

Medico-legal matters and doctors: the impact on health and practice.



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International Background

- International evidence of negative impact of medico-legal matters on doctors' health
 - Tension, frustration, anger,
 - guilt, distress, shame,
 - loss of control
 - depression, suicidality,
 - major life trauma
 - Australian study found the threat of litigation was perceived as most severe work-related stress (Schattner and Coman 1998)

High stress event

- But, doctors over-estimate likelihood of being sued
- Many patients who could sue, do not (Australia – Wilson et al, USA Brennan et al, Localio et al, Studdert et al; Bismark et al New Zealand)
- Who is likely to have a claim or complaint:
 - High intervention areas
 - Male doctors
 - A previous law suit

International background

Factors associated with psychiatric morbidity in doctors:

- Long hours of work
- Poor sleep
- Overload between work life and home life
- Personality type
- Family history of mental illness

- Factors associated with potentially hazardous alcohol use in doctors:

- High stress and anxiety levels
- Male
- Surgeon

- Association between psychiatric morbidity and error:

- Perceived association - subjective
- Objective association (Fahrenkopf et al)

International Background

- changes to practice of medicine due to medico-legal concerns:
 - Increase in certain behaviours:
 - referrals, imaging, prescribing, tests
 - Avoidance of:
 - Certain patients, certain procedures
 - increase in costs
 - Potential improvements –
 - increased communication, audits

Australian Background

- Lack of empirical evidence in Australia
- Ipp et al (Review of the Law of Negligence) found only anecdotal evidence – dearth of empirical evidence
 - HCCC study (n=40) 2005: method difficulties, results similar to international studies
 - GP pilot study (n=566) 2006 : methodology sound, findings important and similar to international studies

Study design

- A collaborative study between University of Sydney and Avant (previously UNITED)
- Cross sectional self report survey
- 8,360 sent surveys
- Primarily specialists targeted, some GPs and trainees

Measures

- Demographic details
 - » Age,
 - » Gender
 - » Type of practice
- Number and type of medico-legal matters
 - » Claims for compensation
 - » Complaints
 - » Inquiries

Measures

- Eysenck Personality Questionnaire (EPQ)
 - » Neuroticism
 - » Extroversion
 - » Psychoticism
- General Health Questionnaire (GHQ) case identification = potential for psychiatric morbidity
 - » somatic symptoms
 - » anxiety and insomnia
 - » social dysfunction
 - » Depression
- Alcohol Use Disorders Identification Test (AUDIT) case identification = potentially hazardous drinkers
 - sensitive to detecting current hazardous and harmful drinking

Measures

- Recall of depression, anxiety, alcohol use at time of medico-legal matter
- Perceived change in practice due to medico-legal concerns
 - Comparison of those who had experienced a medico-legal matter with those who had not.

Results: Who, what and how many

- Response rate to survey - 36% (2999/8360)
 - 9 - 14% of specialist groups practising in Australia
 - Respondent to non-respondent comparison
- 65% had experienced a medico-legal matter
- 14% had a current medico-legal matter
- Respondents with
 - one matter: 22%
 - two matters: 16%
 - three matters: 9%
 - Four matters: 6%
 - Five matters (4%),
 - six or more matters (7%).

Type of matter	n	Total cohort %	Psychiatrist N=227 %
Claim for compensation	924	31	8
Health care complaints body	895	30	36
Patient Complaint direct to doctor	538	18	16
Coroners Inquiry	280	10	19
Hospital Investigation	195	7	9
Medical Board Inquiry	169	6	7
Hospital Dispute	146	5	4
Health Insurance Commission	113	4	7
Disciplinary Hearing	51	2	5
Anti Discrimination Board	21	1	1
Pharmaceutical Services Inquiry	18	1	2
Criminal Charge	7	<1	0
Any	1902	65%	64%

Specialty, age, sex, hours and medico-legal matters

Specialty	(n)	Mean age	Male%	Mean hours/wk	MLM(%)
O&G/Gynae	182	55	74	52 (F<M)	91
Surgeon	363	54	92	53 (F<M)	86
A&E	63	45	78	42 (F<M)	68
Anaesthetist	354	51	74	43 (F<M)	67
Physician	487	54	80	48 (F<M)	65
Psychiatrist	232	54	63`	40 (F<M)	64
Radiologist	107	52	78	41 (F<M)	61
Paediatrician	144	52	67	48 (F<M)	59
GP- non proceduralist	596	53	58	38 (F<M)	58
Pathologist	89	55	73	43 (F<M)	52
Specialist in training	50	35	56	45 (p=0.04)	46
Hospital registrar	146	36	50	46 (ns)	40
GP registrar	58	38	33	40 (ns)	26
Total cohort	2999	52	71	45 (F <M)	65

