

Common Good
Fear of Litigation Study
The Impact on Medicine

Final Report

April 11, 2002

Conducted for:

Common Good

Field Dates:
March 4-20, 2002

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INTRODUCTION

The Fear of Litigation Study – The Impact on Medicine was conducted for Common Good among a national sample of physicians, nurses and hospital administrators. This survey sought to provide some insight into the impact of the fear of litigation on the practice of medicine and the delivery of medical care. Broadly the survey focused on the following areas:

- Judgments about tests and medical care
- Interactions with patients and other physicians
- Proposals for change

METHODOLOGICAL OVERVIEW

Interviews for *The Fear of Litigation Study – The Impact on Medicine* were conducted both via telephone as well as online. 300 physicians were interviewed online using Harris Interactive’s Physician Panel. 100 hospital-based nurses and 100 hospital administrators were interviewed by telephone. Interviews averaging 15 minutes in length took place between March 4 and 20, 2002.

The three sample groups were selected not only because they make up the key constituents in the delivery of medical care, but also because we thought that they might have different views on the subject matter and perhaps even different abilities or incentives to be either forthcoming or reserved on the subject matter.

One of the interesting and rather surprising findings of the study was the willingness of physicians to fully disclose not only their views on how the fear of litigation impacts the behavior of physicians in general, but also their own behavior.

A detailed survey methodology including a description of the sampling and survey administration procedures is contained in Appendix A. The complete data-sheeted questionnaire is found in Appendix B.

NOTES ON READING TABLES

The base on each question is the total number of respondents answering that question. An asterisk (*) on a table signifies a value of less than one-half percent (0.5%). A dash represents a value of zero. Percentages may not always add up to 100% because of computer rounding or the acceptance of multiple answers from respondents answering that question. Note that in some cases results may be based on small sample sizes. Caution should be used in drawing any conclusion from results based on these small samples.

PROJECT RESPONSIBILITY AND ACKNOWLEDGEMENTS

The Harris team responsible for the design and analysis of *The Fear of Litigation Study – The Impact on Medicine* included Humphrey Taylor, Chairman *The Harris Poll*, David Krane, Senior Vice President and Amy Cottreau, Project Manager. We would like to acknowledge Philippa Dunne for her invaluable contribution to the design, content, focus and analysis of the project. Harris Interactive is responsible for the final determination of topics, question wording, collection of the data, statistical analysis and interpretation in the report.

PUBLIC RELEASE OF SURVEY FINDINGS

All Harris surveys are designed to comply with the code and standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPPI). Should data from the survey be released to the public, any release must stipulate that the complete report is also available.

EXECUTIVE SUMMARY

Medicine is clearly a highly dynamic and ever-changing field. Technological and scientific advances, the development of HMOs and managed care, as well as societal changes all shape it on an on-going basis. Although malpractice litigation has its roots back in the mid-1800s, one area of interest is how the increasingly litigious nature of American society today is influencing the field of medicine. Rather than explore the number of suits, the size of jury awards, or the costs of malpractice insurance, this survey sought to explore -- through interviews with physicians, nurses and hospital administrators -- how the fear of litigation affects the practice of medicine and the delivery of medical care.

The results are striking. Concerns about liability are influencing medical decision-making on many levels. From the increased ordering of tests, medications, referrals, and procedures to increased paperwork and reluctance to offer off-duty medical assistance, the impact of the fear of litigation is far-reaching and profound.

Broadly, **half (51%) of all physicians think that their ability to provide quality medical care to patients has gotten worse in the past five years.** Further, more than three-fourths of physicians feel that **concern about malpractice litigation (76%) has hurt their ability to provide quality care in recent years.** All respondent groups report increased levels of concern or awareness about the risks of malpractice liability over their career and **nearly one-third (29%) of physicians state that they have been interested in a certain specialty but shied away from it due to fear of higher legal exposure.** These findings seem to suggest that the broad impact of the fear of litigation is significant and growing. [See Tables 1 - 4]

Some of the more arresting study findings are on the impact of liability concerns on the provision of medical care. Broadly, **nearly all physicians and hospital administrators feel that unnecessary or excessive care is very often or sometimes provided because of fear about litigation.** More specifically, physicians report that the fear of malpractice claims causes themselves and/or other physicians to:

- **Order more tests than they would based only on professional judgment of what is medically needed.** (91% have noticed other physicians, and 79% report they themselves do this due to concerns about malpractice liability)
- **Refer patients to specialists more often** than they would based only on their professional judgment of what is medically needed. (85% have noticed other physicians, and 74% report they themselves do this due to concerns about malpractice liability)

- **Suggest invasive procedures such as biopsies to confirm diagnoses more often** than they would based only on their professional judgment of what is medically needed. (73% have noticed other physicians, and 51% report they themselves do this due to concerns about malpractice liability)
- **Prescribe more medications such as antibiotics** than they would based only on their professional judgment of what is medically needed. (73% have noticed other physicians, and 41% report they themselves do this due to concerns about malpractice liability)

A similar, although slightly less dramatic trend is seen when looking at patient end of life issues.

- **Just under two-thirds (61%) of physicians have noticed physicians being reluctant to make what they believe to be humane choices because of concerns that a family member might bring suit.**
- **Half (50%) have noticed a physician resorting to aggressive treatments of terminally ill patients because of liability concerns.**
- **Just under half (42%) have noticed a physician or staff member going against a patient's expressed wishes concerning life-prolonging medical interventions** because of concerns that a family member might bring suit.

Not surprisingly, there is **nearly unanimous agreement among physicians, nurses and hospital administrators that these extra tests, referrals and procedures contribute in a significant way to health care costs issues.** [See Tables 6-10]

Views on the conducive nature of the hospital environment are mixed when it comes to issues of medical errors and liability protocol. Strong majorities of hospital administrators and nurses feel that staff in their hospital are encouraged to report medical errors such as dispensing incorrect medication or medication doses, surgical mistakes and human error in interpreting results of diagnostic tests. Only two thirds (63%) of physicians, however, agree perhaps due to a greater sense of personal exposure. [See Tables 11-13]

- **Hospital administrators feel that while established rules and protocol have clearly improved or enhanced patient safety, they also believe that unnecessary rules of protocol are often created** out of a concern about liability protection.
- **Nearly half (43%) of all nurses also feel prohibited or discouraged from doing what they think is right for the patient** because of rules or protocols set up for liability protection.

Conversations with colleagues appear to be impacted by the fear of litigation. While more than two-thirds of both physicians and nurses report that frank discussions of an adverse event or error at least sometimes helps them or a colleague avoid making a similar mistake in an actual medical case, many report that their colleagues are often uncomfortable having such conversations.

- **Only one-fourth or fewer of physicians, nurses and hospital administrators think that their colleagues are very comfortable discussing adverse events or uncertainty about proper treatment with them.**
- **Even fewer – roughly 5% -- think that their colleagues are very comfortable discussing medical errors with them.**

Fear of liability is cited by physicians and hospital administrators as the leading factor that discourages medical professionals from openly discussing and thinking of ways to reduce medical errors. By comparison, nurses are more likely to point to not wanting to upset or criticize a colleague as a main reason. Although hospital administrators and nurses somewhat disagree, **physicians feel that fear of liability at least sometimes also leads to hospitals avoiding disclosing quality deficiencies and is the primary reason why hospitals do not share the results of inquiries into patient injury cases.** [See Tables 14-19]

Patient relationships also appear to be somewhat impacted by litigation concerns. While the overwhelming majority of nurses report that malpractice concerns have not impacted their patient relations and discussions at all, **significant numbers of physicians feel that malpractice concerns have made their relationships with patients less personal (38%) and caused them to be more candid in their conversations with patients (43%).** Interestingly, perceptions differ greatly between hospital administrators and physicians and nurses on whether physicians have become more likely to admit errors and apologize. While half (51%) of all hospital administrators think that physicians have become more likely to admit errors and apologize, only one-fourth of nurses and physicians themselves think this is true. [See Tables 20-23]

One area where there is clear agreement is the influence of the fear of litigation on administrative issues. Well over three-fourths of all physicians and nurses (84% and 81%, respectively) report that they **spend more time on paper work**, such as medical record documentation, because of malpractice concerns than they would based solely on the patient's clinical needs. Additionally, **nearly all physicians (94%) believe that written descriptions of cases are very often or sometimes influenced by the fear of litigation.** [See Tables 24-25]

Physicians, nurses and hospital administrators were somewhat divided on whether or not their interpretation of the November 1999 Institute of Medicine reports which suggested that between 44,000 and 98,000 patients die annually in the United States as a result of preventable hospital errors however they generally disagreed with this finding. Their views on malpractice claims were more common. **The clear majority of physicians, nurses and hospital administrators all feel that malpractice claims occur mainly from adverse results rather than actual error.** Physicians see the patient/physician relationship as the most important factors in determining whether or not an injured patient brings a lawsuit or not. Quality of communications as well as greed and the patient's financial status are also noted as important factors by physicians, nurses and hospital administrators. *[See Tables 28-30]*

That many medical professionals behavior is clearly influenced by the fear of litigation can perhaps be explained by the finding that **the overwhelming majority of physicians (83%) and hospital administrators (72%) do not feel that physicians can trust the current system of justice to achieve a reasonable result if sued.** When coupled with the previously noted finding that most feel that malpractice claims occur mainly from adverse results rather than actual error this sense of distrust in the current system is underscored. It is not surprising then, that physicians nearly unanimously, as well as at least three-fourths of nurses and hospital administrators would **instead favor switching to a medical court presided over by independent medical professionals and other experts that would have authority to review and decide injury cases.**

Suggestions by physicians and hospital administrators for improving the malpractice and patient safety situation include a number of legal reforms such as caps on judgments/ liability, general tort reform, as well as improved communication with patients. Nurses were more likely to look to improved patient communication and staff education improvements for possible improvement. **While changes in levels of career satisfaction have caused roughly half of physicians, nurses, and hospital administrators to consider leaving medicine, changes made by HMOs as well as those brought about by the threat of malpractice liability have had nearly as great an impact upon physicians.** *[See Tables 26, 27, & 31-33]*

In summary, it is clear that the practice of medicine and the delivery of medical care are significantly influenced and shaped by fear of malpractice claims and perceived unreliability of the current system of justice. With adverse consequences ranging from cost implications to quality of care the impact of the fear of litigation cannot be ignored and is an area that should be included in any efforts to improve medicine in America today and restore health to health care.

DETAILED ANALYSIS OF RESULTS

Table 1

Quality of Medical Care Over Past Five Years

Although feelings are mixed both within and across sample groups, half of all physicians feel that the ability to provide quality medical care to patients has gotten worse over the past five years. In contrast, the plurality of nurses and hospital administrators feel that things have improved.

Q205 Setting aside improvements in technology or medical knowledge, do you think the ability of physicians and nurses to provide quality medical care to patients has improved, has gotten worse or is it about the same as it was five years ago?

Base: All respondents

	Physicians	Nurses	Hospital Administrators
	%	%	%
Improved	31	44	55
Worse	51	28	24
About the same	17	28	19

Table 2

Impact on Providing Quality Patient Care

While physicians, nurses and hospital administrators generally agree on the impact of various influences on their ability to provide quality care, physicians are more likely to feel that managed care plans have hurt their ability to provide quality care. Nurses are more likely to feel that patient advocacy groups have made a positive impact on their ability to provide quality care and are less likely to have personally felt a negative impact because of concerns about malpractice litigation.

Q211 In recent years, has each of the following helped, hurt or not made a difference in your ability to provide quality patient care?

Base: All respondents

	Physicians			Nurses			Hospital Administrators		
	Hurt	Helped	No Difference	Hurt	Helped	No Difference	Hurt	Helped	No Difference
	%	%	%	%	%	%	%	%	%
Managed care plans	87	5	8	62	14	24	66	9	21
Patient advocacy groups	12	33	54	6	56	33	9	43	44
The Internet	6	71	23	5	58	33	1	80	19
Concern about malpractice litigation	76	4	21	41	6	51	63	6	30

Table 3

Awareness of Malpractice Liability

Experience clearly has increased the awareness and concern among all respondents about the risks of malpractice liability. Perhaps not surprisingly, nurses are less likely to report an increase with one-third saying their views haven't changed since the beginning of their career.

Q225 Since the beginning of your career, would you say your concern or awareness about the risks of malpractice liability has . . . ?

Base: All respondents

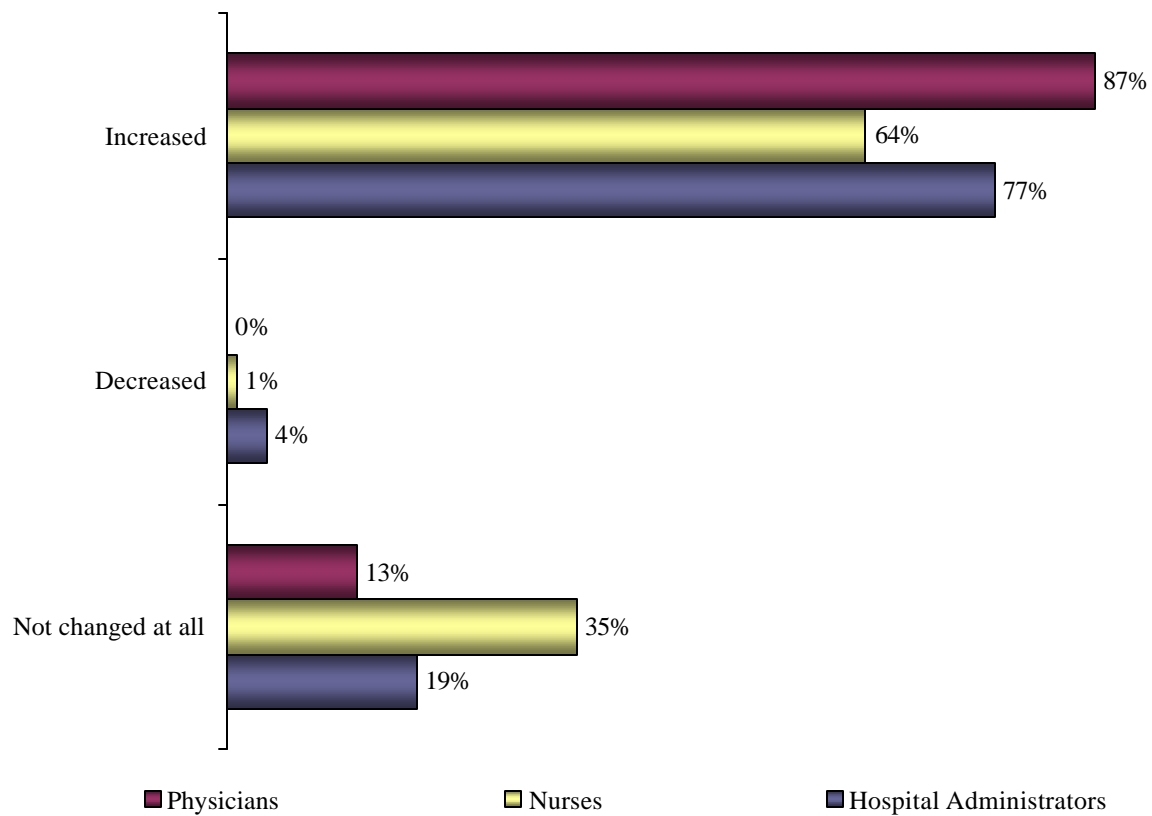


Table 4

Avoided Specialty For Fear of Legal Exposure?

