

## Defensive Medicine in the Context of the Indian Health System

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Defensive medicine; although a recent concept, is slowly beginning to cement its place in the Indian health system. An interaction of multiple factors has paved way for this form of practice. Need for certainty of the diagnosis, lack of hierarchy in medical care, exponential growth of micro/super specializations and private/corporate health institutions, incentive-based practice, increasing incidences of violence against health personnel, rising trend of defamation suites against doctors, bad publicity by media, and interference by elected representatives have jeopardized the situation. This has led to decline in practice of clinical medicine, increased burden of investigations, especially in already compromised public facilities, and high out-of-pocket health expenditure. As much as ethical medical practice, standard patient management protocols, strict protection of interest of medical practitioners by law, responsible role of media and elected representatives are the need of the hour; we need to find ways to accept and incorporate defensive medicine into the modern medicine. Different stakeholders are required to come together and take substantial steps to understand the phenomenon and preserve the art and science of practicing medicine in its true form.

**Keywords:** *Malpractice, Medical Protection Act, Protocols, Violence against health personnel.*

In a period not long ago, physicians took pride in making a diagnosis based upon clinical knowledge supported by years of experience. The eyes, ears, nose and hands supplemented by the stethoscope were their diagnostic modalities. However, this art of palpating, percussing and auscultating is slowly vanishing; and the ever evolving science of modern medicine is becoming defensive day by day [1]. We explore factors about the evolution and phenomenon of practicing defensive medicine in the context of the Indian health system.

### DEFENSIVE MEDICINE

Defined as “doctor’s deviation from their usual behaviour or that is considered good practice, to reduce or prevent complaints or criticism by patients or their families”; the definition further encompasses the action of ordering investigations, procedures and visits, or avoidance of high-risk patients or procedures with the primary (but not sole) aim, of reducing malpractice liability [1,2].

### REASONS FOR SHIFT TO DEFENSIVE MEDICINE

The foremost factor can be advancement in medical technology. Defensive medicine might actually be an evolutionary approach of minimizing clinical error and managing a patient through best diagnostic modalities available. Although, it might look more expensive and cumbersome to the masses, it may be enabling the physician to be absolutely sure while taking a decision for the patient’s well-being [3].

India lacks a system of stratification of health care; meaning any patient can see a specialist or superspecialist bypassing a community physician or primary/secondary level doctor. The specialists then are extra cautious while dealing with such patients by means of ordering specific investigations. So, seeking specialized help for even minor illnesses may be an additional factor for the phenomenon [4]. A large number of corporate hospitals, private clinics and nursing homes have been providing quality services, but at a cost. The advanced and costly investigations tend to generate more revenue for the institution. Monetary gains can also be in the form of incentives or “cut money” to the referring physicians; though it cannot be generalized [5,6]. Here, the irony is that most of the times the patient and his relatives are satisfied that a specialist or super specialist is being called for further evaluation or treatment of even minor ailments. Many also think that more costly the investigation and medicines, the better is the physician [3].

The most recent, unfortunate and probably the most significant cause is the workplace violence which medical professionals are facing on a routine basis [7]. This practice has instilled fear in the minds of doctors; and therefore, they go for more expensive and invasive procedures, just to protect their skin in future [8]. So even if a physician knows that acute abdomen with which a patient has landed in emergency is mere gastritis just by history, examination and sound judgment, still he/she tends to write ultra-sonography, just to avoid violence for missing any rare

cause. Due to this reason, some hospitals are denying admission to severely sick or injured patients, as it might induce violence in case the patient has an adverse outcome [9]. Moreover, in the age of internet, rather than giving history, patients give you diagnosis on the basis of superficial web search and self-prescribed, laboratory tests which they have already undergone [10]. Many a times, such patients request for specific tests, and also, sometimes drugs, like antibiotics. Physicians oblige them, for fear of losing the patient to a competing practice, or to avoid any argument with the patient and attendants [5,11].

Just like the Western world, Indian medical field is also witnessing a paradigm shift in terms of legal aspects of practising medicine. Health institutions and medical professionals are being sued for hefty compensation in the courts [12]. So practicing medicine, which was once an art and science, has become more of a professional obligation. The patients and attendants, who on arrival request a doctor for help, suddenly become violent and try to encash the adverse situation. The media has also played a role in the spread of this phenomenon. Without having a holistic view and supporting evidence, they flash big headlines on countless newspapers and television channels implying medical negligence [13]. Today, in the age of mobile technology, any person can shoot a video, play victim of medical negligence and defame a health institution or a professional in seconds. The media trial and comments that follow are enough to dampen the enthusiasm of a medical professional, and to drive him/her to play safe. Moreover, the undue and unwarranted interference by elected non-medical public representatives in health institutions has further worsened the situation. Lastly, medical professionals also have to take care of the ethics code, which have been framed for patient management and protecting the rights of sick and deprived against malpractice [14]. So, to avoid any controversy and conflict, modern day physicians rather than going with their judgment tend to go by the book.

