



Litigation claims
Defensive medicine
Safety risk from unnecessary examinations

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Medicine – Challenge to Safety

- Hazardous, complex industry
- 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 referrals to specialists
- Unnecessary hospitalizations
- Unneeded medications (antibiotics)

Defensive medicine

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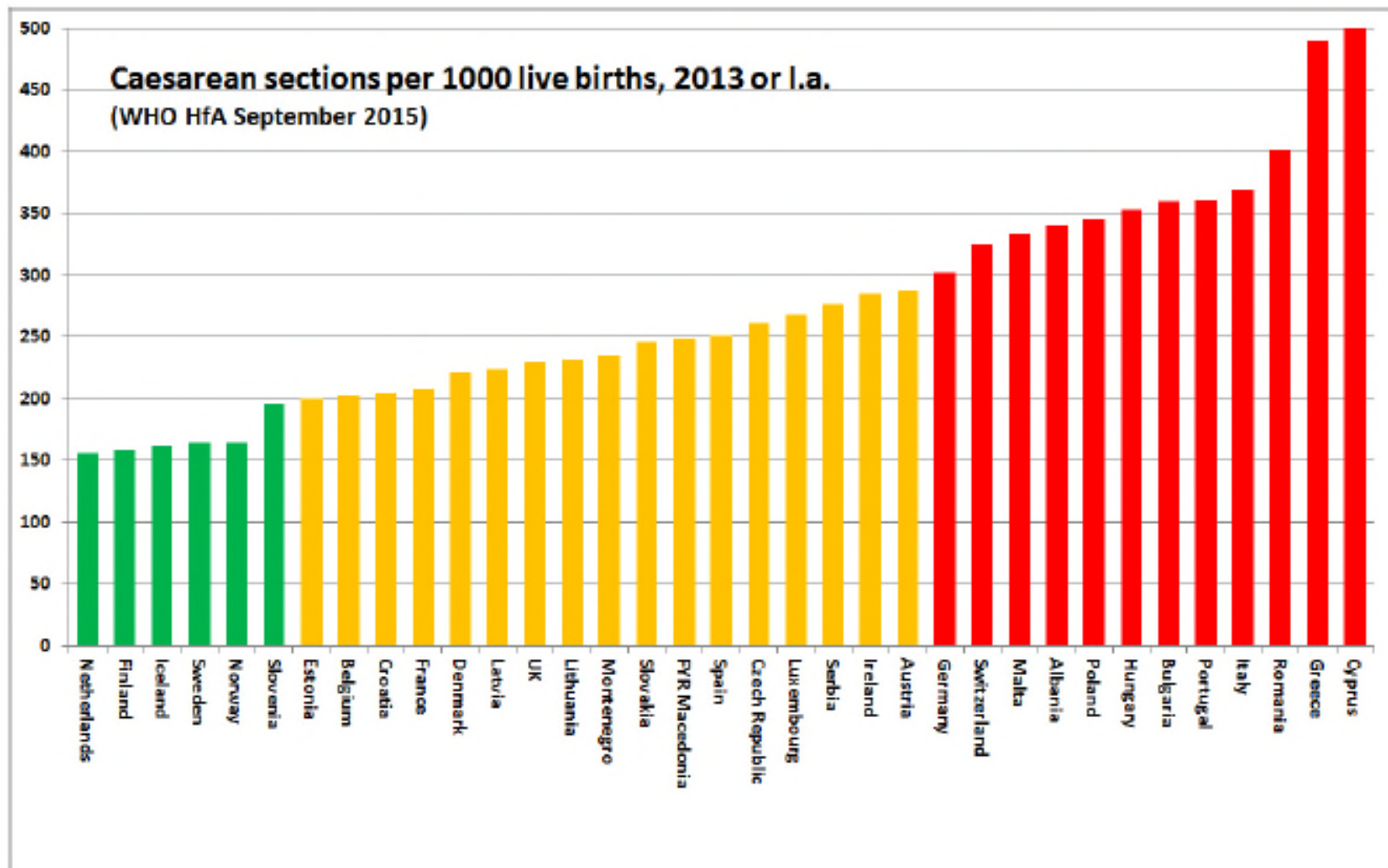


Massachusetts Medical Society
Every physician matters, each patient counts.