While the majority of physicians have not shied away from an interest in a specialty due to concerns about higher legal exposure, a significant minority of nearly one in three have avoided an area due to liability concerns.

Q235 Have you ever been interested in a certain specialty but shied away from it because you thought you'd have higher legal exposure?

Base: All physicians

Physicians Only

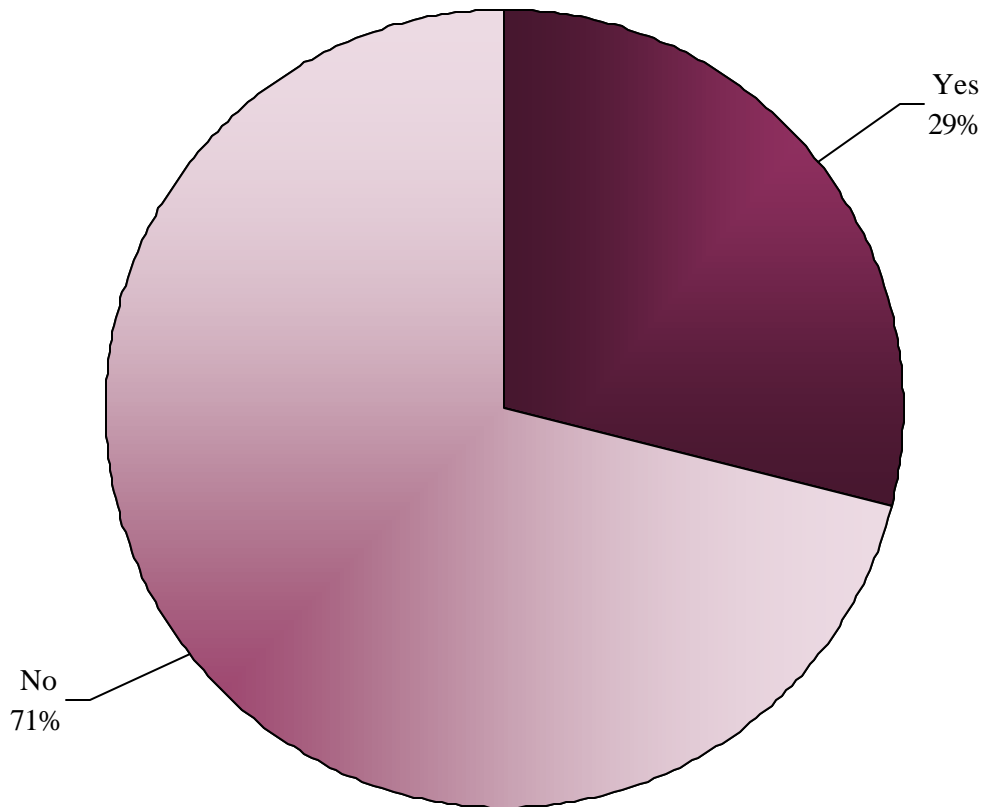


Table 5

Willingness to Assist When Off-Duty

Liability concerns impact behavior outside of the hospital or office environment as just over half of all physicians know of those who hesitate or are reluctant to assist an injured person when off-duty and one-third say they know of an instance where a physician did not volunteer to help because of the fear of litigation.

Q241 Do you have personal knowledge of . . . ?

Base: All physicians

Physicians Only
% “Yes”

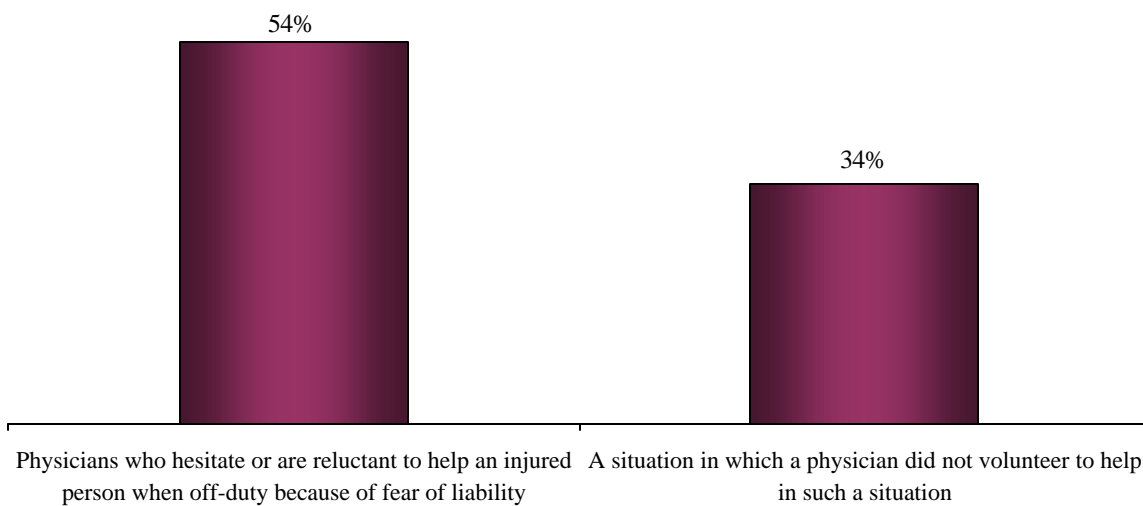


Table 6

Impact of Liability Concerns on Tests and Procedures

Physicians and hospital administrators strongly agree that the fear of medical malpractice causes physicians to act much differently than they would based solely on their professional medical judgment. Nurses generally share this view, but are less strong in their agreement.

Q306 Based on your experience, have you noticed the fear of malpractice liability causing physicians to . . . ?

Base: All respondents

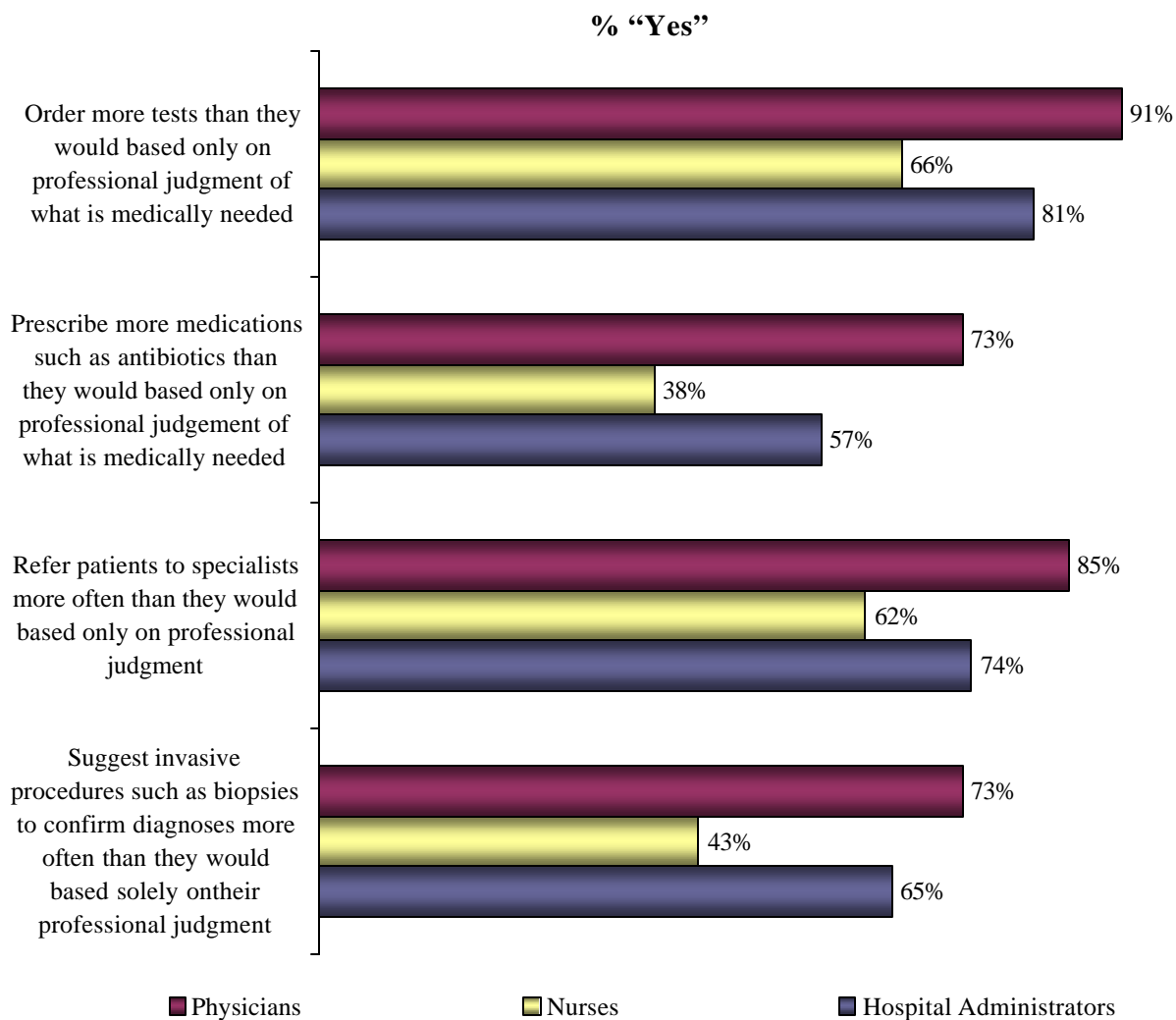


Table 7

Impact of Liability Concerns on Physicians Personal Behavior

When talking about their own behavior, physicians report that they personally often do more than they feel is medically needed because of concerns about malpractice liability. Compared with their observations of physicians in general, physicians were somewhat less likely to report that they themselves had their behavior influenced in this way – particularly when it came to prescribing more medications and ordering invasive procedures.

Q306 Based on your experience, have you noticed the fear of malpractice liability causing physicians to . . . ?
 Base: All respondents

Q311 Do concerns about malpractice liability ever cause you to . . . ?
 Base: All physicians

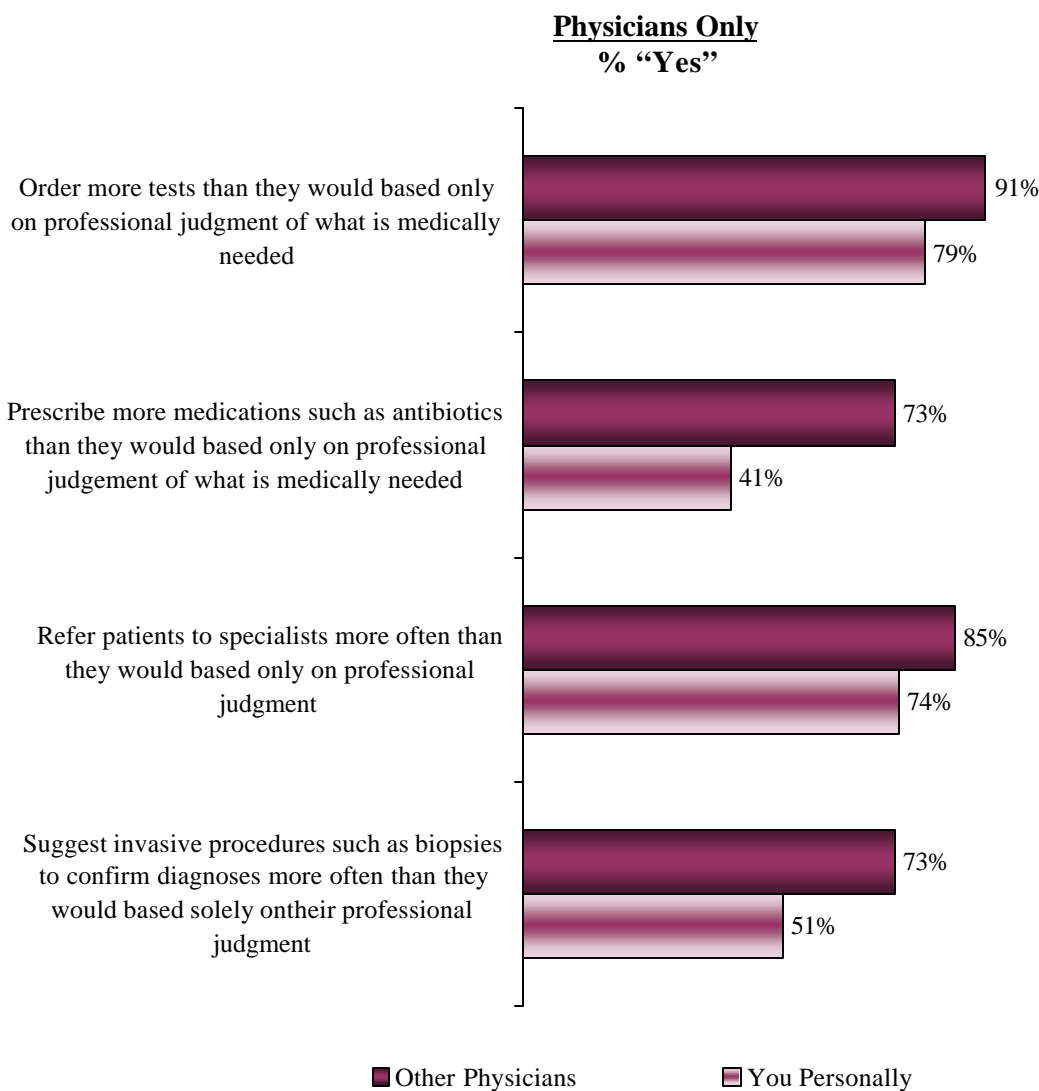


Table 8

Impact on Health Care Costs

Given the high rate at which physicians, nurses and hospital administrators report that extra tests, referrals and procedures are being done, it is not surprising that they are viewed as having a significant impact on health care costs.

