

## Fear of lawsuits may prompt some doctors to overprescribe antibiotics

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A new study led by a team of researchers at New York Medical College suggests that that medical liability concerns may be playing a role in the increase of MRSA in healthcare settings by encouraging clinicians to prescribe antibiotics more often and more broadly than clinical circumstances and evidence-based guidelines warrant. The study appeared in the September-October issue of the *American Journal of Therapeutics*.

The team analyzed census figures, statistics on population density of attorneys and physicians, and data on antibiotic utilization for the United States, Canada, and 15 European countries. They compared this to statistics on the percentage of methicillin resistance among clinical isolates of S. aureus. They found a strong correlation between the prevalence of methicillin resistance and density of attorneys in countries in Europe and North America. They found no correlation between prevalence of methicillin resistance and physician density.

Investigators surveyed 162 healthcare providers to determine whether medical liability concerns were as important as antibiotic cost and formulary restrictions in selecting treatment regimens. The surveys also confirmed that physicians were more concerned about medical liability in cases of under-prescribing antibiotics rather than by over-prescribing them.

George Sakoulas, M.D., assistant professor of medicine and lead author of the study, concluded, "The findings suggest that more research is



needed to evaluate the potential impact of medical liability concerns on the medical care system. The study findings hint toward the importance of medical tort reform as a way to reduce healthcare costs and improve quality. Another way might be to foster more judicious prescription of <u>antibiotics</u> based on science and evidence rather than on risk aversion."

**More information:** The article can be viewed online at <u>www.americantherapeutics.com</u>

Provided by New York Medical College

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