بسم الله الرحمن الرحيم

MONA MAGHRABY

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

MONA MAGHRABY

شبكة المعلومات الجامعية

التوثيق الإلكتروني والميكروفيلم

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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MONA MAGHRABY

Assessment of the Prevalence of Practicing Defensive Medicine among Physicians at Ain-Shams University Hospitals

Thesis

Submitted for Partial fulfillment of Master Degree in Forensic Medicine and Clinical Toxicology

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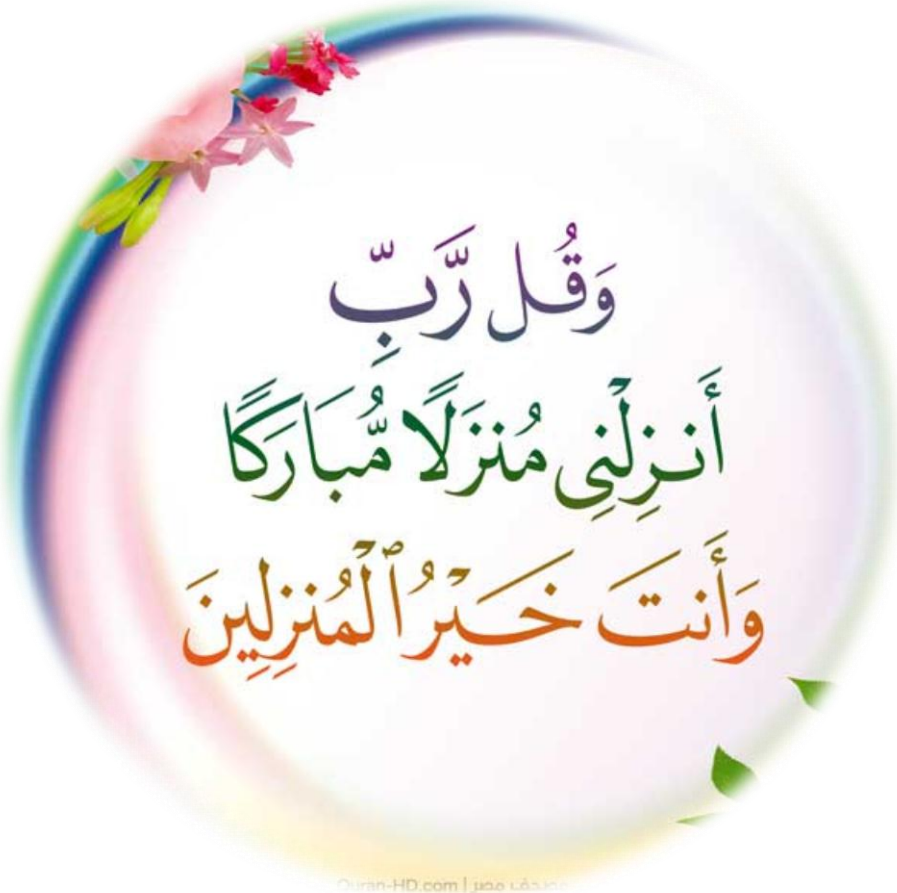
وَقُل رَّبِّ
أَنزِلْنِي مُنزَلًا مُّبَارَكًا
وَأَنتَ خَيْرُ الْمُنزِلِينَ

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The Kindest and Most Merciful.

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ABSTRACT

Background: In the era of COVID-19; investigations have been requested to suspected and confirmed cases of COVID-19 either at diagnosis or after receiving treatment

Defensive medicine is physicians' departure from the standard medical practice to avoid patients and their family members' complaints and arguments**.** It is also defined as requesting extra investigations, techniques, and referrals or refusing to handle a risky patient or intervention with the principle aim is to lessen the exposure to a medical malpractice claim**.** So it takes two forms (assurance behavior or positive defensive medicine and avoidance behavior or negative defensive medicine).

The present study aims to assess knowledge, attitude, and practice of defensive medicine among a sample of Egyptian doctors, the association between exposure to medical error and the change in physicians' behavior, and the impact of the climate of legal threat and the medical profession in Egypt on physicians' behavior.

A cross-sectional quantitative study was done on 201 physicians from five different specialties registered at Ain-shams university hospitals using a 22 point detailed self-administered questionnaire.

Results: A total of 201 doctors participated in the study, their mean age was 34.8 years and SD ± 8.8, only 20 % (N=41) knew the term defensive medicine, 84.6% (N= 170) practiced one or more form of defensive medicine. The prevalence of practicing defensive medicine is almost equal among different specialties. The most prevalent form practiced by physicians is asking for extra un-necessary investigations (65.3%), followed by unnecessary referral to other specialists (59.4%), more than half (51.2%) of the physicians admitted the increase in malpractice claims.

Conclusion: We found that most physicians agreed that legal claims against physicians are increasing, and more than 3/4 of the sampled Egyptian physicians practice DM. The most common practice is asking for an extra unnecessary investigation, which is quite large.

Keywords: Defensive medicine, assurance behavior, medical malpractice, health care system.

INTRODUCTION

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

Every physician has an obligation to follow the above oath, but what happens during their daily practice is very concerning; the encroachment of 'defensive medicine' causes loss of the beauty of the glorious medical career ***(Sekhar & Vyas, 2013)***.

Defensive medicine is defined as ordering extra treatments, tests, procedures, visits, and /or referrals or avoidance of high-risk patients or procedures primarily to protect the physician from exposure to lawsuits rather than to significantly alter the patient's diagnosis or treatment ***(Hermer and Brody, 2010)***.

Defensive medicine takes two forms: *Assurance behavior* (sometimes called "positive" defensive medicine and *Avoidance behavior* (sometimes called "negative" defensive medicine).

Defensive medicine was practiced for quite a long time; it just comes into public and legislative view in the previous 15–20 years, that's because we were concerned about the care provided to the patient. We weren't aware of the excessive financial burden of our extra tests and treatment at that time.

Physicians are aware and usually overestimate the potential risk of their exposure to being sued. Many physicians are convinced that exposure to a lawsuit will negatively affect their professional, financial and emotional state ***(Burdon, 2013).***

Increased knowledge about disease etiology and progression, along with technological and technical advancements in their diagnosis and treatment, with lack of resources, has led to increased expectations and demands from physicians by patients and their relatives; these have resulted in reduced trust in medical practice with the increase in the malpractice claims ***(Panella et al., 2016)***.

Defensive medicine is damaging for its potential to pose health risks to the patient; Furthermore, it increases the healthcare costs and paves the way for degradation of physician and patient relationships ***(Sekhar & Vyas, 2013).***

Many physicians practice defensive medicine, and this phenomenon is believed to influence all medical fields. Moreover, to avoid lawsuits, non-evidence-based procedures are frequently used; This has become deeply ingrained in many physicians' practices resulting in "unconscious" defensive medicine ***(Asher et al., 2007).***

Its prevalence was high among high-risk specialty physicians; (emergency medicine, general surgery, neurosurgery, obstetrics& gynecology, Orthopedic Surgery,

and radiology) were identified as being significantly affected by high and rising liability costs ***(Sethi et al., 2012).***

It was reported in other countries, but its prevalence in Egypt still unclear. In this study, we will assess different forms of defensive medicine, its prevalence, and factors affecting it in a sample of Egyptian clinicians.