Q315 Do you think such extra tests, referrals or procedures contribute in a significant way to health care costs?

Base: All respondents

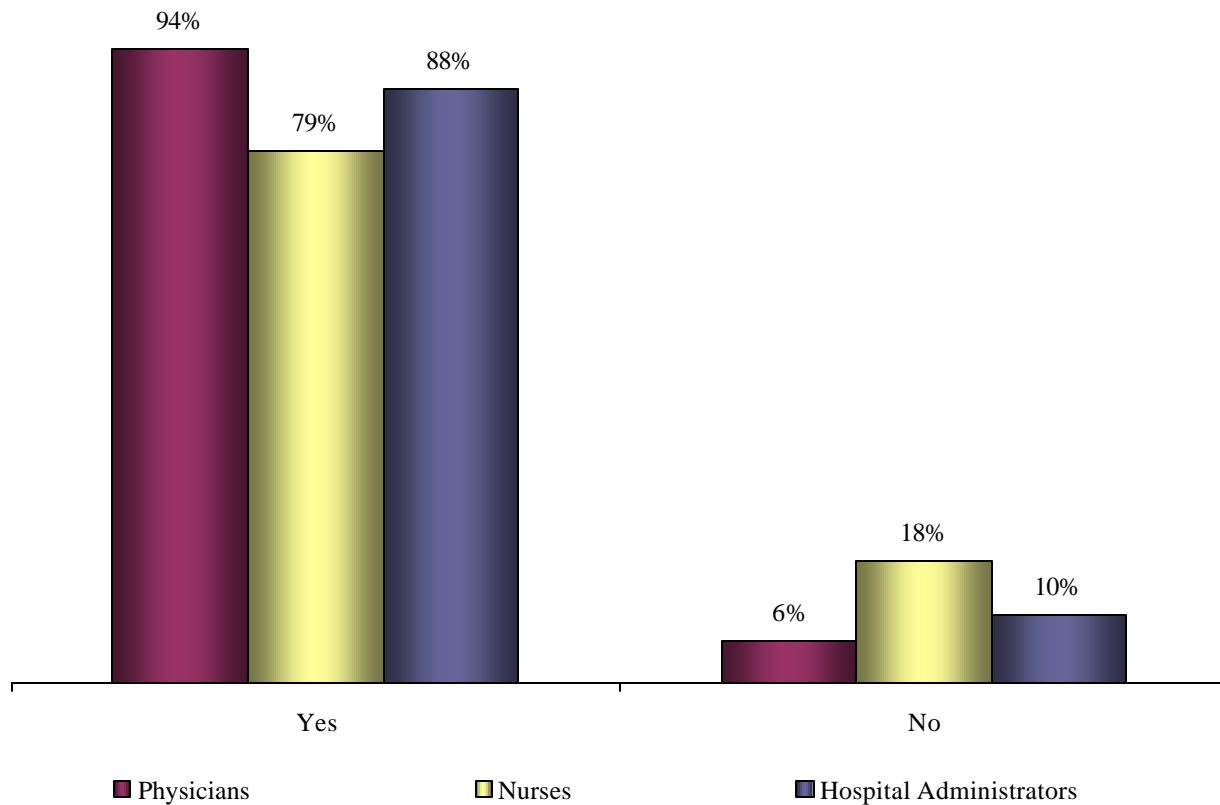


Table 9

Impact of Liability Concerns on End of Life Issues

Liability concerns also impact decisions made by physicians at the end of a patient’s life. Roughly half of all physicians and nearly as many nurses and hospital administrators report that they are aware of physicians resorting to aggressive treatments, being reluctant to make humane choices, and even going against a patient’s expressed wishes due to liability concerns.

Q321 Based on your experience, have you noticed . . . ?

Base: All respondents

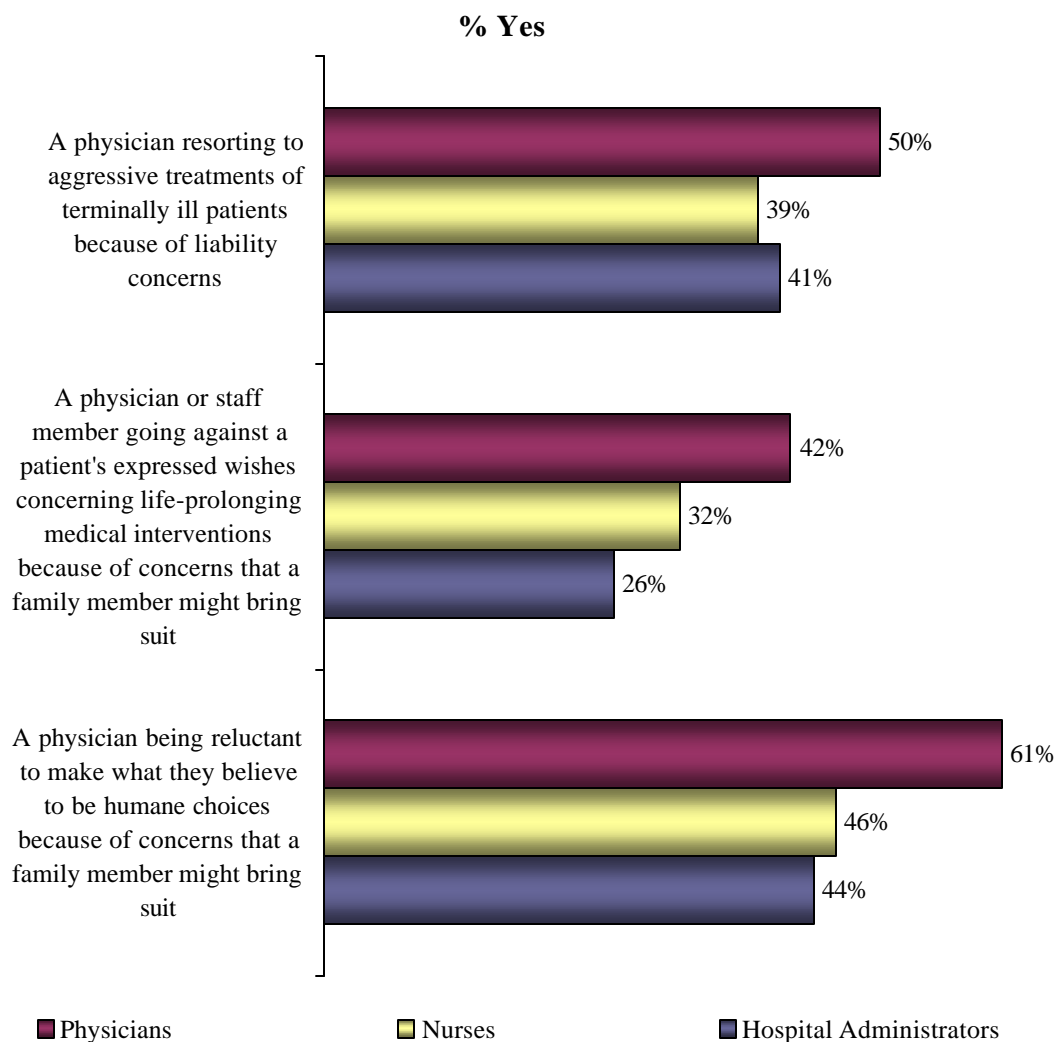


Table 10

Excessive Care Provided Due to Fear of Medical Liability

In summary, physicians clearly feel that unnecessary or excessive care is at least sometimes provided due to malpractice concerns. Hospital administrators agree with physicians while thinking it is slightly less of an issue. Nurses however, view this as occurring more rarely.

Q325 Based on your experience, how often do you think unnecessary or excessive care is provided because of the fear of medical liability?

Base: All respondents

	Physicians	Nurses	Hospital Administrators
Base:	300	100	100
	%	%	%
Very Often/Sometimes (Net)	94	66	84
Very often	38	18	20
Sometimes	56	48	64
Rarely/Never (Net)	6	32	15
Rarely	5	30	13
Never	*	2	2

Table 11

Nurses Views on Impact of Liability Protection Rules or Protocols

Although not a major obstacle for most nurses, nearly half of all nurses feel that rules or protocol established for liability protection prohibit or discourage them at least sometimes from doing what they feel is right for the patient.

Q330 How often do you feel prohibited or discouraged from doing what you think is right for the patient because of rules or protocols set up for liability protection – would you say very often, sometimes, rarely or never?

Base: All nurses

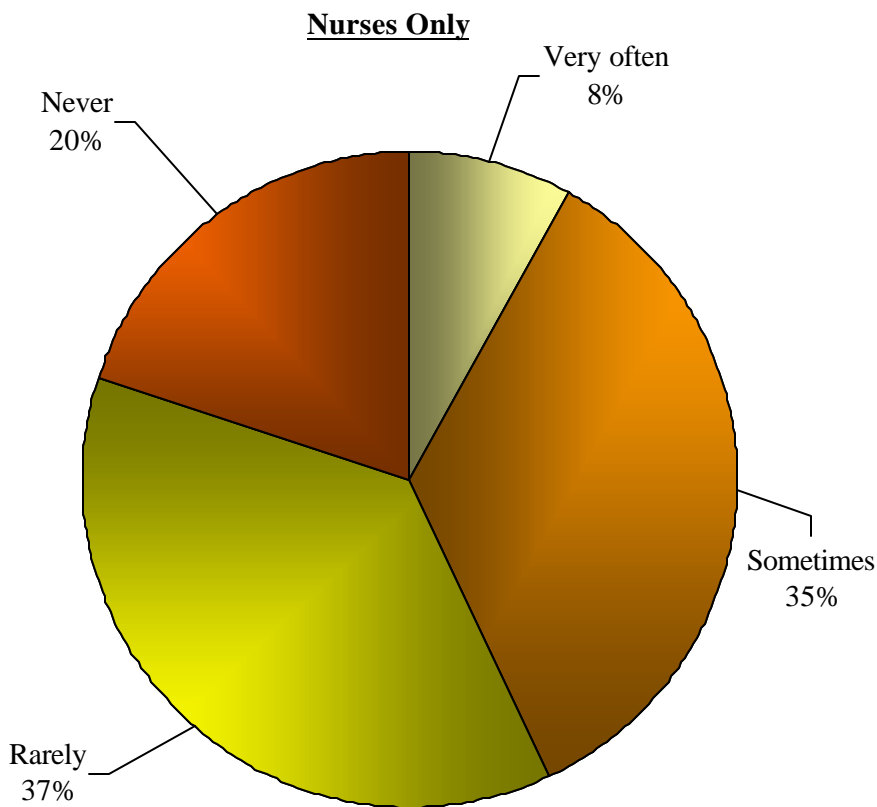


Table 12

Hospital Administrators Views on Creation of Liability Protection Rules or Protocols

While hospital administrators feel that established rules and protocol have improved or enhanced patient safety, they also think that unnecessary rules of protocol are often created because of liability concerns.

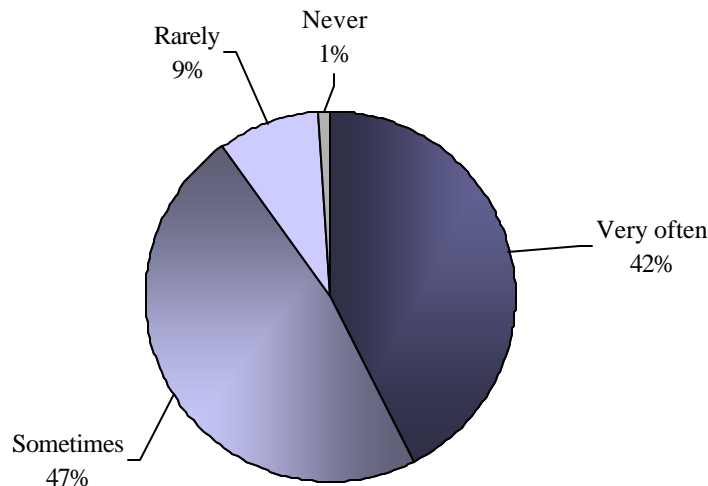
Q335 In establishing procedures, to what extent do you think unnecessary rules of protocol are created out of a concern about liability protection – would you say very often, sometimes, rarely or never?

Q337 To what extent do you think that established rules or protocol have improved or enhanced patient safety - would you say a lot, a little, or not at all?

