The Effects of Malpractice Litigation on Physicians

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Introduction
The incidence of malpractice lawsuits against physicians, in general, and psychiatrists, in particular, is increasing. There is more than 40% likelihood that a physician will be sued for malpractice during their career. The usual malpractice suit takes from two to four and a half years to resolve but can go on for more than six years. During this time, the impact of the litigation has a deleterious effect on the physician’s emotional and physical health. The purpose of this poster is to describe these deleterious effects and suggest strategies to deal with them.

Methods
We reviewed the literature on this subject utilizing the University of Rochester Miner Library RefWorks. The search limited to English in the last 10 years using the keywords: Malpractice/psychology, Support, Emotional support, Social Support, Malpractice. We also reviewed relevant texts and book chapters. We interviewed Dr. Sara Charles, author of Defendant: A Psychiatrist on Trial for Medical Malpractice and the founder of The Sara Charles MD Physician Litigation Stress Resource Center (https://physicianlitigationstress.org/)

Results and Findings

1. Physician Response to Malpractice Litigation:

More than two thirds of physicians who are sued for malpractice experienced emotional distress and this was true whether the doctor won or lost at trial.

Sara Charles, MD has found that physicians often experience the malpractice suit as an assault on their personal integrity and their response to this assault varies with their resilience (personal communication). The personalities of many physicians predispose them toward guilt and exaggerated sense of responsibility. The shock of a malpractice suit is a narcissistic blow that also attacks their identity as physicians.

2. Prevalence of emotional/physical reactions to malpractice lawsuits:
The literature indicates that between 27-39% who are sued for malpractice experience Major Depressive Disorder symptoms. Approximately 20-53% of them experience Adjustment Disorder symptoms. Approximately 3% of physicians reported suicidal ideation in response to litigation stress. Only 10-15% of sued doctors seek a consultation with a psychiatrist. Interestingly, about 2-16% have an onset or exacerbation of physical illnesses such as coronary artery disease, hypertension, colitis or duodenal ulcers.

3. Medical Malpractice Stress Syndrome is a term that has been coined to encompass the PTSD-like syndrome that is associated with malpractice litigation. The MMSS is marked by symptoms of anger, alarm, anxiety, shame/guilt, depression, fatigue, GI upset, chest pain, inner tension, irritability, insomnia, anorexia/low appetite, difficulty in concentrating, feelings of being misunderstood, negative self-image, decreased self-confidence and decreased libido.

4. Other consequences of malpractice litigation: As a result of being sued for malpractice, physicians may: view patients as an enemy, work too much, order extra tests; and practice defensive medicine. Defensive medical practice accounts for 2.4% of total health care spending or about $55.6 billion annually in the U.S. In addition, being sued for malpractice may result in emotional suffering; rage at the system; feeling of an unfairness; abusing alcohol or drugs; ignoring important personal relationships; less career satisfaction; and less likely to recommend medicine as a career to their children.

II. Coping with Malpractice Litigation: (Charles)

1. Obtaining Social Support: Discuss feelings about the case with a trusted confident; Seek out support from a resource network.

2. Regaining Control: Implement risk management changes in your practice; avoid situations that generate anxiety and increase risk; participate in such leisure-time activities and exercise; take regular vacations and time off from practice to engage in other restorative experiences; actively monitor your emotional reactions and seek appropriate treatment; be mindful of alcohol and drug usage.

3. Change the Meaning of the Event: Nourish the conviction that we are good doctors rather than “bad” doctors as portrayed in the complaint and recognize that the tort system is about compensation, not competence. Seek out a support group. (e.g. https://physicianlitigationstress.org/)

Discussion

Despite being a major stressor for physicians, the effects of medical malpractice is not commonly discussed and has relatively few papers in the literature. Much has changed in the practice of medicine since Sara Charles, MD began her work almost 40 years ago. We can build on Sara Charles’ pioneering work. Studied are needed to better understand what physicians currently experience when faced with a medical malpractice suit. That understanding can inform our efforts in creating the vehicles that can provide needed support to physicians who are being sued.

References:


