Intolerance of Error, Culture of Blame Drive 'Medical Excess'

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- Overdiagnosis, overtreatment, and excessive use of health resources will not decrease until healthcare professionals and the public change their attitudes about medical errors and uncertainty.
- Note that the authors argue that the factors that drive medical excess have become almost "foundational" in Western society, which means that change in physician behavior will be difficult to achieve.

Overdiagnosis, overtreatment, and excessive use of health resources will not decrease until healthcare professionals and the public change their attitudes about medical errors and uncertainty, authors of a review concluded.

A practice environment steeped in "intolerance of error and culture of blame" drives the "medical excess" that characterizes Western medicine. However, efforts to address the problem have focused primarily on "perverse financial incentives" for physicians and marketing practices that create an ever-increasing demand for health services and products, according to an article published online in The BMJ.

"We believe that intolerance of both uncertainty and error -- among physicians, in the larger medical culture, and in Western culture -- may be the most important reason that physicians engage in medical excess," said Jerome Hoffman, MD, and Hemal K. Kanzaria, MD, of the University of California Los Angeles. "Both need to be confronted if we are to tackle the problem of 'too much medicine.'"

To Err Is Human

A belief in the myth of "the boundless capacity of medical science" has given rise to an expectation -- a demand, even -- of perfection and an intolerance of "inevitable morbidity and mortality." Physicians learn early in their education that they shoulder the responsibility (blame) for any mistake that occurs, even though "mistake" has been redefined as an "outcome that was less than ideal," the authors said.
"To err is human. All of us make errors," Hoffman told MedPage Today. "It is impossible to be perfect. That isn't to say we should feel good about error, but we should understand that it happens and is basically impossible to prevent."

Moreover, a medical culture of "shame and blame" often leads doctors to "deny and hide errors," which only makes matters worse. Only by identifying and correcting errors, mistakes, or less-than-ideal outcomes can systems be put in place to mitigate or prevent the errors.

Physicians have routinely argued that defensive medicine has become a necessity because of the threat of malpractice claims, Hoffman and Kanzaria continued. They cited several of the many studies showing that physicians order unnecessary tests, provide unnecessary services, and write unnecessary prescriptions because of their fear of malpractice. The threat of malpractice is so pervasive that defensive medicine has found its way into countries that have no-fault malpractice laws, such as New Zealand, they added.

Physicians in the U.S. unquestionably face a high career risk of malpractice, estimated at 99% of physicians in the highest-risk specialties and 75% of those in the lowest-risk specialties. The cost of medical liability in the U.S. approaches $60 billion a year, 82% of that attributable to defensive medicine, whereas indemnity costs, legal expenses, and lost clinical time account for 18%.

"Despite all of this, the U.S. malpractice system, among others, fails to achieve either of its main goals," the authors asserted. "It neither accurately compensates patients who are injured as a result of negligence nor routinely restricts the practice of physicians who provide negligent care."

**Foundational Medical Excess**
The factors that drive medical excess have become almost "foundational," in Western society, which means that change in physician behavior will be difficult to achieve, Hoffman and Kanzaria continued. Several promising strategies have already begun.

- The National Institute for Health and Clinical Excellence (NICE) in England has compiled a list of 950 services that should be discontinued or not performed routinely.
- The American Board of Internal Medicine Foundation initiated the "Choosing Wisely" campaign to identify and eliminate use of commonly used tests, therapies, or services that have little or no clinical value.
- Australia's department of health has identified 156 "potentially unsafe, ineffective, or inappropriate services" currently covered by the nation's Medicare Benefits Schedule.
- *JAMA Internal Medicine* has created a "Less Is More" section of the journal, and *BMJ* has initiated a "Too Much Medicine" campaign.

Efforts to involve patients in clinical decision-making have demonstrated some potential to improve quality of care and lower costs, the authors continued. However, the solution to medical excess goes beyond various cost-saving and quality-conscious initiatives.

"We need to ... start to change the culture of medicine, and even the wider culture," Hoffman and Kanzaria wrote in conclusion. "This will require us to be more open about the inevitability of failure, and even of error, and encouraging both the profession and the public to acknowledge and start to define an 'acceptable miss' rate."
Physicians also must be willing to give up their longstanding, larger-than-life reputation among patients and the public in general.

"Physicians have long enjoyed enormous respect from the public -- and despite our protestations to the contrary, have enjoyed being seen as almost god-like, up until the moment when we wonder why we are blamed for not, in fact, being able to perform miracles," said Hoffman and Kanzaria.

**Not So Simple**
Unquestionably, the "culture of blame" and "intolerance of error" play a role in medical excess, but the size of the contribution remains open to debate, said Anees Chagpar, MD, of Yale University.

"The arguments made in the article are very good," Chagpar told MedPage Today. "However, it's not clear whether a culture of blame or a culture of excess fuels medical costs."
The "Choosing Wisely" campaign has the potential for a "phenomenal impact," he said.

"Choosing Wisely is in the same vein as many evidence-based guidelines," said Chagpar. "Large professional organizations have really embraced it for two reasons: to educate physicians about the true evidence of their practice and to provide backdrop of support for ordering less, such that physicians are less likely to say, 'Well, I have to order this test because I may miss something,' and more likely to say 'It's not indicated,' if they don't order the test."

Many physicians are caught between a rock and a hard place, reacting to the current tort era with preventive medicine while at the same time working in an environment of clinical uncertainty in dealing with frequently devastating and fatal diseases.

"Overdoing something, whether medical intervention or diagnostics, is one way of coping with that," said Lowell Schnipper, MD, chief of hematology/oncology at Beth Israel Deaconess Medical Center in Boston and Chair of the American Society of Clinical Oncology Value in Cancer Care Task Force.

"I think there is some substance to what they are saying, but we're in a very complex arena, and I don't think any one factor can explain it all."

Hoffman and Kanzaria disclosed no relevant relationships with industry.

**Comment**

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