Base: All hospital administrators

Hospital Administrators Only

Creation of Unnecessary



Impact on Patient

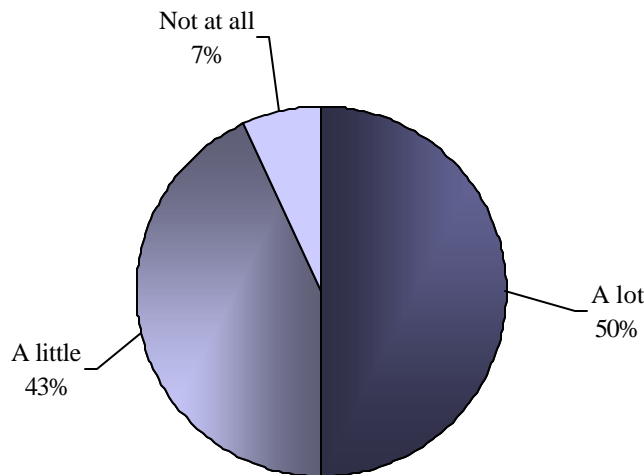


Table 13

Hospital Environment for Reporting Medical Errors

While nearly all nurses and hospital administrators feel their hospitals encourage the reporting of medical errors, physicians are somewhat less likely to feel this way with roughly one-third reporting an environment that neither encourages nor discourages error reporting.

Q220 On the whole, in your hospital, or the hospital to which the majority of our patients are admitted, are staff encouraged to or discouraged from reporting medical errors, including dispensing incorrect medications or medication does, surgical mistakes and human error in interpreting results of diagnostic tests?

Base: All respondents

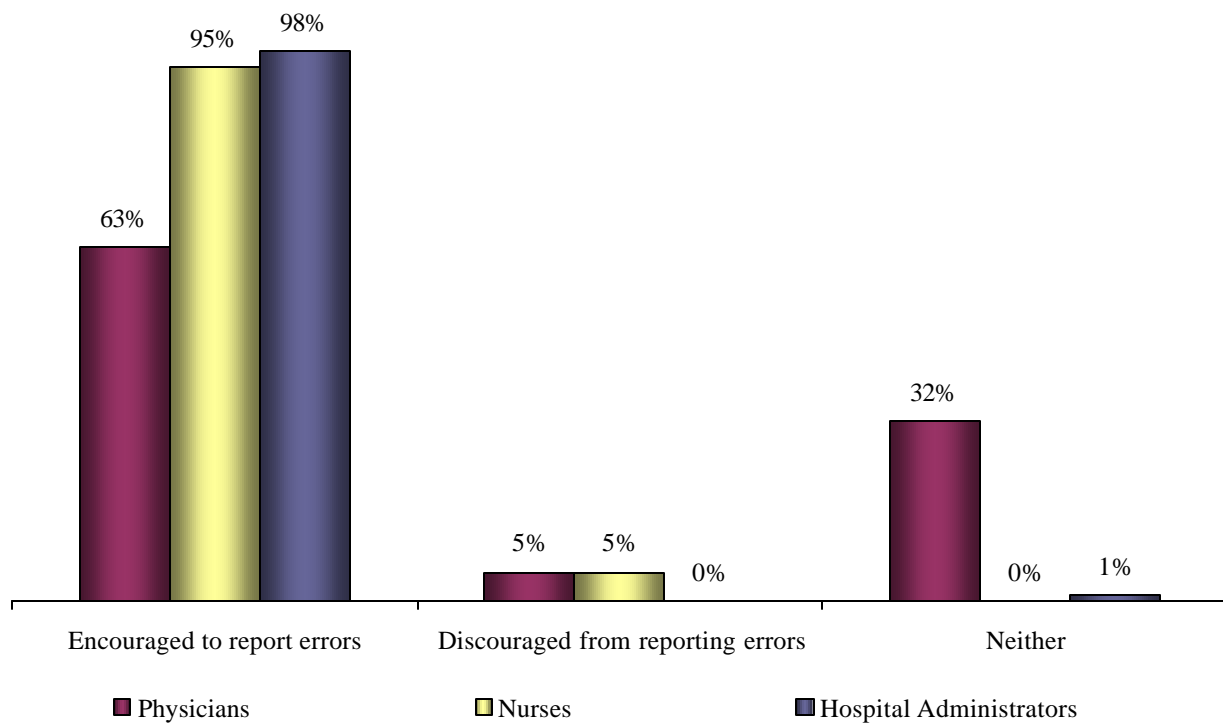


Table 14

Discussing Adverse Events With Colleagues

Nurses and hospital administrators are somewhat more likely than physicians to report that their colleagues are comfortable discussing adverse events with them.

Q405 How comfortable do you think your colleagues are discussing adverse events or uncertainty about proper treatment with you?

Base: All respondents

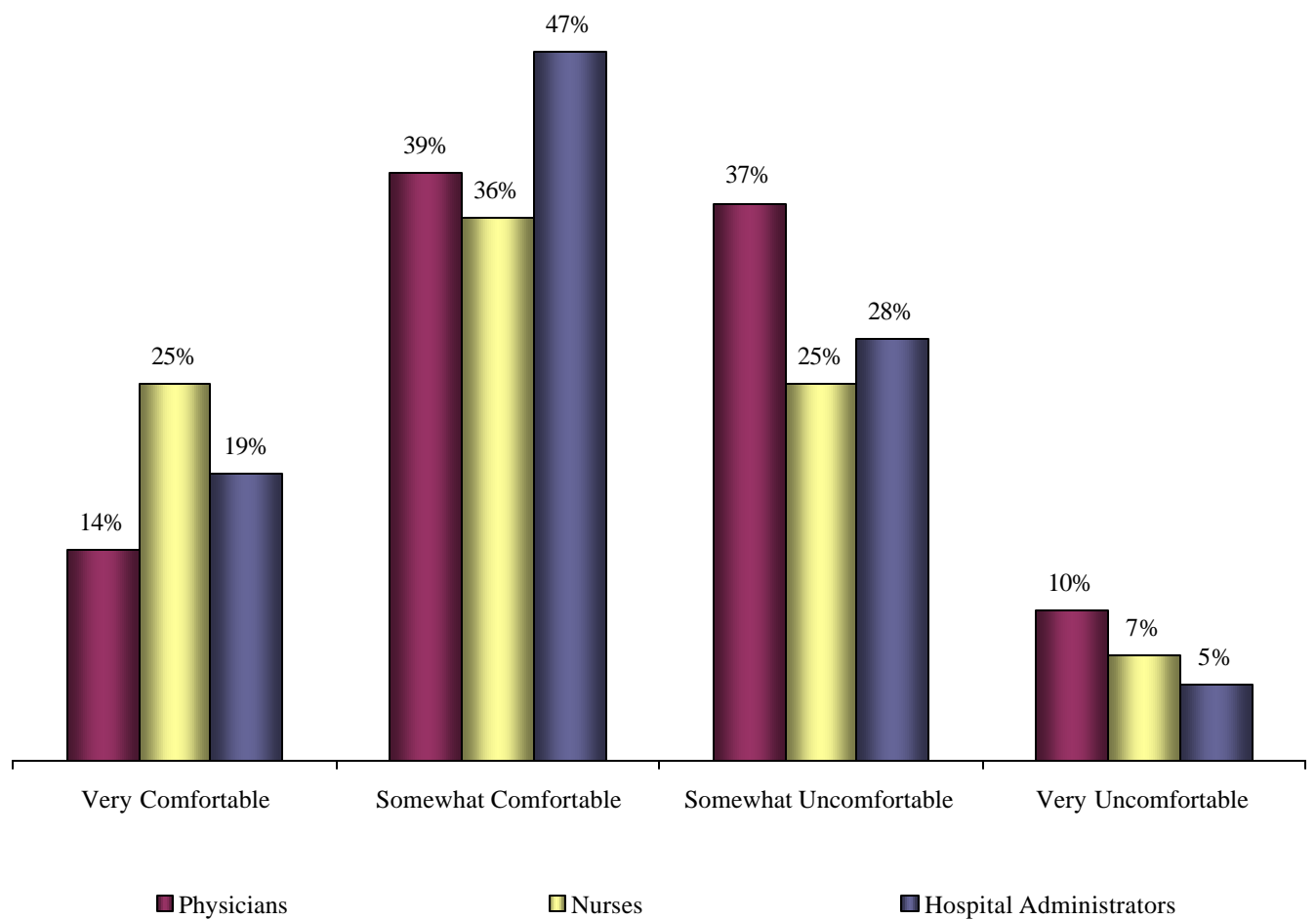


Table 15

Discussing Medical Errors With Colleagues

While the majority of all groups feel that colleagues are uncomfortable discussing medical errors, physicians and nurses are even more likely to report feeling this way.

Q410 How comfortable do you think your colleagues are discussing medical errors with you?

Base: All respondents

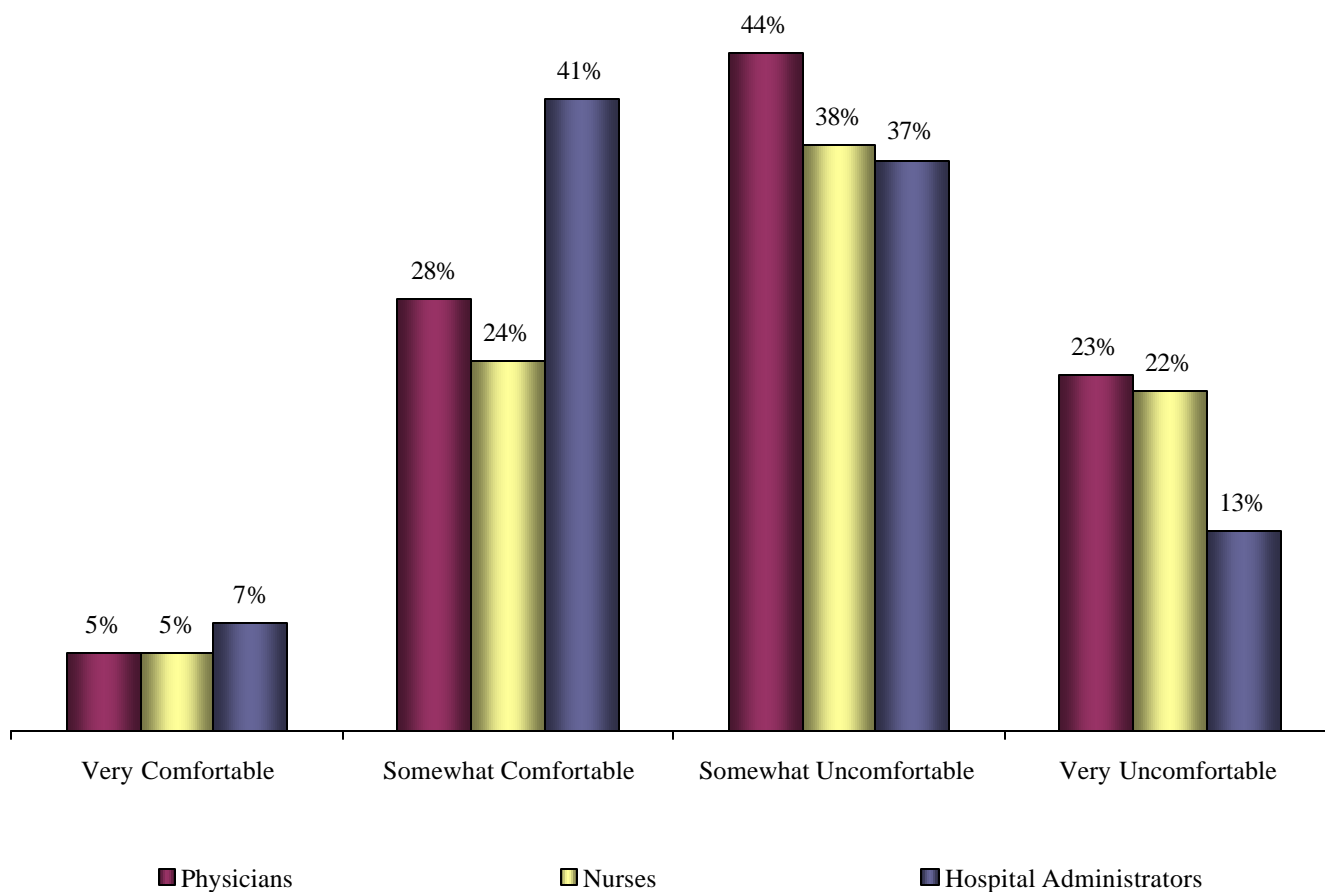


Table 16

Impact of Discussing Medical Errors in Avoiding Similar Mistakes

Despite the previously noted finding that many are uncomfortable discussing adverse events and errors, physicians and nurses both report that such discussions are very often or sometimes helpful in avoiding making similar mistakes in actual medical cases.

Q415 How often does a frank discussion of an adverse event or error helped you or a colleague avoid making a similar mistake in an actual medical case?

Base: Physicians and Nurses

	Physicians	Nurses
Base:	300	100
	%	%
Very Often/Sometimes (Net)	73	69
Very often	12	18
Sometimes	61	51
Rarely/Never (Net)	27	30
Rarely	24	25
Never	3	5

Table 17

Impact on Discussions About Medical Errors

Among physicians and hospital administrators, fear of liability is the leading factor that discourages open discussions about how to reduce medical errors. While fear of liability is also significant for nurses, not wanting to upset or criticize a colleague is seen as slightly more important in discouraging these discussions.

Q421 Generally speaking, how much do you think that each of the following discourages medical professionals from openly discussing and thinking of ways to reduce medical errors?

Base: All respondents

	Physicians			Nurses			Hospital Administrators		
	A	A	Not At	A	A	Not At	A	A	Not
	Lot	Little	All	Lot	Little	All	Lot	Little	At All
	%	%	%	%	%	%	%	%	%
Fear of liability	59	35	6	22	52	25	25	57	17
Not wanting to upset or criticize a colleague	34	60	5	24	57	17	23	65	10
The environment in your hospital	16	49	36	14	43	43	3	46	51

Table 18

Impact of Fear of Liability on Disclosing Quality Deficiencies

Unlike hospital administrators and nurses , three-fourths of physicians see fear of liability as at least sometimes leading hospitals to avoid disclosing quality deficiencies.

Q425 How often do you think that fear of liability leads hospitals to avoiding disclosing quality deficiencies?