## CONSEQUENCES

The only real benefit of this phenomenon is the increased certainty of diagnosis. Hence there are decreased incidences of alleged medical negligence leading to lesser chances of health professionals and institutions being defamed as well as dragged to the court of the law. It also saves the physician from the violence driven mobs, occasionally seen after an adverse patient outcome [5,11]. Coming to the disadvantages, first is the increased out-of-pocket expenditure for the patients, insurers, and/or the exchequer [15]. Relying too much on external diagnostic and treatment aids, has led to the creation of micro-specializations and further handicapped medical science.

To some extent, it has undermined the skills of budding physicians and even blunted the more experienced ones. The establishment of health insurance, as suggested, is likely to increase the practice of defensive medicine [16].

## SOLUTIONS

The very first step is to acknowledge the existence of defensive medicine. The difference between need, desire and option of investigations must be highlighted. After consulting different scientific medical agencies, standard global guidelines for the need of investigations, use of technology, invasive procedures and use of drugs must be laid down and followed to the core. There should be regular medical audits of all health institutions [17]. The concept of community physician or family medicine must be revived and strengthened. Except emergencies, the primary health care facility should be the first point of contact of the patient and the chain of referral of should be maintained [18]. Tertiary care institutes with their expert professionals must be reserved for the advanced and complicated ailments. Unlike reality, the concept of quaternary prevention in health care, which protects the patient from over diagnosis and over medication is still alien in Indian system, and must be given due importance [19].

Perhaps the biggest cause of medicine going this defensive in India is violence against the health personnel [8]. The overall expenditure on health is low in India and it is one of the worst ranked countries in terms of health professional to population ratio [20]. The long-standing demand of Act for violence against medical professionals should be met at the earliest. Further Courts of Law are also requested to take obscuring factors like lack of facilities and health staff, low wages of professionals in the public health institutions while labelling medical conduct as negligence and passing judgment [12,21]. Media must also act responsibly in a non-judgemental way, and acknowledge the poor plight of healthcare workers [21]. All states of India have not formulated the Medical Protection Act. During the Covid-19 pandemic, an ordinance for amendment of epidemic act 1897 was brought to make violence against medical professionals a cognizable and non-bailable offence with monetary implications and imprisonment [22]. But it is just a temporary arrangement for the COVID-19 situation.

Political will and commitment are also the need of the hour. Autonomy of the institutes with professional independence, with necessary checks and balances, is need of the hour for proper functioning of academic institutions, and of those working in them [23]. Public representatives have every right to check the working of institutions and report wrong doings, but too much interference will make health professionals more defensive

leading to increased denial to admit sick patients, referrals and out of pocket expenditure. As the National Health Policy, 2017 recommends, India should spend 2.5% of its GDP on health; human resource must be recruited as per standards and taking enormous population of the nation into account [24]. Medical fraternity also needs to set a good example by doing ethical practice themselves [25].

Lastly, we may have to accept the fact that defensive medicine has evolved, thrived; will prosper in future and become a standard or norm. We may need to find ways to subtly incorporate this aspect into the modern medicine one way or another. The National Medical Commission has taken a step in right direction by incorporating the Attitude, Ethics and Communication (AETCOM) Competencies for the Indian Medical Graduate curriculum [26]. While teaching the AETCOM module, we can devote some time to defensive medicine also, thereby sensitizing the future doctors about this practice.

## CONCLUSIONS

Its high time to acknowledge that defensive medicine has become a part and parcel of modern medicine and it may become the future of the medical care. Medical science is ever growing and advancing due to its practice of experimental, bold and evidence-based decision making. Although growth of health sciences should not be hampered and limited to a mere skin saving act; yet the interests of medical professionals cannot be ignored either. While some defensiveness is needed in today's context, too much of it will erode the ethos of medical practice. Benefit of doubt should always be given to the doctor when he takes a risk to save the life of a patient in emergency. It is a joint responsibility of Health professionals, Common man, Government, Judiciary and Administration to strike a balance between the different approaches of modern medicine.

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