of health workers subject to criminal proceedings. In light of these data, it is easy to understand how DM

is a widespread, rooted problem in Italy that is implemented in various ways:

- a) through omissive behaviours, in situations of greater theoretical or actual risk (**Negative DM**), or
- b) carrying out and prescribing unnecessary treatments, in most cases aimed at the preparation of a hypothetical defence to protect oneself (**Positive DM**);

both behaviours consequently create an increase in health costs that is out of control.

There is often a “crisis” in the doctor - patient relationship lying at the base of numerous disputes, thanks also to a series of measures aimed at reducing health care costs and “down times”, for example in *day* hospitals.

The first, immediate and obvious consequence of DM is the continuous growth of system costs; the expenditure generated by DM, in reference to all public and private doctors, corresponds to about 11% of total health expenditure; the practice also leads to indirect economic repercussions through increases in insurance costs and consequently, “difficult” doctor - insurance company relations due to the inevitable increase in premiums and the less favourable contractual and risk assumption conditions implemented by the health insurance companies on the market.

## Materials and Methods

Our Group submitted a questionnaire to the surgeons enrolled in the Provincial Board of Physicians, Surgeons and Dentists of Latina in order to ascertain the prevalence of “defensive” behaviours in medical practice, outlining the dimensions, correlated variables, possible actions to be undertaken and lastly, to understand which factors push doctors to modify their professional activity in this direction.

The questionnaire included sixteen questions divided into three sections (personal data, insurance position, type and motivation) and was answered by the surgeons from 10 September to 27 September 2015 after being sent via email; both dentists and training specialists were excluded from the sample, the latter because by law they do not carry out prescriptive activities of a diagnostic and/or therapeutic nature.

## Results

We obtained 278 replies out of a total of 2639 emails sent. The response rate was therefore 10.53%.

The results obtained for the questions in the questionnaire are detailed below.

### Personal data

Of the 278 enrolled in the Board who responded to our questionnaire, 65.47% are men and 34.53% are women.

The most represented age group was found to be from 51 to 60 years (37.05%), followed by young doctors aged between 30 and 40 (23.38%) and, with an overlapping value, doctors 60 years and older (23.03%): in general, therefore, we can infer a greater sensitivity for the topic among older health professionals, assuming a period of professional activity which is consistent with age; in any case, the distribution was relatively homogeneous.

The answers to the questions that identified the seniority of degrees and specializations also indicated a distribution prevalence among the classes with greater seniority in practicing medicine: 34.53% of the doctors who responded had had their degrees for a period of time ranging between 25 and 34 years, and a similar interval was found in the specialist field, with 27.10% of the doctors who sent the completed questionnaire.

### Insurance position

The question “Do you have professional liability insurance?” was answered “yes” by 82.55% of the sample.

More than half of the interviewees (56.81%) are satisfied with the service provided by their stipulated insurance contract, while a lower, but by no means negligible percentage (43.19%) stated they feel little, or not at all, protected by their own professional liability insurance policy.

### Defensive medicine

The questions relating to the motives that lead a doctor to prescribe certain drugs or diagnostic exams demonstrated that 44.98% of the respondents prescribe treatments according to guidelines and the criteria of appropriateness, while an even greater percentage, 69.43%, rely on their clinical experience; however, 15.28% admitted to occasionally prescribing drugs for defensive purposes as well, and 40.61% to requesting diagnostic exams for the same reason (Figure 1).

There is, therefore, an absolute prevalence of health professionals that indicate adequate criteria for guiding their prescriptive choices, represented both by personal clinical experience and by the directions contained in the guidelines on appropriateness criteria. However, the number of doctors who adopt defensive behaviours is not negligible, both in pharmacological prescriptions and above all in diagnostic exams.

The second question addressed the factors that prompt doctors to prescribe for defensive purposes. In this case as well, the interviewees could respond with multiple answers.

The two prevalent factors leading doctors to make defensive prescriptions were the fear of patients holding them responsible in the case of adverse complications (67.69%) and the fear of a claim for damages (31.88%).

