

Defensive Medicine: A Bane to Healthcare

Sir,

"I will prescribe regimen for the good of my patients according to my ability and my judgment and never do harm to anyone" - Hippocrates^[1]

The above oath is what every physician is bound to follow, but what happens in real practice is quite alarming. The so-called divine profession has lost its glory due to the intrusion of an evil namely 'defensive medicine.' Defensive medicine in simple words is departing from normal medical practice as a safeguard from litigation. It occurs when a medical practitioner performs treatment or procedure to avoid exposure to malpractice litigation. Defensive medicine is damaging for its potential to poses health risks to the patient. Furthermore, it increases the healthcare costs. Not the least, defensive medicine also paves way for degradation of physician and patient relationship.^[1]

Defensive medicine may be positive or negative, depending on the situation. The former includes performing unnecessary diagnostic tests and invasive procedure, prescribing unnecessary treatment and needless hospitalization. The latter comprises avoiding risky procedures on patients who could have benefitted from them, thereby excluding patients from treatment and hospital admission.^[2] Both practices are increasingly becoming professional behavior in medical practice, thus increasing the cost of healthcare and sometimes lowering the quality of the service provided.^[2] For example, unnecessary invasive diagnostic tests are additional risks and costs to the patient.

Generally, the physician's aim is to reduce chances of litigation. In some cases, it may be medically justified, but in some, it will be medically inept. In a study conducted by Studdert, *et al.* in Pennsylvania among 800 physicians to determine the prevalence of defensive medicine revealed that 92% of physicians were found to be ordering imaging tests and diagnostic measures for assurance and 42% were eliminating high risk procedures and avoiding patients with complications.^[3] Gallup and Jackson Healthcare in 2010 found 73% and 92% of private sector physicians, respectively, admitted practicing defensive medicine, which was high compared to 48% of government physicians.^[4] The above studies highlight how prevalent defensive medicine is due to fear of litigation. Another study conducted by Harvard Medical School concluded that majority of physicians across various specialties tends to adopt a defensive professional

culture.^[2] Rodriguez, *et al.*, study in 2007 demonstrated that 50% of the doctors operating in emergency departments in California between 2001 and 2005 were concerned with matter of malpractice litigation.^[5] Similar results emerged from a study conducted in Japan in 2006 with a group of 131 gastroenterologists.^[6]

Usually, defensive medicine raises the cost of healthcare for patients. The bonuses for increasing patient care revenues also added to the reasons for practicing defensive medicine. In some instances, this may be to confirm diagnosis, determine the seriousness of disease or due to lack of accuracy of available diagnostic tests. However, the personal finances or professional status of most physicians is not affected by a lawsuit as they have malpractice insurance. This notwithstanding, some physicians show symptoms of anxiety, depression, behavior or personality changes due to reputational consequences that might undermine their professional career and respect.

Insurance status of patients has also added to the keenness to use resources. It was clearly seen in various researches that hospital patients with private insurance stay in hospitals longer and receive many procedures compared to patients with Medicaid coverage or patients who lack health insurance.^[1,2]

In conclusion, practicing defensive medicine is not good for patients or physicians. The adverse effects of defensive medicine are not limited to the increased cost of healthcare, but also affect the overall quality of the healthcare system.


Sonal Sekhar M, Vyas N¹

*Department of Pharmacy Practice, Manipal College of Pharmaceutical Sciences, ¹Department of Public Health, Manipal University, Manipal, India
E-mail: sonalsekhar@gmail.com*

References

1. Turley LA. The Hippocratic Oath. *JAMA* 1939;113:2442-3.
2. McClellan MK. Do doctors practice defensive medicine? *Q J Econ* 1996;111:353-90.
3. Studdert DM, Mello MM, Sage WM, Des Roches CM, Peugh J, Zapert K, *et al.* Defensive medicine among high-risk specialist physicians in a volatile malpractice environment. *JAMA* 2005;293:2609-17.
4. Jackson Healthcare. Defensive medicine: Impacts beyond costs. 2010 Available from: <http://www.jacksonhealthcare.com>. [Last accessed on 2012 Mar 11].
5. Rodriguez RM, Anglin D, Hankin A, Hayden SR, Phelps M, McCollough L, *et al.* A longitudinal study of emergency medicine resident's malpractice fear and defensive medicine. *Acad Emerg Med* 2007;14:569-73.

6. Hiyama T, Yoshihara M, Tanaka S, Urabe Y, Ikegami Y, Fukuhara T, *et al.* Defensive medicine practices among gastroenterologists in Japan. *World J Gastroenterol* 2006;12:7671-5.

Access this article online	
Quick Response Code: 	Website: www.amhsr.org
	DOI: 10.4103/2141-9248.113688