Base: All respondents

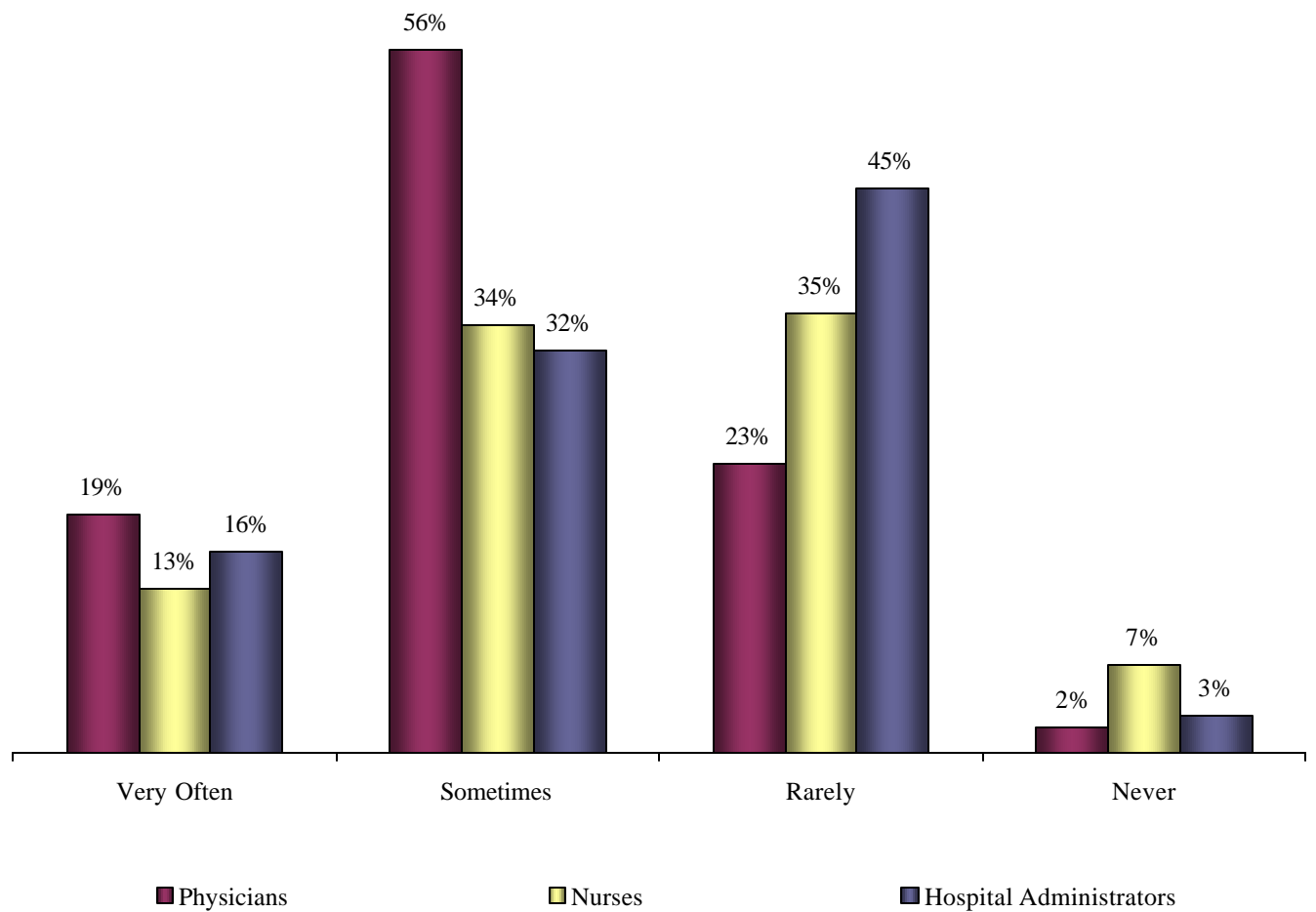


Table 19

Impact of Fear of Liability on Sharing Patient Inquiry Results

Physicians again have a stronger view on the significance of liability concerns on impacting hospital behavior. More than half feel that liability concerns are the primary reason why hospitals do not share the results of inquiries into patient injury cases. Nurses and hospital administrators generally agree but are more likely to feel it is a minor reason.

Q430 How significant of a factor do you think liability concerns are in hospitals not sharing the results of inquiries into patient injury cases?

Base: All respondents

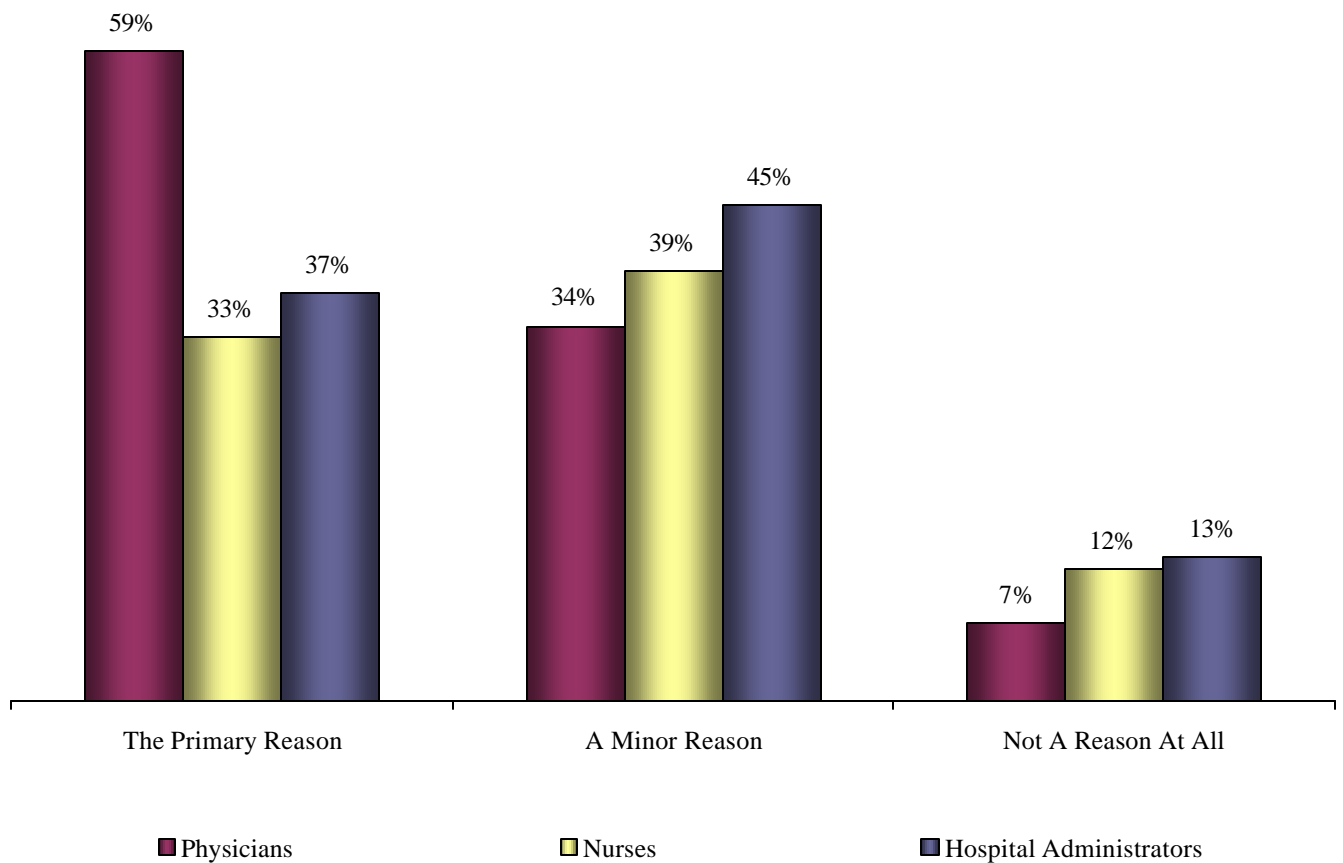


Table 20

Impact on Relationship With Patients

Nurses overwhelmingly report that malpractice concerns have not impacted their relationships with patients. Physicians however, display a more mixed response. Although many report no impact on patient relations, over one-third say that malpractice concerns have made their relationships less personal. One in six feel their relationships with patients have become more personal as a result of these concerns.

Q505 Would you say that concerns about malpractice have made your relationship with your patients . . . ?

Base: Physicians and Nurses

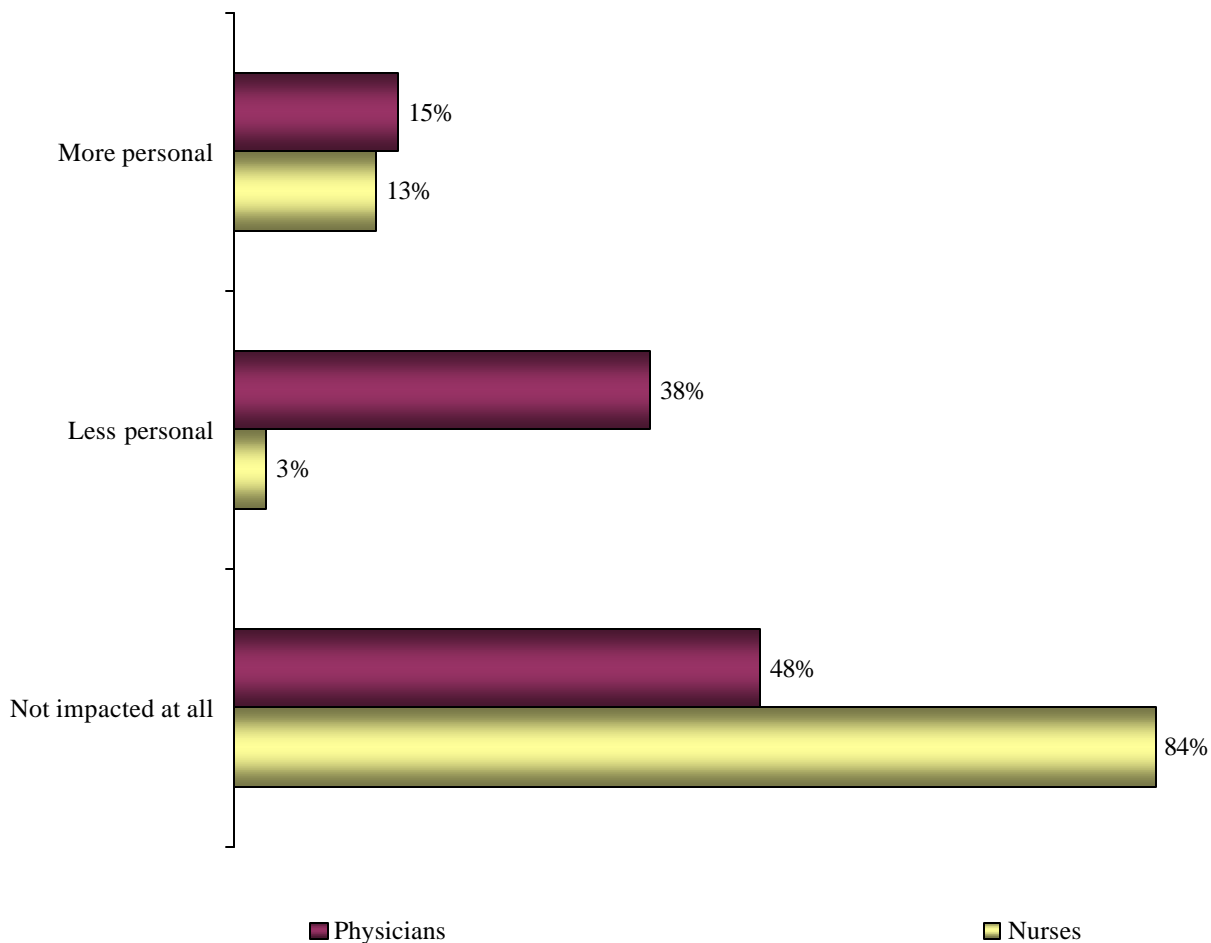


Table 21

Impact on Discussions With Patients

Once again, most nurses don't feel their discussions with patients have been impacted at all by malpractice concerns. Nearly half of all physicians say they are more candid in their discussions with patients because of malpractice worries. Only one in six physicians feel that malpractice concerns have caused them to be less candid with patients.

Q510 Would you say that concerns about malpractice have caused you to be . . . ?