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

	A	B	C	D
		Total # Tests/ Per Year ¹		Total Cost of Defensive Practices (= A * B * C)
Test/	% Defensive		Weighted Ave. Cost ²	
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



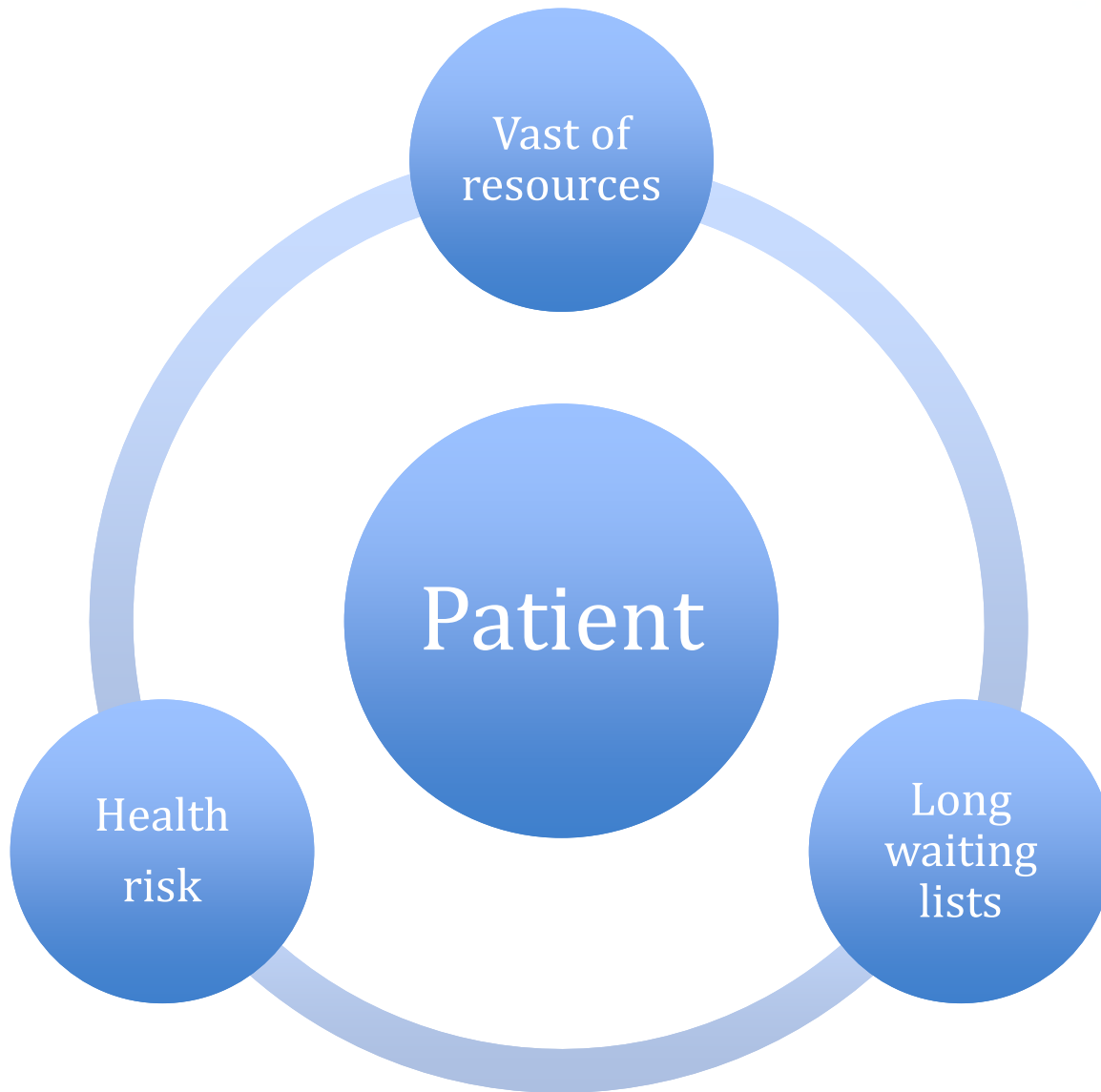


Caesarean section rates in Italy by province, age-standardised, per 1000 women (2011).

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 guidelines

Algorithms

