

Do you practice defensive medicine?

Usted, ¿practica la medicina defensiva?

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INTRODUCTION

Defensive medicine is defined as “ordering proof, procedures, interconsultations, avoid high risk patients or procedures, primarily to reduce mala praxis suits.” Defensive medicine is prevalent especially in surgical specialties. ⁽¹⁾

The so-called divine profession has lost its glory, due to the intrusion of an evil, called “Defensive Medicine”. In simpler words, defensive medicine is moving away from normal medical practice to avoid litigations. It’s harmful because it poses a potential risk for the patient’s health, as well as increasing the healthcare costs and degrading the doctor-patient relationship. ⁽²⁾

Defensive medicine is defined by the Merriam-Webster dictionary as: (..) the practice of ordering medical tests, procedures, or consultations of doubtful clinical value in order to protect the prescribing physician from malpractice suits. ⁽³⁾

Among the performed efforts to improve the efficiency of medical attention, the power that motivates the fear to being sued has failed to be recognized. Furthermore, most doctors think that by spending more in healthcare, the risk of being sued by mala praxis decreases. The general belief is that suits occur mainly due to a bad doctor-patient relationship, by deficiencies in communication. However, the fact that most doctors in the United States practice defensive medicine, suggests that spending has a role in reducing possible suits. A study by British Medical Journal reported that doctors who practice defensive medicine and produce more costs, are less sued. Greater spending may reduce the probability of adverse results, or that increased costs, mean for the patient, judge and jury, that despite a mistake, the doctor was thorough in their research and treatment. ⁽⁴⁾

Changes in medical practice are fundamentally due to a bad doctor-patient relationship. Traditionally, there was trust and freedom between patient and doctor; the patient chose their doctor for their prestige or third-party recommendations, and gradually, with their performance, the doctor earned the trust of sick. In present day, in a great number of cases, there is distrust. The patient fears mala praxis and the doctor fears complaints and suits. ⁽⁵⁾

A way to look at it is that a better communication and apologizing early for a mistake, can reduce the doctor’s legal responsibility. Doctors lose approximately 11% of their career with a mala praxis suit. And those who have high risk specialties, have 100% chance of being sued during their professional life. ⁽⁶⁾

In Paraguay the number of mala praxis suits to doctors is rising. Paradoxically to that which occurs in first world countries, medical wage and fees are in decline for most and the fact of bulking the patient’s bill with tests, consultations or unnecessary procedures, is also a cause of suing.

Being surgery a high-risk specialty, as a scientific society we should be concerned before such situation. I think that the only way to become stronger, to fight this evil, may be to continue with constant educative medical activities, knowledge diffusion, clinical guide renewal, publishing scientifically impacting works and the participation of all the SOPACI (Paraguayan Surgical Society) members.

“I will prescribe a regime for the wellbeing of my patients according to my capacity and judgment and never hurt anybody” Hippocrates.

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