Base: Physicians and Nurses

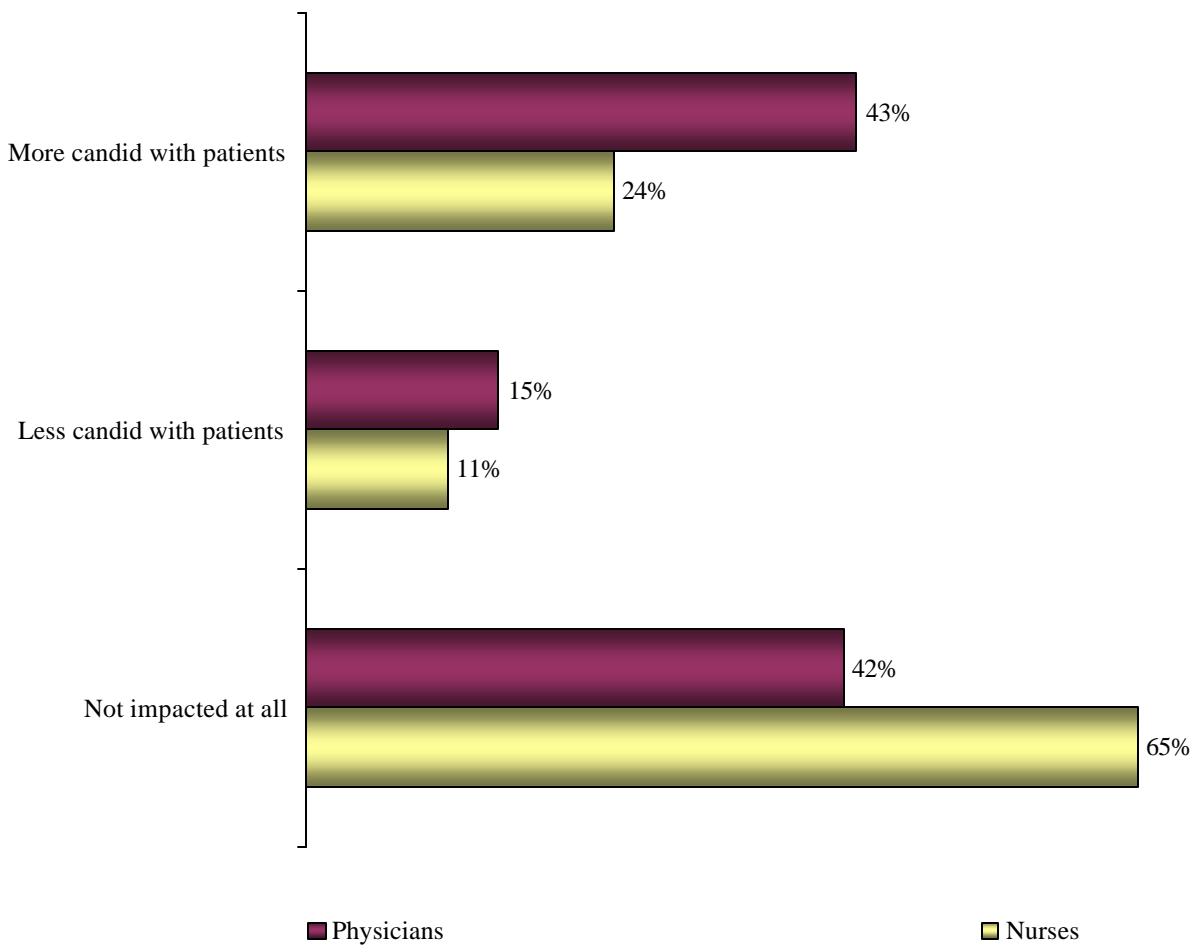


Table 22

Use of Fear of Litigation to Avoid Difficult Discussions

Most physicians themselves think that fear of litigation is rarely or never used as an excuse or way to avoid difficult discussions of errors with patients. Hospital administrators and nurses are more likely to think that physicians do this.

Q515 Some people have argued that physicians may use the fear of litigation as an excuse or way to avoid difficult discussions of errors with patients. How often do you think physicians do this?

Base: All respondents

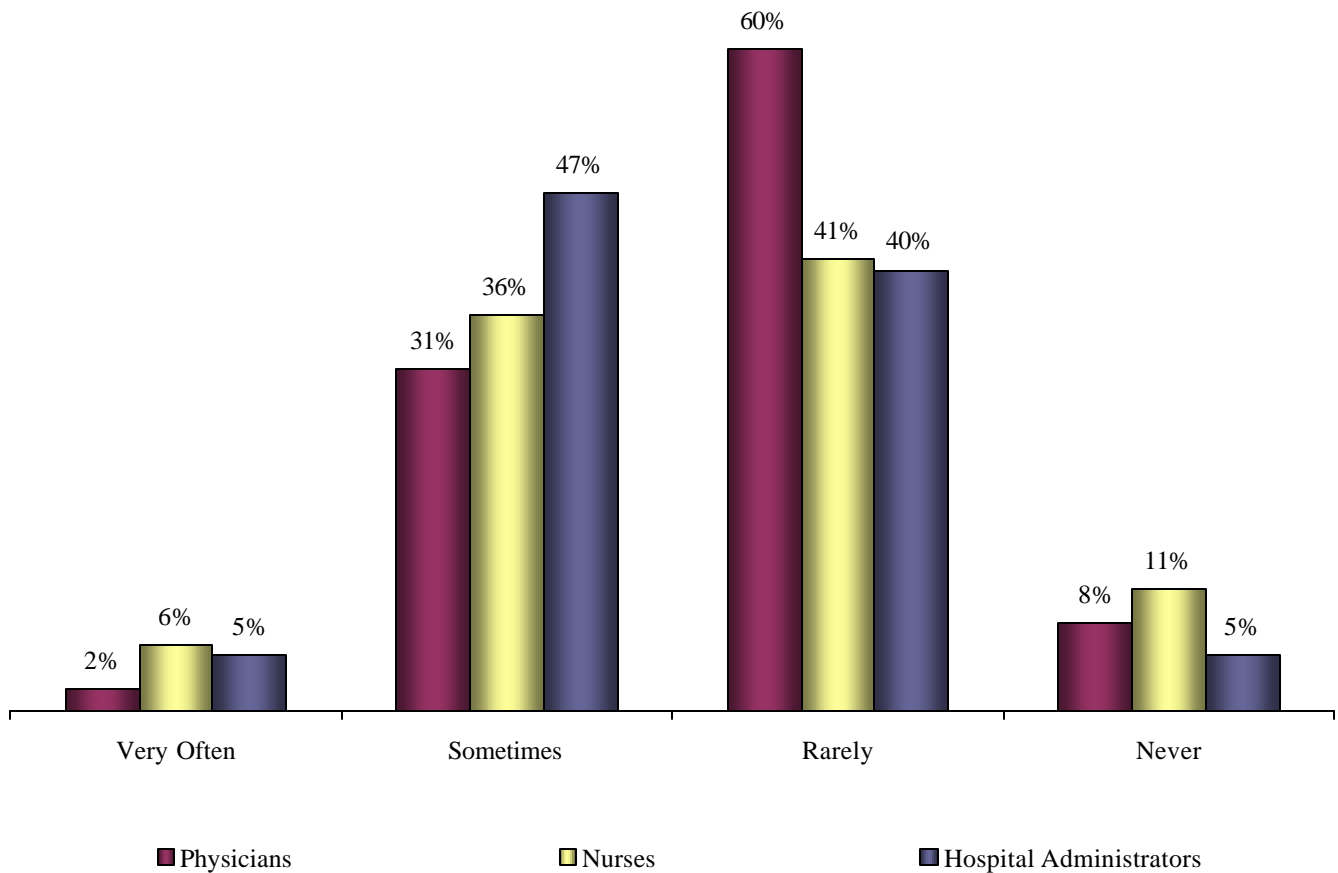


Table 23

Physicians Admitting Errors and Apologizing to Patients

Views among the three groups differ greatly when it comes to physicians admitting errors and apologizing. Hospital administrators think that this has become more likely to occur. Physicians feel that since they have been practicing it has become less likely or not changed at all. Most nurses have not seen any change in this at all during the years that they have been practicing.

Q520 In the years that you have been practicing, do you think that physicians have become more likely to admit errors and apologize to patients, less likely, or hasn't this changed at all?

Base: All respondents

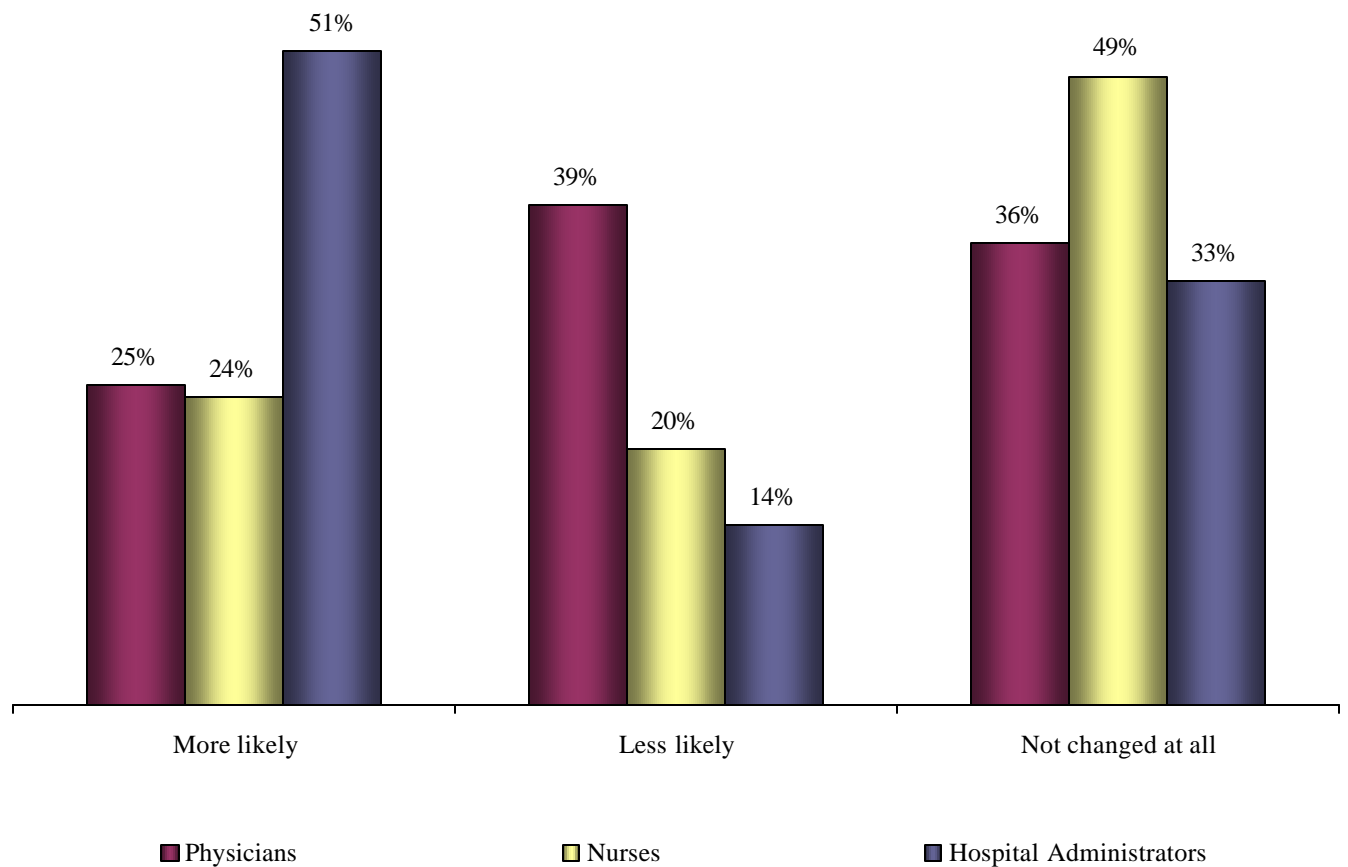


Table 24

Time Spent on Paperwork Due to Malpractice Concerns

Both physicians and nurses are nearly unanimous that malpractice concerns cause them to spend more time on paper work than they otherwise would.

Q605 Would you say that you spend more time on paper work, such as medical record documentation, because of malpractice concerns than you would based solely on the patient’s clinical needs?

Base: All respondents

% Yes

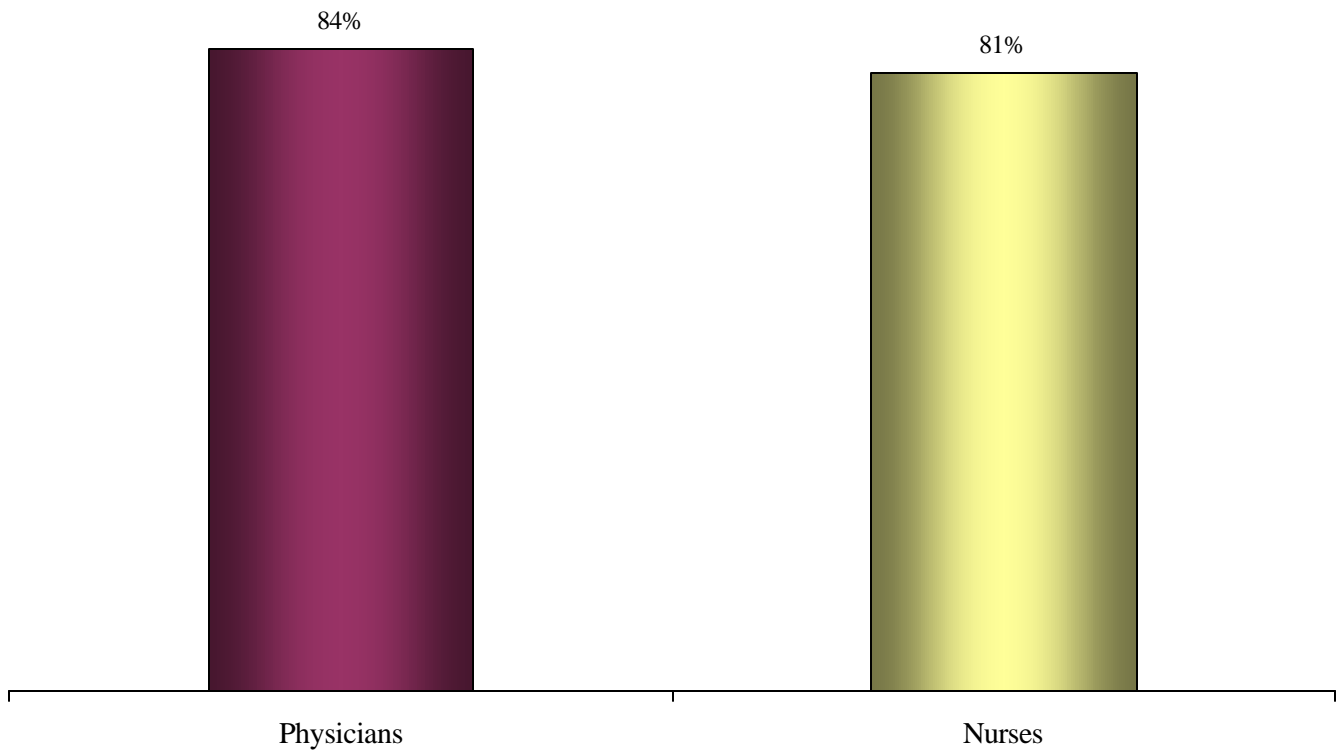


Table 25

Case Documentation Influenced by Fear of Litigation?

Fear of litigation not only impacts the amount of paper work, but also content. Nearly all physicians report that written descriptions of cases are influenced by malpractice concerns. Nurses and hospital administrators also agree with this perception.

