



## Litigation claims Defensive medicine Safety risk from unnecessary examinations

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# Medicine – Challenge to Safety



- Professional fragmentation
- Tradition of individualism
- Individual, professional autonomy
- Hierarchical authority structure
- Diffuse accountability
- Resistance to change
- Fear of malpractice liability
- Lack of leadership at the top level



## Defensive medicine

- Unnecessary lab and RTG tests
- Unnecessary refferals to specialists
- Unnecessary hospitalizations
- Unneeded medications (antibiotics)



## Defensive medicine

- Unnecessary lab and RTG tests
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- Unnecessary hospitalizations
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- Avoidance of high-risk procedures
- Avoidance of high-risk patients



"Off hand, I'd say you're suffering from an arrow through your head, but just to play it safe, I'm ordering a bunch of tests."

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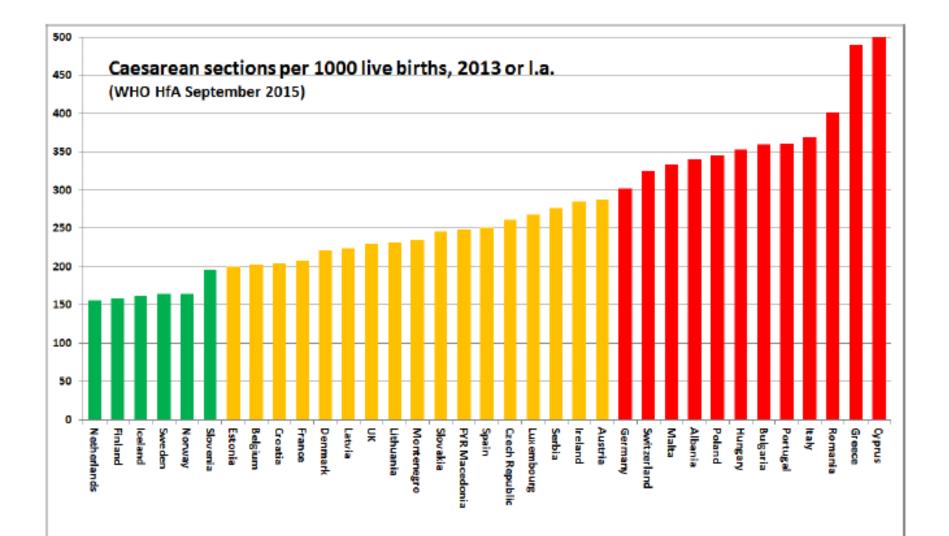


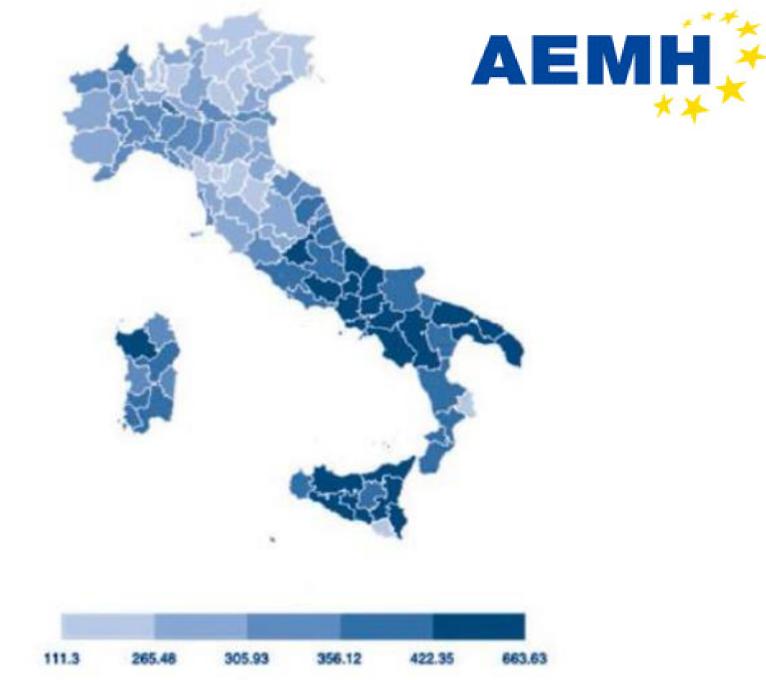
Massachusetts Medical Society Every physician matters, each patient counts.

#### Table 1. Estimated cost of selected defensive acts reported by Massachusetts physicians in eight specialty areas

A B	c	D
		Total Cost of
Total # Tests/	Def	ensive Practices
Test/ % Defensive Per Year <sup>1</sup> Wei	ghted Ave. Cost <sup>2</sup>	(= A * B * C)
Xrays 23.50% 5,930,260	\$25.60	\$35,676,446
CT scans 30.70% 1,704,087	\$90.83	\$47,518,141
MRI 26.70% 1,111,237	\$252.58	\$74,940,554
Ultrasound 23.90% 2,037,964	\$45.23	\$22,030,328
Referrals 27.00% 3,431,910	\$67.15	\$62,222,237
Lab tests 21.20% 19,866,746	\$9.15	\$38,537,514

= \$280,925,220





Caesarean section rates in Italy by province, age-standardised, per 1000 women (2011).

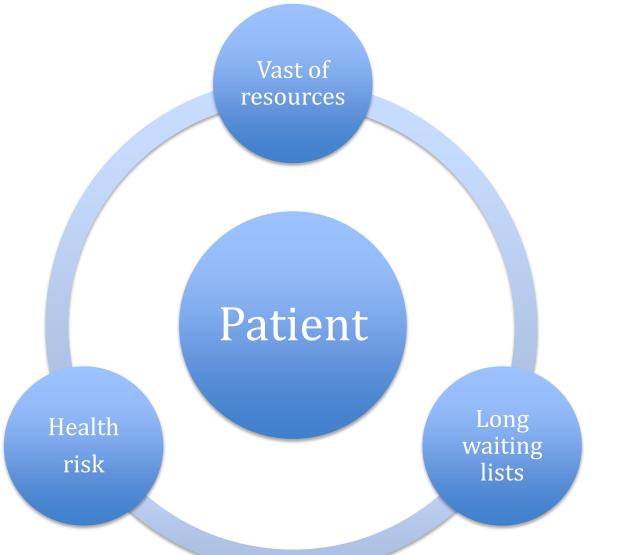


# Health Care Quality Threats



- Overuse (receiving treatment of no value)
- Underuse (failing to receive needed treatment)
- Misuse (errors and defects in treatment)







# Defensive medicine

## **Clinical guideliness**

### Algorithms

