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%).
<table>
<thead>
<tr>
<th>Type of matter</th>
<th>n</th>
<th>Total cohort %</th>
<th>Psychiatrist N=227 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim for compensation</td>
<td>924</td>
<td>31</td>
<td>8</td>
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<tr>
<td>Health care complaints body</td>
<td>895</td>
<td>30</td>
<td>36</td>
</tr>
<tr>
<td>Patient Complaint direct to doctor</td>
<td>538</td>
<td>18</td>
<td>16</td>
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<tr>
<td>Coroners Inquiry</td>
<td>280</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Hospital Investigation</td>
<td>195</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Medical Board Inquiry</td>
<td>169</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Hospital Dispute</td>
<td>146</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Health Insurance Commission</td>
<td>113</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Disciplinary Hearing</td>
<td>51</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Anti Discrimination Board</td>
<td>21</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pharmaceutical Services Inquiry</td>
<td>18</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Criminal Charge</td>
<td>7</td>
<td>&lt;1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Any</strong></td>
<td><strong>1902</strong></td>
<td><strong>65%</strong></td>
<td><strong>64%</strong></td>
</tr>
<tr>
<td>Specialty</td>
<td>(n)</td>
<td>Mean age</td>
<td>Male%</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>O&amp;G/Gynae</td>
<td>182</td>
<td>55</td>
<td>74</td>
</tr>
<tr>
<td>Surgeon</td>
<td>363</td>
<td>54</td>
<td>92</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>63</td>
<td>45</td>
<td>78</td>
</tr>
<tr>
<td>Anaesthetist</td>
<td>354</td>
<td>51</td>
<td>74</td>
</tr>
<tr>
<td>Physician</td>
<td>487</td>
<td>54</td>
<td>80</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>232</td>
<td>54</td>
<td>63`</td>
</tr>
<tr>
<td>Radiologist</td>
<td>107</td>
<td>52</td>
<td>78</td>
</tr>
<tr>
<td>Paediatrician</td>
<td>144</td>
<td>52</td>
<td>67</td>
</tr>
<tr>
<td>GP- non proceduralist</td>
<td>596</td>
<td>53</td>
<td>58</td>
</tr>
<tr>
<td>Pathologist</td>
<td>89</td>
<td>55</td>
<td>73</td>
</tr>
<tr>
<td>Specialist in training</td>
<td>50</td>
<td>35</td>
<td>56</td>
</tr>
<tr>
<td>Hospital registrar</td>
<td>146</td>
<td>36</td>
<td>50</td>
</tr>
<tr>
<td>GP registrar</td>
<td>58</td>
<td>38</td>
<td>33</td>
</tr>
<tr>
<td>Total cohort</td>
<td>2999</td>
<td>52</td>
<td>71</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Total cohort</th>
<th>females</th>
<th>males</th>
<th>Medico-legal matter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>2999</td>
<td>877</td>
<td>2122</td>
</tr>
<tr>
<td>% GHQ &gt; 4</td>
<td>28</td>
<td>31</td>
<td>26**</td>
<td>26</td>
</tr>
<tr>
<td>%AUDIT &gt;=8</td>
<td>15</td>
<td>8</td>
<td>18***</td>
<td>11</td>
</tr>
</tbody>
</table>

Comparison between females and males
Comparison between Never and current medico-legal matter

Chi-square **$p<=0.01$, ***$p<=0.001$
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

<table>
<thead>
<tr>
<th>Problem</th>
<th>% more than usual</th>
<th>% sought professional help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Became more anxious</td>
<td>73 (F signif &gt; M)</td>
<td>10 (F signif &gt; M)</td>
</tr>
<tr>
<td>Became more depressed</td>
<td>48</td>
<td>8 (F signif &gt; M)</td>
</tr>
<tr>
<td>Required antidepressants</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Drank more alcohol</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Used benzodiazepines</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Other medical problems</td>
<td>13</td>
<td>7</td>
</tr>
</tbody>
</table>
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, Curtis B, Walton M, Willcock S, Tennant C. The response of doctors to a complaint to the HCCC. Australasian Psychiatry, 2006; 14: 246-250


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