Q610 How often do you think physicians’ written description of cases are influenced by fear of litigation?

Base: All respondents

	Physicians	Nurses	Hospital Administrators
Base:	300	100	100
	%	%	%
Very Often/Sometimes (Net)	93	72	79
Very often	45	31	33
Sometimes	48	41	46
Rarely/Never (Net)	7	24	20
Rarely	7	21	19
Never	-	3	1

Table 26

Trust the Justice System in the Event of Law Suit

Perhaps because they are somewhat shielded from litigation concerns, nurses are most likely to think that physicians can trust the current justice system. Physicians and hospital administrators on the other hand disagree that physicians can expect to achieve a reasonable result if sued.

Q705 If sued, do you agree or disagree that physicians can trust the current system of justice to achieve a reasonable result?

Base: All respondents

	Physicians	Nurses	Hospital Administrators
Base:	300	100	100
	%	%	%
Strongly/Somewhat Agree (Net)	17	48	28
Strongly agree	2	5	8
Somewhat agree	16	43	20
Somewhat/Strongly Disagree (Net)	83	45	72
Somewhat disagree	40	28	32
Strongly disagree	42	17	40

Table 27

Views on Change to Independent Medical Court System

Switching to a medical court presided over by independent medical professionals and other experts gets wide support by physicians nurses and hospital administrators. Physicians are particularly strong in their support of this idea.

Q710 Instead of the current lay court system, would you favor or oppose a medical court presided over by independent medical professionals and other experts that would have authority to review and decide injury cases?

Base: All respondents

	Physicians	Nurses	Hospital Administrators
Base:	300	100	100
	%	%	%
Strongly/Somewhat Favor (Net)	94	75	81
Strongly favor	49	24	40
Somewhat favor	45	51	41
Somewhat/Strongly Oppose (Net)	6	18	17
Somewhat oppose	5	11	7
Strongly oppose	1	7	10

Table 28

Assessment of Institute of Medicine’s 1999 Report on Medical Errors

Although opinion is clearly divided, most physicians, nurses and hospital administrators do not think the problem of medical errors in the United States is as large as the Institute of Medicine’s 1999 report suggests.

Q215 In November 1999, the Institute of Medicine (IOM) released two reports dealing with the problem of medical errors in the U.S. saying that between 44,000 and 98,000 patients annually die as a result of preventable hospital errors. Do you agree or disagree that the problem of medical errors in the U.S. is as significant as the IOM report suggests?

Base: All respondents

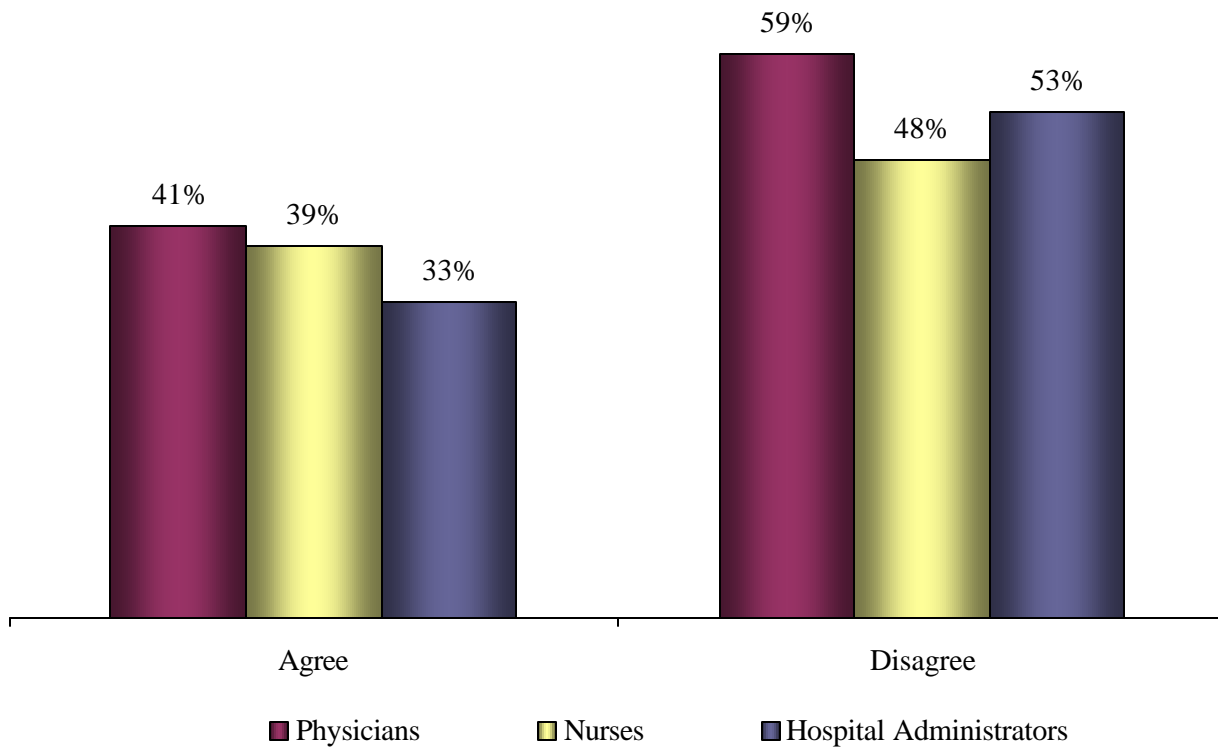


Table 29

Perceived Cause of Malpractice Claims

All three respondent groups feel that malpractice claims occur mainly from adverse results -- physicians are even more likely to feel this way.

Q712 Do you think that malpractice claims occur mainly from actual error or mainly from adverse results?

Base: All respondents

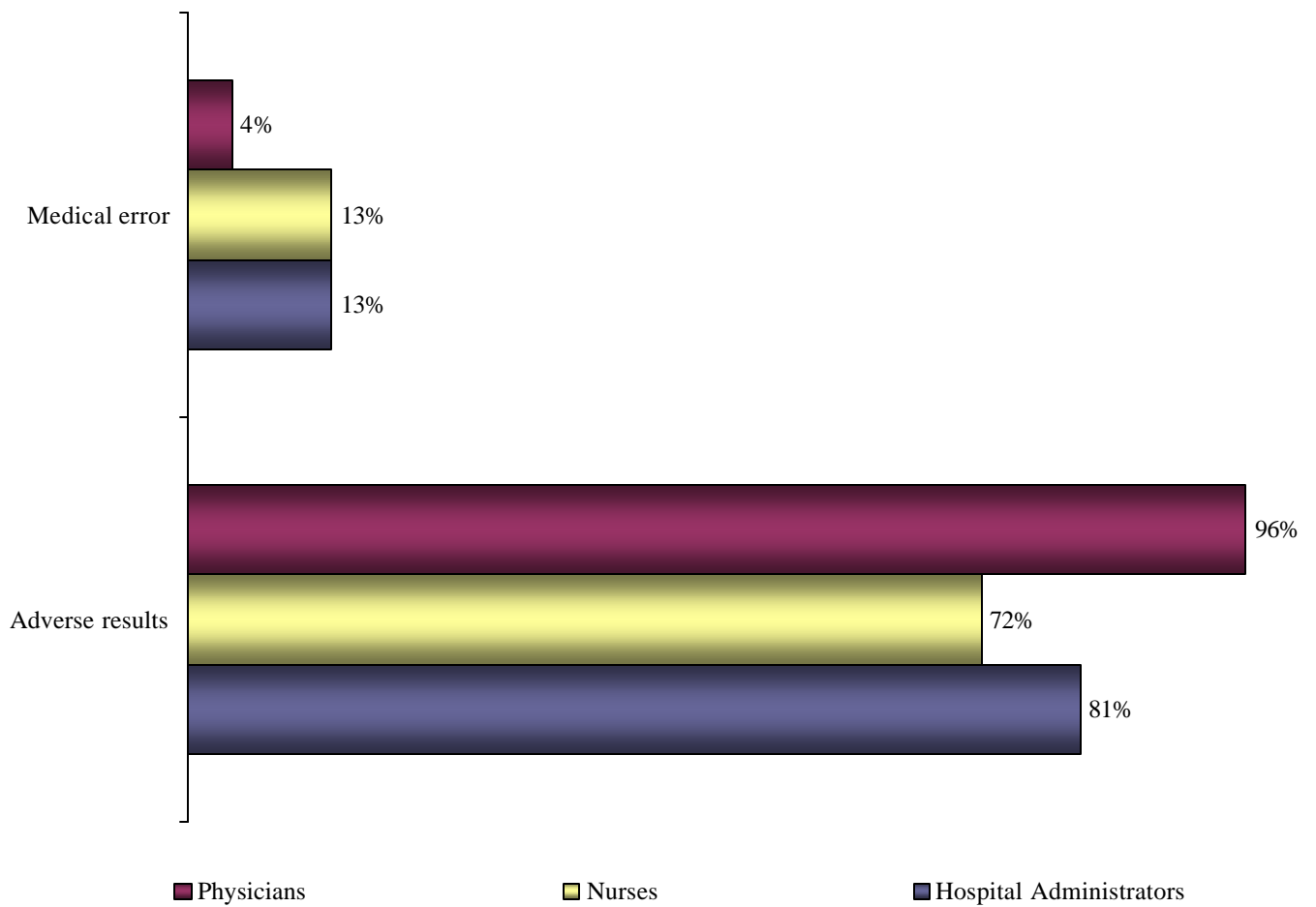


Table 30**Important Factors in Patient's Decision to Bring Lawsuit**

While the specific characterizations of are seen as the key factors in an injured patient's decision to bring or not to bring a lawsuit differ across the three respondent groups, the quality of the relationship and patient/physician communication are clearly key.

Q715 What do you think are the most important factors in an injured patient's decision to bring or not bring a lawsuit ?

Base: All respondents

	Physicians	Nurses	Hospital Administrators
Base:	300	100	100
	%	%	%
Patient physician relationship	47	5	13
Greed/patient's financial status	28	26	23
Adverse outcome/unexpected outcome	14	7	7
Failed/poor communication between physician and patient	13	8	39
Patient's perception of doctor (he doesn't care/he's not honest)	11	6	11
Lawyers	9	3	19
Anger with physician/hospital	9	1	8
Patient's not educated as to results/outcomes	6	10	14
Pressure/advice from family/friends	5	3	12
Severity/degree of injury	4	21	17
Open/informative/honest communication between physician and patient	4	20	36
Actual cause (real malpractice/dangerous drug/etc.)	4	14	4
Unreasonable expectations	4	5	5
Degree of trust	4	3	3
Litigious society/litigious individual	4	2	7
Doctor/staff attitude (arrogant/ dishonest/ uncaring)	2	5	9
Patient's sense of being wronged/a victim	3	2	8
That the patient loses nothing by suing/contingency fees	2	1	1
Patient's lack of personal responsibility	2	-	1
Dissatisfaction	2	-	-

Other		12		12		4
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Table 31**Improvements for Malpractice/Patient Safety Situation**

Physicians and hospital administrators both would look to make changes to the legal system in order to improve the malpractice/patient safety situation in the United States. Improved communication and discussion of errors are also seen as important. Leading improvements noted by nurses include better informed patients, increased hospital staff, increased staff education as well as liability judgment caps.

Q720 What do you think could be done to improve the malpractice/patient safety situation in the United States?

Base: All respondents

	Physicians	Nurses	Hospital Administrators
Base:	300	100	100
	%	%	%
Cap on judgments/liability	25	12	44
Create medical court/independent skilled panel not jury/physician judges/medical review of suits	22	6	10
Tort reform/change legal system	16	1	17
Better communication between patient and physician	10	8	6
Discuss errors honestly/non-punitively	9	3	14
Allow doctor to spend more time with patient (decrease workload/increase compensation)	7	8	6
Error reporting/quality control processes	7	4	4
Limit lawyers fees	7	1	6
Loser (patient and/or lawyer must pay costs)	7	-	6
Eliminate contingency fees	7	-	1
Better informed patients/realistic expectations	6	16	12
Provide for sanctions against lawyers/frivolous suits	5	-	2
Education of doctors/nurses/staff	4	12	1
Decrease frivolous suits	4	4	9
Remove/limit lawyers	4	1	6
Arbitration	4	-	7
A no fault malpractice systems	3	-	6
Change health care system	3	-	-
Eliminate HMO's/managed care	2	3	2

More staff/nurses	1	14	4
Restrict malpractice advertising	1	3	-
Nothing can be done	1	3	-
Develop universal standards of care	1	-	-
Make it harder to sue	1	-	-
Other	23	15	13

Table 32**Actual Case Descriptions Where Fear Of Liability Contributed to Bad Result**

While many respondents could not cite a specific case, prolonged life support with not chance of survival or against a patient's wishes as well as unnecessary testing and procedures were the most noted among those physicians and hospital administrators. Nurses most often described a case where death or severe reaction occurred due to over medication or incorrect medication.

Q725 Please describe the worst case you have knowledge of in which you think that fear of liability contributed to a bad result for the patient.

