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## **A DEFENSIVE APPROACH OF MEDICINE PRACTICE- TO ASSURE OR TO AVOID?**

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### **ABSTRACT**

The practice of defensive medicine is ever increasing day by day among doctors all over the world. It includes the ordering of tests, procedures, and visits or avoidance of certain procedures or patients, due to concern about malpractice liability risk. Defensive medicine can be divided into positive defensive medicine which is Assurance behaviour and done with the aim of reducing adverse outcome and negative defensive medicine which is avoidance behaviour and done to avoid legal risks. Practice of Positive defensive medicine is still somewhat acceptable but the practice of negative defensive medicine is not at all acceptable. Various studies show as high as 70% of doctors who practice defensive medicine. It puts extra burden on individual, family community and nation directly or indirectly. The practice of defensive medicine is a major factor increasing the cost of medical care. Instead of getting into the practice of Defensive medicine the doctors need to be more alert, responsible and skilful. The main responsibility is on the young doctors who can really make a difference.

## INTRODUCTION

Throughout history, doctors have treated patients, and doctors have made mistakes. Stedman's Medical Dictionary define Defensive medicine as - "Diagnostic or therapeutic measure conducted primarily as a safeguard against possible subsequent malpractice liability".<sup>[1]</sup> Defensive medicine is where doctors order more investigations, change their prescribing habits or avoid certain procedures to protect themselves rather than their patients. This practice is a regrettable by-product of the culture of increasing fear, blame and claim in which many doctors practice.<sup>[2]</sup> Not to go with the complex framing of the sentence it can easily be understood in a way that it involves unnecessary diagnostic tests or therapeutic measure prescribed by the doctors to avoid any law-suit from the patient (customer). For more than two decades many physicians, researchers, and government officials have claimed that the most damaging and costly result of the medical malpractice system as it has evolved in the United States is the practice of defensive medicine.<sup>[3]</sup>

### History:

The history of defensive medicine can be traced down to Egypt and babylonia c. 1750-1800 B.C. It started because of fear of very severe and dangerous punishments to the doctors if they do wrong to the patient either mistakenly or intentionally.<sup>[4]</sup>

### Defensive Medicine as a bane:

Defensive medicine is being practised more and more globally, but also highlights that while this practice might be defensive medicine to one person, it might be high quality to another. This presents doctors with a dilemma in difficult economic times, when expectations are raised and the climate of litigation is greater than ever.<sup>[5]</sup> Two thirds of UK doctors have admitted to practising defensive medicine to avoid complaints and claims, according to responses submitted to a recent (MPS) Medical Protection Society survey.<sup>[2]</sup> MPS surveyed 450 doctors among its members across Ireland and found that three in four doctors say they practice "defensive medicine" and avoid performing complicated procedures to prevent complaints and claims.<sup>[6]</sup> Another survey done on 3000 MPS members from seven countries revealed that: 73% doctors practised defensively to avoid complaints and claims, 77% said they practised more defensively

now than in the past , 78% noticed their colleagues practising defensively, eg, ordering more tests than were medically necessary.<sup>[7]</sup>

Defensive medicine can be classified into assurance behaviour (positive defensive medicine) - providing services of no medical value with the aim of reducing adverse outcomes, or persuading the legal system that the standard of care was met, e.g, ordering tests, referring patients, increased follow up, prescribing unnecessary drugs and Avoidance behaviour (negative defensive medicine)– reflects doctors’ attempts to distance themselves from sources of legal risk, e.g, forgoing invasive procedures, removing high-risk patients from lists<sup>[8]</sup>

The most important thing is to realise and to know that “I” am practicing defensive medicine and at the same time to understand that it won’t benefit either the patient or the doctor himself/herself, sooner the realisation better the practice will be. There are only two possible approaches to estimating how often doctors do (or do not do) procedures for defensive reasons: ask them directly in surveys, or link differences in their actual procedure utilization rates to differences in their risk of liability. Both of these approaches have serious limitations. If physicians are asked how often they practice defensive medicine in survey questionnaires, they may be inclined to respond with the answer most likely to elicit a favourable political response and thus exaggerate their true level of concern about malpractice. Even when physicians are asked in a more neutral instrument what they would do in certain clinical situations and why, they might be prompted if one of the potential listed reasons relates to concern about malpractice suits.<sup>[9]</sup>

Here is a set of few questions which doctors need to answer to check whether he/she is practicing defensive medicine- Do you order test on every patient? Do you avoid certain procedures for fear of being sued over a clinical stagger? Do you refer every patient with a cough? If doctor answer ‘Yes’ to all these questions, that means that doctor is practicing defensive medicine.<sup>[7]</sup> In today’s world every product is deliberately adulterated and drugs are no longer an exception. Global medicine has become litigious and so defensive medicine has become widespread, making it a bane to health care system. Here are few reasons why doctors practice defensive medicine – media criticism of health professional which can affect their reputation and thus income, Nonmonetary cost of litigation, If a doctor ordered a significant number of test then it may earn them a reputation as a great doctor or a “Hero” to patients,

societal expectation where doctors are expected to be right in any circumstances, fear of being sued, “just in case” attitude for diagnostic tests, colleagues’ expectation- lots of tests are done only because they are expected by other specialities.

A survey of 300 physicians, 100 nurses, and 100 hospital administrators revealed that more than 76 percent of the physicians responded that malpractice litigation had hurt their ability to provide quality care to patients.<sup>[10]</sup> The average American family pay an additional \$1,700 to \$2,000 per year in healthcare costs simply to cover the costs of defensive medicine.<sup>[11]</sup>

## CONCLUSION

In the process of improving outcomes, “good” defensive medicine may raise or lower health care costs. But the malpractice system may also encourage physicians to order risky tests or procedures that both raise health care costs and on balance do more harm than good for patients. These practices are clearly both inappropriate and wasteful of health care dollars.<sup>[12]</sup> Just because of fear of any lawsuit or losing reputation or income source no doctor has any right to put extra burden on any individual or their family be it financial, mental, physical or social burden. At the cost of patients inconvenience doctors cannot take benefits. Doctors’ should not order unnecessary tests or drugs or neglect the patients’ economic profile . This type of practice put extra burden not only on individual and their family directly but on the whole nation and its economy indirectly. Further patient have to spend their money on unnecessary tests lowering their socioeconomic status.

The practice of defensive medicine is a major factor increasing the cost of medical care. Today all sort of new illnesses are upcoming. Doctors need to be more alert and responsible; they are on this earth to help the Mankind making them to live their life trouble free. One doctor who practices defensive medicine takes our health care system one step lower in our development.

Thus, defensive medicine has emerged more of as a bother/bane to health care. Therefore, the solution in sinking the cost of defensive medicine is to reform laws pertaining to malpractice lawsuits. By placing caps on corrective fines for these lawsuits through tort reform and lowering the price of malpractice insurance, the practice of defensive medicine can be reduced, alleviating the burden on the average mass.<sup>[9]</sup>

Today Let us all take an Oath that we the doctor’s will not be indulged in any kind of defensive medicine as far as possible.

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