

News from the Massachusetts Medical Society

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Massachusetts Medical Society urges special study of defensive medicine

Waltham/Boston – The Massachusetts Medical Society today testified before the Joint Committee on Public Health in strong support of Senate Bill 807 and House Bill 2128, identical legislation that would create a task force to investigate issues related to the practice of defensive medicine.

Alan C. Woodward, M.D., a past president of the Society and Vice Chairman of its Committee on Professional Liability, testified before the panel.

The practice of defensive medicine – defined as those tests, procedures, referrals, hospitalizations, or prescriptions ordered by physicians out of the fear of being sued – has been shown by surveys to be widespread, adding billions of dollars to the cost of health care in Massachusetts and the nation.

In his testimony, Dr. Woodward said that with the state and federal governments focusing on cost control to ensure access and coverage, one major area in alleviating costs can be reducing the practice of defensive medicine. “Soaring costs are the biggest threat to the success of health reform,” he said.

A [Medical Society study](#) of Massachusetts physicians last year was the first of its kind to quantify defensive practices across a number of medical specialties and the first to link defensive medicine to Medicare cost data. The [study](#) found that 83 percent of physicians reported practicing defensive medicine, and that an average of 18 to 28 percent of tests, procedures, referrals and consultations and 13 percent of hospitalizations were ordered for defensive reasons.

The Society conservatively estimated the cost of such practices to be a minimum of \$1.4 billion, but cautioned that the real price tag is likely much higher, as the dollar estimates do not include tests and diagnostic procedures ordered by physicians in other specialties, observation admissions to hospitals, specialty referrals and consultations, or unnecessary prescriptions. And the eight specialties represented in the survey accounted for only 46 percent of the physicians in the state.

Dr. Woodward said other studies estimate the practice of defensive medicine to drive 8-15 percent of overall health care costs in the country. A Tillinghast study in 2000, for example, estimated the cost of defensive medicine at \$70 billion nationally

“In fear of the potentially devastating economic and professional consequences of medical liability lawsuits,” Dr. Woodward said, “physicians nationwide are engaging in the practice of defensive medicine. While the nature and prevalence of defensive medical practices have been widely debated, most agree the costs are exorbitant.”

Besides the high costs, Dr. Woodward offered two other major reasons for addressing defensive medicine, saying that it reduces access to care, as providers may avoid high-risk procedures and high-risk patients, and that it may be unsafe for patients, who are exposed to the risks of radiation exposure through unnecessary tests and possible anaphylactic reactions to contrast dye. Reduced

access to care because of the fear of liability has been supported by separate studies undertaken by the Medical Society. In its annual Physician Workforce Study over the last five years, the Society has found that an average of 44-48 percent of physicians in the state reported that they are altering or limiting their practices because of the fear of being sued.

“As we approach a new era in American health care in which we struggle to provide affordable quality care to every individual,” said Dr. Woodward, “we must explore new strategies to reduce costs, including the elimination of defensive medicine. This legislation would start that exploration.”

Dr. Woodward in his testimony also urged support of Senate 887, legislation that would authorize the Board of Registration in Medicine to recognize and receive complaints relative to medical testimony by expert witnesses in professional liability lawsuits and to consider that testimony the practice of medicine. “We believe that individuals offering second opinions critiquing a physician’s care,” he said, “are engaged in the practice of medicine and should be subject to review and action by the Board of Registration in Medicine.”

The Massachusetts Medical Society, with more than 21,000 physicians and student members, is dedicated to educating and advocating for the patients and physicians of Massachusetts. The Society publishes the New England Journal of Medicine, a leading global medical journal and web site, and Journal Watch alerts and newsletters covering 13 specialties. The Society is also a leader in continuing medical education for health care professionals throughout Massachusetts, conducting a variety of medical education programs for physicians and health care professionals. Founded in 1781, MMS is the oldest continuously operating medical society in the country. For more information please visit www.massmed.org, www.nejm.org, or www.jwatch.org.

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