

# Defensive medicine

Defensive medicine, also called defensive medical [decision-making](#), refers to the practice of recommending a diagnostic test or medical treatment that is not necessarily the best option for the patient but mainly serves to protect the physician against the patient as a potential plaintiff.

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Fear of lawsuits encourages defensive medicine and complicates the process of clearing a patient's cervical spine. A analysis adds medicolegal support for the judicious use of imaging studies in current cervical spine clearance protocols. However, exposure to significant liability suggests that a low threshold for computed tomography is a reasonable alternative <sup>1)</sup>.

A neurosurgeon's chances of being sued for malpractice are not necessarily related to the medical complexity of a particular case but rather to the types of cases with which the physician is involved. Elective spinal surgery cases constitute the majority of litigation. Neurosurgeons can take steps to reduce their vulnerability to potential litigation and to increase the odds of a successful defense <sup>2)</sup>.

Concerns and perceptions about medical liability lead neurosurgeons to practice defensive medicine. By avoiding high-risk surgery, ordering unnecessary diagnostic tests, and referring the patients to consultants, neurosurgeons try to minimize the risk of malpractice and protect themselves from legal risks, resulting in higher healthcare [expenditure](#) and longer treatment periods <sup>3)</sup>.

Defensive medicine is prevalent among US [neurosurgeons](#) due to the high risk of [malpractice](#) claims.

To examine the relationship of defensive medicine-both "assurance" behaviors and "avoidance" behaviors-to the liability environment, a 51-question online survey was sent to 3344 US neurosurgeon members of the [American Board of Neurological Surgeons](#) (ABNS). The survey was anonymous and conducted over 6 weeks in the spring of 2011. The previously validated questionnaire contained questions on neurosurgeon, patient, and practice characteristics; perceptions of the liability environment; and defensive-medicine behaviors. Bivariate and multivariate analyses examined the state liability risk environment as a predictor of a neurosurgeon's likelihood of practicing defensive medicine.

A total of 1026 neurosurgeons completed the survey (31% response rate). Neurosurgeons' perceptions of their state's liability environment generally corresponded well to more objective measures of state-level liability risk because 83% of respondents correctly identified that they were practicing in a high-risk environment. When controlling for surgeon experience, income, high-risk patient load, liability history, and type of patient insurance, neurosurgeons were 50% more likely to practice defensive medicine in high-risk states compared with low-risk-risk states (odds ratio: 1.5,  $P < .05$ ).

Both avoidance and assurance behaviors are prevalent among US neurosurgeons and are correlated with subjective and objective measures of state-level liability risk. Defensive medicine practices do not align with patient-centered care and may contribute to increased inefficiency in an already taxed health care system <sup>4)</sup>

Concerns and perceptions about medical liability lead practitioners to practice defensive medicine. As a result, diagnostic testing, consultations and imaging studies are ordered to satisfy a perceived legal risk, resulting in higher healthcare expenditures. To minimize malpractice risk, some neurosurgeons

have eliminated high-risk procedures. Left unchecked, concerns over medical liability will further defensive medicine practices, limit patient access to care, and increase the cost of healthcare delivery in the United States <sup>5)</sup>.

It is a far better mechanism to control costs and preserve quality without rationing. It becomes our obligation to have health care, and it puts us in charge of our destiny. Proven liability reform was not included in the health care legislation despite the fact that up to \$200 billion per year is spent on defensive medicine. Another and possibly the most important principle ignored in the legislation is the right for a patient and his/her physician to privately contract under Medicare without penalty <sup>6)</sup>.

## References

<sup>1)</sup>

Lekovic GP, Harrington TR. Litigation of missed cervical spine injuries in patients presenting with blunt traumatic injury. *Neurosurgery*. 2007 Mar;60(3):516-22; discussion 522-3. PubMed PMID: 17327797.

<sup>2)</sup>

Rovit RL, Simon AS, Drew J, Murali R, Robb J. Neurosurgical experience with malpractice litigation: an analysis of closed claims against neurosurgeons in New York State, 1999 through 2003. *J Neurosurg*. 2007 Jun;106(6):1108-14. PubMed PMID: 17564191.

<sup>3)</sup>

Solaroglu I, Izci Y, Yeter HG, Metin MM, Keles GE. Health transformation project and defensive medicine practice among neurosurgeons in Turkey. *PLoS One*. 2014 Oct 21;9(10):e111446. doi: 10.1371/journal.pone.0111446. eCollection 2014. PubMed PMID: 25333736; PubMed Central PMCID: PMC4205021.

<sup>4)</sup>

Smith TR, Habib A, Rosenow JM, Nahed BV, Babu MA, Cybulski G, Fessler R, Batjer HH, Heary RF. Defensive medicine in neurosurgery: does state-level liability risk matter? *Neurosurgery*. 2015 Feb;76(2):105-14. doi: 10.1227/NEU.0000000000000576. PubMed PMID: 25255258.

<sup>5)</sup>

Nahed BV, Babu MA, Smith TR, Heary RF. Malpractice liability and defensive medicine: a national survey of neurosurgeons. *PLoS One*. 2012;7(6):e39237. doi: 10.1371/journal.pone.0039237. Epub 2012 Jun 22. PubMed PMID: 22761745; PubMed Central PMCID: PMC3382203.

<sup>6)</sup>

Tippett TM. Health care reform 2009-2010: a neurosurgeon's perspective. *J Neurosurg*. 2010 Dec;113(6):1127-32. doi: 10.3171/2010.6.JNS10930. PubMed PMID: 21121764.

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