Among the doctors interviewed who said they had used defensive behaviours at least 5 times during the month preceding the questionnaire, 43.23% said they “prescribed a higher number of diagnostic exams”, 37.99% “asked for an unnecessary specialist consultation”, 36.68% “added notes to the clinical record which would have been avoidable if he/she had not been worried about possible medical-legal issues”, while 35.37% “prescribed drugs which were not strictly necessary”. The same question had smaller percentages using defensive behaviours 6 to 10 times in the previous month, and even smaller ones for using them over 10 times in the previous month.

The questionnaire then asked about the influential factors of the defensive behaviours that had been indicated in the previous question.

Analysing the data, the “fear of a dispute” is considered an influential factor for the majority of respondents, followed by “fear of the psychological consequences”; on the other hand, 46.29% stated that having undergone the traumatic experience of litigation

first-hand is not one of the valid motivations for implementing DM behaviours (Figure 2).

Lastly, we asked those who personally experience this type of issue in hospital wards or in their private practices on a daily basis to identify possible initiatives for reducing DM: “What initiatives could be useful for reducing the phenomenon of defensive medicine?”.

- Reduce the amount of time during which the patient can file a claim for damages;
- Draw up national guidelines recognised by the Ministry of Health and the legal system;
- Modify the criminal code by decriminalising medical error;
- Strengthen the Board’s role in protecting doctors;
- Rely on qualified experts for advice on a doctor’s responsibility.

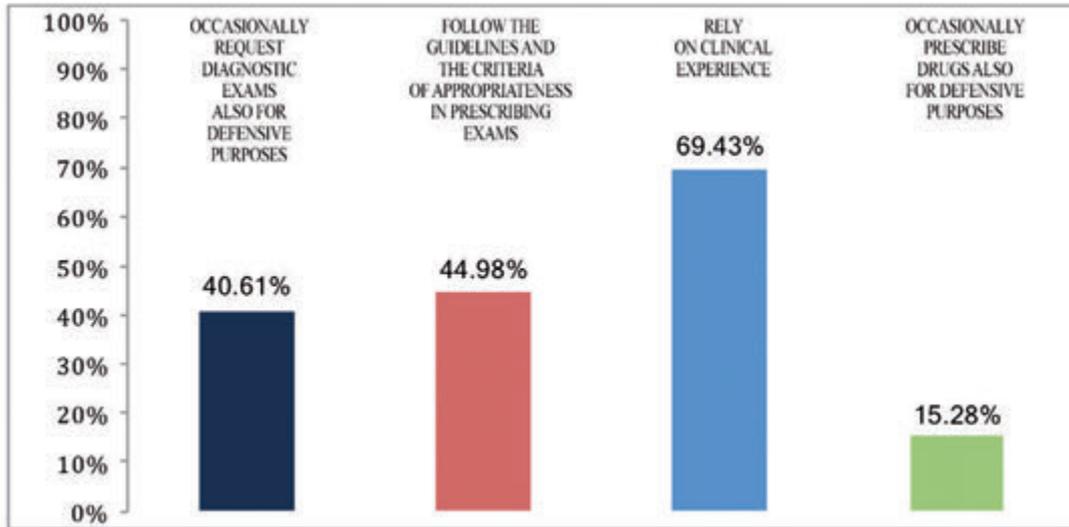


Figure 1. Defensive medicine.