Factors in the doctor associated with having a current medico-legal matter

(multivariate analyses)

- Obstetricians/gynaecologists and surgeons
- being male
- working longer hours
- GHQ >4

Psychiatric morbidity & hazardous alcohol use

Measure	Total cohort		females	males		Medico-legal matter	
						Never	Current matter
number	2999		877	2122		1040	426
% GHQ > 4	28		31	26**		26	39***
%AUDIT >=8	15		8	18***		11	20***

comparison between females and males

comparison between Never and current medico-legal matter

Chi-square ** $p \leq 0.01$, *** $p \leq 0.001$

Factors associated with psychiatric morbidity

(multivariate analysis)

- having a current medico-legal matter
- not taking a holiday in the previous year
- Working long hours
- personality traits of neuroticism and introversion.

Factors associated with hazardous alcohol use

(multivariate analysis)

- Male doctors
- Australian-trained doctors
- Aged between 40 and 49 years
- personality traits of neuroticism and or extroversion
- failing to meet Continuing Medical Education requirements
- being a solo practitioner

Recall of most recent matter

Problem	% more than usual	% sought professional help
Became more anxious	73(F signif> M)	10 (F signif> M)
Became more depressed	48	8 (F signif> M)
Required antidepressants	5	5
Drank more alcohol	14	3
Used benzodiazepines	5	3
Other medical problems	13	7

Perceived Changes in practice due to medico-legal concerns

- 55% ordered tests more than usual
- 43% referred patients more than usual
- 11% prescribed medications more than usual

- 66% reported improved communication of risk *
- 48% reported better systems for tracking results
- 39% reported better methods for identifying non-attenders*

- 40% considered retiring early*
- 33% considered giving up medicine*
- 32% considered reducing hours of work*

*significantly greater for doctors who had previously experienced a medicolegal matter compared with those who had not.

What can we do as a profession?

- Appreciate that medico-legal matters are a feature of medical practice.
- Learn from the process
- Be mindful of the impact on the doctor – as either a colleague or as the subject
- Utilise positive coping strategies
- Minimise negative coping strategies
- Seek health advice if the process is causing distress
- Seek legal advice
- Be able to have an informed conversation about changes to negligence and complaints processes

Publications from this research

Nash L. Letter in reply. Medical Journal of Australia 2011;194:325-326

Nash L, Walton M, Daly M, Kelly P, Walter G, Van Ekert E, Willcock S, Tennant C. Perceived practice change in Australian doctors as a result of medico-legal concerns. Medical Journal of Australia 2010; 193: 579–583.

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Nash L. How medicolegal matters impact on doctors. Annual Congress of the Royal Australian and New Zealand College of Psychiatrists, May 2010, Auckland

Nash L. Invited panel member at hypothetical workshop: “Adverse incidents and how they affect psychiatrists working in the public sector.” Annual Congress of the Royal Australian and New Zealand College of Psychiatrists, May 2009, Adelaide.

Nash L, Daly M, Walton M, Willcock S, Walter G, Tennant C, Coulston C, Johnson M, Van Ekert E. The psychological impact and practice changes associated with medico-legal matters in Australian doctors. Part of a workshop on “Better outcomes for patients and better health for doctors - a focus on medico-legal matters.” International Doctors’ Health Conference, Sydney 2007

Nash L, Daly M, Walton M, Willcock S, Walter G, Tennant C, Coulston C, Johnson M, Van Ekert E. Psychological morbidity in Australian GPs who have experienced a medico-legal matter- a cross sectional survey. NSW Rural Psychiatrists Conference, 2007

Nash L, Tennant C, Willcock S, Walton M, Daly M, Walter G, Johnson M, Van Ekert E. The Psychological impact on doctors of complaints and law suits. Annual Congress of the Royal Australian and New Zealand College of Psychiatrists, May 2007, Gold Coast

Nash L, Willcock S, Walton M, Curtis B, Tennant C. The Psychological impact on doctors of complaints to the HCCC, and Doctors' perception of legal risk: a pilot study. Annual Congress of the Royal Australian and New Zealand College of Psychiatrists, May 2005, Sydney.