

Malpractice suits cause psychological distress and career burnout among US surgeons

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According to the results of a new study published in the November 2011 Journal of the American College of Surgeons, malpractice lawsuits against U.S. surgeons occur often and can take a profound personal toll on the surgeon, resulting in emotional exhaustion, stress, and professional dissatisfaction.

The researchers examined personal and professional characteristics and found [malpractice](#) lawsuits were strongly and independently linked to surgeon depression and career burnout. The stress caused by malpractice litigation was rated as equivalent to that of financial worries, pressure to succeed in research, work/home conflicts, and coping with patients' suffering and death. Finally, surgeons who experienced a recent malpractice lawsuit reported less career satisfaction and were less likely to recommend a surgical or medical career to their children or others.

The surgical specialties reporting the highest rates of malpractice lawsuits in the last 24 months were neurosurgery (31 percent), cardiothoracic surgery (29 percent), general surgery (28 percent), colorectal surgery (28 percent), and obstetric and gynecologic surgery (28 percent). The lowest rate specialties reporting malpractice lawsuits were otolaryngology (12 percent), ophthalmology (12 percent) and [breast surgery](#) (14 percent).

"The frequency of [malpractice lawsuits](#) and the adverse associations they have significantly impact surgeons' personal health, yet these consequences are often poorly understood," said Charles M. Balch, MD,

PhD, FACS, lead author of the study and professor of surgery, University of Texas Southwestern Medical Center in Dallas. "The purpose of this study was to examine these repercussions more closely and pave the way for additional research to identify individual, organizational and societal interventions to support surgeons who experience malpractice litigation."

Of the 25,073 surgeons sampled in the study 7,164 participated. The data showed that 24.6 percent of respondents (1,764 surgeons) experienced a malpractice action within 24 months prior to the survey. Compared with surgeons not involved in a malpractice lawsuit, those involved were more likely to be younger, male, work more hours per week, have frequent night call, and be in private practice (p

The study was commissioned by the American College of Surgeon's Governor's Committee on Physician Competency and Health and analyzed the anonymous and blinded survey results from members of the American College of Surgeons to better understand the factors that contribute to personal consequences among surgeons. The survey included approximately 60 questions on a wide range of variables, including demographic information, practice characteristics, burnout, quality of life, symptoms of depression and career satisfaction.

More than 42 percent of all U.S. physicians, including [surgeons](#), have been sued for malpractice during the course of their careers.¹ In 2008, annual medical liability system costs, including defensive medicine, were estimated at \$55.6 billion, or 2.4 percent of total health care spending.² Despite the high cost of this system, data from malpractice liability insurers suggest that a majority of malpractice claims are without merit, and nearly two-thirds of claims are dropped, withdrawn or dismissed.³ Yet on average, the process of claims and litigation takes five years to resolve, ultimately causing a prolonged adverse impact on the physician.

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More information: 1 Kane CK, ed. Policy research perspectives: medical liability claim frequency: a 2007-2008 snapshot of physicians. American Medical Association. 2010.

2 Mello MM, Chandra A, Gawande AA, Studdert DM. National costs of the medical liability system. Health Aff (Millwood). 2010;29:1569-1577.

3 Guardado JR. Professional liability insurance indemnity and expenses, claim adjudication, and policy limits. 2000-2009. Policy Research Perspectives No. 2010-2 website.

4 Studdert DM, Mello MM, Gawande AA, et al. Claims, errors, and compensation payments in medical malpractice litigation. N Engl J Med. 2006;354:2024-2033.

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