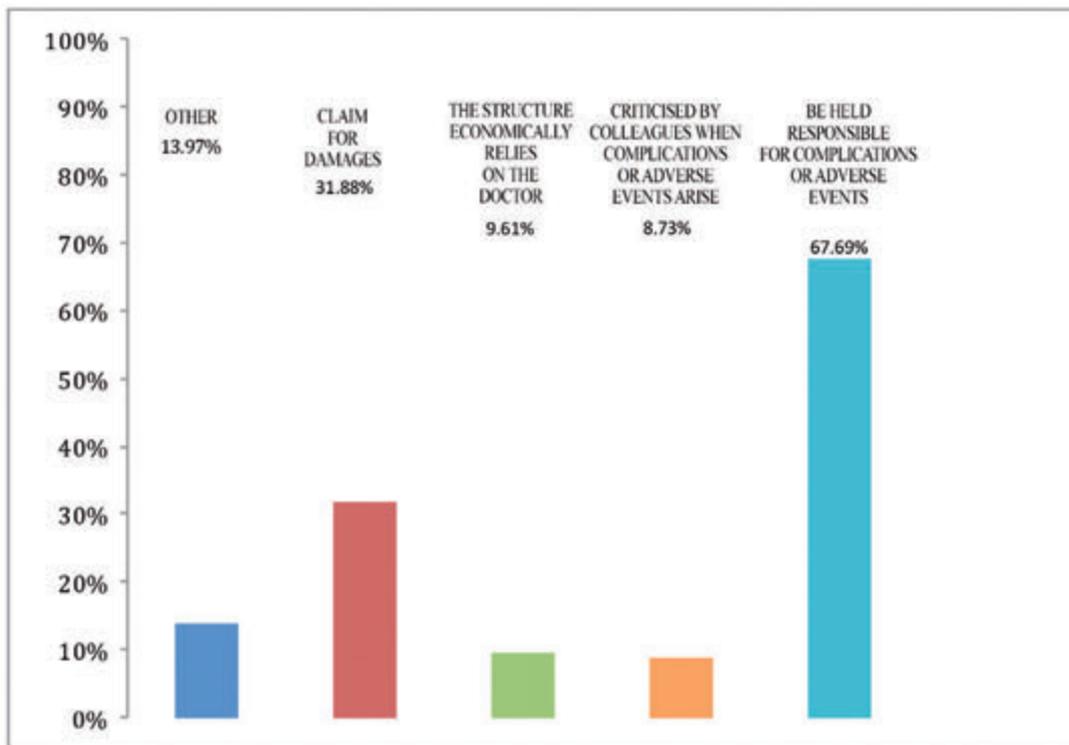


Figure 2. Fears that push doctors to defensive medicine.

Each of our proposals was received very favourably by those who replied to the questionnaire; in only one case did the “do not agree” answer have a percentage of just over 5%. This indicates that the members who responded to our questionnaire perceive the importance of implementing a series of initiatives aimed at reducing the problem that is afflicting their profession as doctors.

81.22% said they “agree very much” in “relying on qualified experts for advice on a doctor’s responsibility” (which when added to the 13.10% answering “fairly agree” rises to a total of 94.32%); for 65.94% it could be useful both to “reduce the amount of time during which the patient can file a claim for damages” and to “draw up national guidelines recognised by the Ministry of Health and the legal system”. 54.15% “agree very much” to “modify the criminal code by decriminalising medical error” (the option with the lowest percentage of agreement), and 69.43% would like to “strengthen the Board’s role in protecting doctors”.

## Conclusions

The results of the questionnaire answered by members of the Latina Board of Doctors, Surgeons and Dentists indicate that a significant, although minority, percentage of doctors has made significant changes in their professional practice due to the increasingly frequent possibility of incurring a judicial dispute. The behaviours adopted by the colleagues do not differ from those which are well-known and included in the definition of Defensive Medicine: these include the prescription of drugs and (above all) unnecessary diagnostic exams, the exasperated appeal to specialist advice and the addition of unnecessary notes in medical records simply to avoid any liability.

The health practitioners perceive a latent conflict in the doctor-patient relationship, and this condition produces alterations in a doctor’s behaviour, which he perceives as a reaction to the condition of suffering, including psychological suffering, that is created in this situation. These are behaviours that take on a “structural” character for a minority of colleagues in their daily work experience, and they do not identify the presence of insurance coverage (perceived as burdensome) as the answer to a problem that has deeper motivations.

From this point of view, the recent Italian Law no. 24 of March 8, 2017 seems to be taking the first steps towards resolving the doctor-patient conflict, with the ultimate aim of guaranteeing the efficiency of services while reducing costs. The answers provided by the doctors included in our sample underline, in fact, how it is necessary to entrust expert advice on a doctor’s responsibility, decriminalise medical error, decrease the amount of time in which a patient can request compensation for damages and draft national guidelines recognised by the Ministry of Health and the legal system. The above-mentioned law, also known as the “Gelli-Bianco Reform”, contains measures which are consistent with the health practitioner needs emerging from our study, and is a response to the requests for structural reforms made by colleagues.

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