Base: All respondents

	Physicians	Nurses	Hospital Administrator s
Base:	300 %	100 %	100 %
Life support of a patient with no chance of survival/DNR	10	4	6
Excessive/unnecessary tests/procedures resulting in adverse consequences	10	1	8
Death or severe reaction due to over medication/incorrect medication	2	9	1
Surgeon's mistake	3	2	2
Only negative result has been increased cost	2	-	3
Failure to diagnose/misdiagnosis	1	5	-
Complications from unnecessary placement of cardiac catheter	3	-	-
Delay/other problem involving labor and delivery	-	4	4
Unnecessary biopsy	3	-	-
Hiding a medical error/lying to family	1	-	4
Severe reaction from cat scan contrast medium	2	-	-
Unnecessary induction of labor/caesarian section	2	-	-
Don't work in acute care/doesn't apply	-	1	3
Doctors don't think of liability, they do their best	-	-	2
Other	15	14	4
Not sure	44	60	59

Decline to answer		3		4		9
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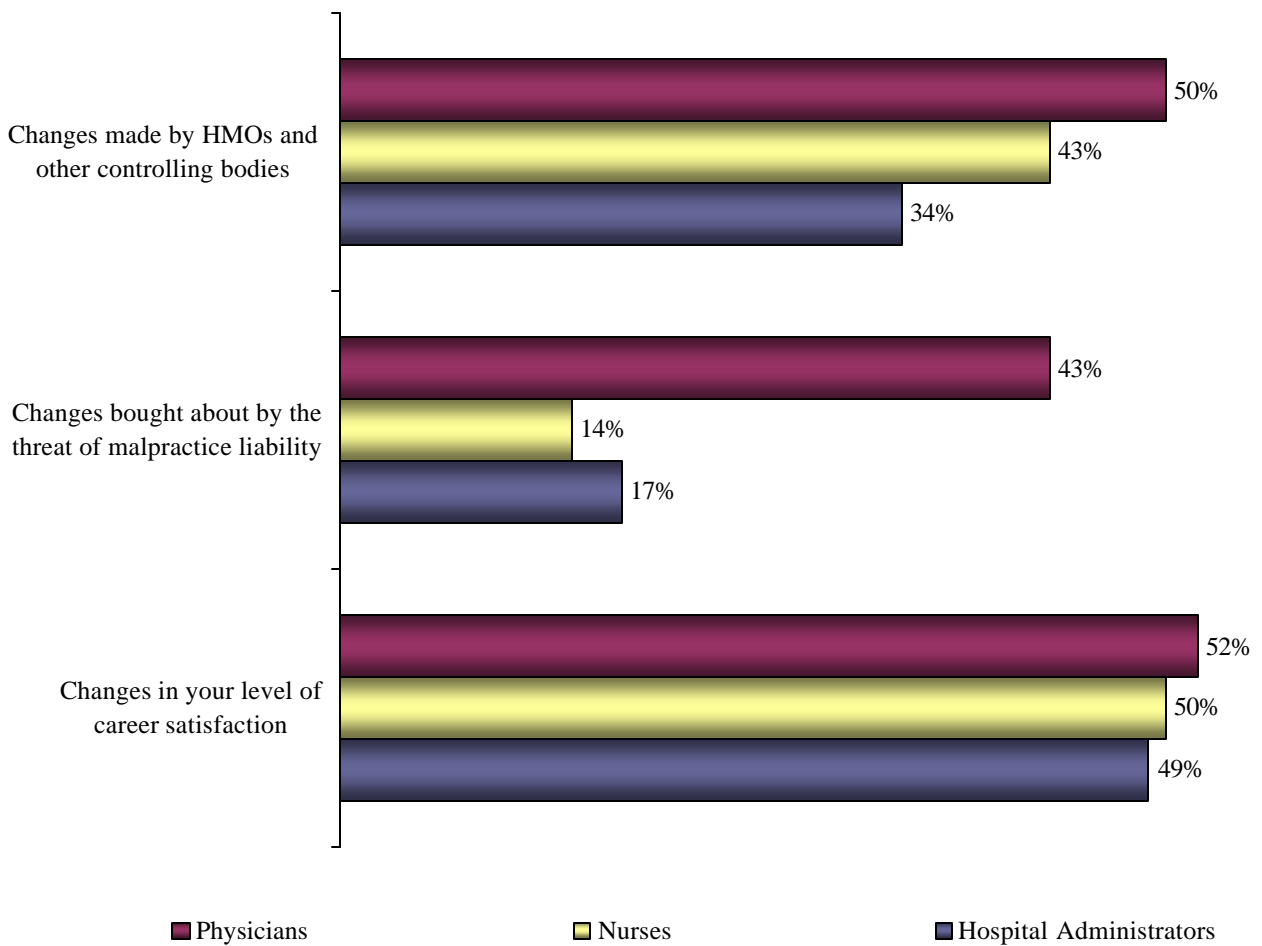
Table 33

Considered Leaving the Medical Profession

While changes in levels of career satisfaction have caused roughly half of all respondent groups to consider leaving medicine, changes made by HMOs as well as those brought about by the threat of malpractice liability have had nearly as great an impact upon physicians.

Q120 Have you ever considered leaving the medical profession because of . . . ?

Base: All respondents



APPENDIX A: METHODOLOGY

METHODOLOGY

AN OVERVIEW

The Fear of Litigation Study – The Impact on Medicine was conducted for Common Good by Harris Interactive Inc. The final results are based on interviews with representative samples of 300 physicians, 100 hospital-based nurses, and 100 hospital administrators. Interviews averaging 15 minutes in length took place between March 4 and 20, 2002. The physicians interviews were conducted online and the results were weighted using the AMA Physician Masterfile to be representative of physicians in the United States. The nurses and hospital administrators were interviewed by telephone. The following provides a more detailed description of the sampling and interviewing procedures used.

HARRIS POLL ONLINE OVERVIEW

Harris Interactive's online interviewing of physicians utilized The Harris Interactive Physician Panel Online which consists of practicing physicians involved in "hands-on" patient care in the United States who have agreed to participate in online research about healthcare-related issues. In addition to Primary Care Physicians, every major medical specialty and sub-specialty are represented among the members of the Panel.

Interviews conducted online utilized Harris Interactive's proprietary technology for e-mailing to large groups of respondents and enabling large numbers of respondents to simultaneously complete the survey online; and utilized advanced survey interviewing techniques, adapted to the online environment, including password protection, skip patterns, and visually-appealing fonts and formatting.

Randomly selected Harris Interactive Physician Panel members received email invitations with unique IDs and passwords, along with a link to the survey site. Physicians were offered an honorarium of \$50 or \$65 for their participation. Data were weighted to reflect the general population of general practitioners and specialist physicians. The AMA Physician Masterfile was used to create weighting targets, which included medical specialty, sex and geographic region.

ONLINE INTERVIEWING PROCEDURES

Physician interviews are conducted using a self-administered, online questionnaire, via proprietary, web-assisted interviewing software. The HPOL interviewing system permits online data entry of interviews by the respondents.

Questionnaires are programmed into the system with the following checks:

1. Question and response series
2. Skip pattern
3. Question rotation
4. Range checks
5. Mathematical checks
6. Consistency checks
7. Special edit procedures

All data are tabulated, checked for internal consistency and processed by computer. A series of computer-generated tables is then produced for each of the key sample groups showing the results of each survey question, both by the total number of respondents and by the key subgroups.

CONTROL OF THE SAMPLE

To maintain the reliability and integrity in the sample, the following procedures are used:

1. Password protection. Each invitation contains a password that is uniquely assigned to that e-mail address. A respondent is required to enter the password at the beginning of the survey to gain access into the survey. Password protection ensures that a respondent completes the survey only one time.
2. Reminder invitations. To increase the number of respondents in the survey and to improve overall response rates, up to two additional reminder invitations are typically mailed at 2-4 day intervals to those respondents who have not yet participated in the survey. For this study, two reminders were sent to respondents.

EDITING AND CLEANING THE DATA

The data-processing staff perform machine edits and additional cleaning for the entire data set. Our edit programs act as a verification of the skip instructions and other data checks that are written into the online program. The edit programs list any errors by case number, question number and type. These are then resolved by senior personnel, who inspect the original file and made appropriate corrections. Complete records are kept of all such procedures.

SIGNIFICANCE TESTING*Reliability of Survey Percentages*

It is important to bear in mind that the results from any sample survey are subject to sampling variation. The magnitude of this variation (or error) is affected both by the number of interviews—the base size—and by the level of the percentages expressed in the results.

Table A-1 shows the possible sample variation that applies to percentage results for this survey. The chances are 95 in 100 that a survey result does not vary, plus or minus, by more than the indicated number of percentage points from the result that would have been obtained if interviews were conducted with all persons in the universe represented by the sample. For example, if the response for a sample size of 300 is 30%, then in 95 cases out of 100, the response in the total population would have been between 25% and 35% (+/-5%). Note that survey results based on subgroups of small size can be subject to large sampling error.

Table A-1**Recommended Allowance for Sampling Error of Proportions (Plus or Minus)**

Sample Size	Survey Percentage Result				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
300	3	5	5	6	6
200	4	6	6	7	7
100	6	8	9	10	10
50	8	11	13	14	14

Significance of Differences Between Proportions

Sampling tolerances are also involved in the comparison of results from different surveys or from different parts of a sample from the same survey (subgroup analysis). Table A-2 shows the percentage difference that must be obtained before a difference can be considered statistically significant. These figures, too, represent the 95% confidence level.

To illustrate, suppose the two percentages in question are 34% and 25%. More specifically, suppose that one group of 300 has a response of 34% “yes” to a question, and an independent group has a response of 25% to the same question, for an observed difference of 9 percentage points. According to the table, this difference is subject to a potential sampling error of 6-7 percentage points. Since the observed difference is greater than the sampling error, the observed difference is significant.

Table A-2
Sampling Error of Difference Between Proportions
 Approximate Sampling Tolerances (at 95% Confidence Level)
 To Use in Evaluating Differences Between Two Percentage Results

Sample Sizes	Survey Percentage Result				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
300 v. 300	5	6	7	8	8
200	5	7	8	9	9
100	7	9	10	11	11
50	9	12	14	15	15
200 v. 200	6	8	9	10	10
100	7	10	11	12	12
50	9	12	14	15	15
100 v. 100	8	11	13	14	14
50	10	14	16	17	17
50 v. 50	12	16	18	19	20

Sampling error of the type so far discussed is only one type of error. Survey research is also susceptible to other types of error, such as refusals to be interviewed (non-response error), question wording and question order, interviewer error, and weighting by demographic control data. Although difficult or impossible to quantify these types of error, the procedures followed by Harris Interactive, Inc. keep errors of these types to a minimum.

APPENDIX B: DATASHEETED QUESTIONNAIRE

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J15780

March 29, 2002

Study Number: T:\15xxx\157xx\15780 Fear of Litigation\Edit Master\J15780a_QA.doc

Field Period: March 4 – 12, 2002

FINAL DATASHEET

PHYSICIANS, NURSES, AND HOSPITAL ADMINISTRATORS DATA

SUBJECTS FOR QUESTIONNAIRE

SECTION 200: GENERAL
SECTION 300: JUDGMENTS ABOUT TEST AND MEDICINE
SECTION 400: DISCUSSIONS WITH OTHER PHYSICIANS
SECTION 500: INTERACTION WITH PATIENTS
SECTION 600: PAPERWORK ISSUES
SECTION 700: PROPOSALS FOR CHANGE
SECTION 100: DEMOGRAPHICS

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SECTION 200: GENERAL**BASE: ALL RESPONDENTS**

Q200 The status bar at top right indicates approximately what portion of the survey you have completed

BASE: ALL RESPONDENTS

Q205 Thank you for agreeing to participate in this survey. The questions that we will ask are about important medical care issues.

Setting aside improvements in technology or medical knowledge, do you think the ability of physicians and nurses to provide quality medical care to patients has improved, has gotten worse or is it about the same as it was five years ago?

	Physicians	Nurses	Hospital Administrators
Improved	31	44	55
Worse	51	28	24
About The Same	17	28	19
Not sure	NA	-	1
Decline to answer	NA	-	1

BASE: ALL RESPONDENTS

Q210 In recent years, has each of the following helped, hurt or not made a difference in your ability to provide quality patient care?

(ROTATE)

Q211	<u>Hurt</u>	<u>Helped</u>	<u>No Difference</u>	<u>Not Sure</u>	<u>Decline to Answer</u>
1 Managed care plans					
Physicians	87	5	8	NA	NA
Nurses	62	14	24	-	-
Hospital Administrators	66	9	21	2	2
2 Patient advocacy groups					
Physicians	12	33	54	NA	NA
Nurses	6	56	33	5	-
Hospital Administrators	9	43	44	3	1
3 The Internet					
Physicians	6	71	23	NA	NA
Nurses	5	58	33	4	-
Hospital Administrators	1	80	19	-	-
4 Concern about malpractice litigation					
Physicians	76	4	21	NA	NA
Nurses	41	6	51	2	-
Hospital Administrators	63	6	30	1	-

BASE: ALL RESPONDENTS

Q215 In November 1999, the Institute of Medicine (IOM) released two reports dealing with the problem of medical errors in the U.S. saying that between 44,000 and 98,000 patients annually die as a result of preventable hospital errors. Do you agree or disagree that the problem of medical errors in the U.S. is as significant as the IOM report suggests?

	Physicians	Nurses	Hospital Administrators
Agree	41	39	33
Disagree	59	48	53
Not sure	NA	13	13
Decline to answer	NA	-	1

BASE: ALL RESPONDENTS

Q220 On the whole, in your hospital, or the hospital to which the majority of your patients are admitted, are staff encouraged to or discouraged from reporting medical errors, including dispensing incorrect medications or medication doses, surgical mistakes and human error in interpreting results of diagnostic tests?

	Physicians	Nurses	Hospital Administrators
Encouraged to report errors	63	95	98
Discouraged from reporting errors	5	5	-
Neither	33	-	1
Not sure	NA	-	1
Decline to answer	NA	-	-

BASE: ALL RESPONDENTS

Q225 Since the beginning of your career, would you say your concern or awareness about the risks of malpractice liability has . . . ?

	Physicians	Nurses	Hospital Administrators
Increased	87	64	77
Decreased	-	1	4
Not changed at all	13	35	19
Not sure	NA	-	-
Decline to answer	NA	-	-

BASE: ALL PHYSICIANS

Q235 Have you ever been interested in a certain specialty but shied away from it because you thought you'd have higher legal exposure?

	Physicians
Yes	29
No	71

BASE: ALL PHYSICIANS

Q240 Do you have personal knowledge of . . . ?

Q241	<u>Yes</u>	<u>No</u>
1 Physicians who hesitate or are reluctant to help an injured person when off-duty because of fear of liability	56	44
2 A situation in which a physician did not volunteer to help in such a situation	33	67

SECTION 300: JUDGMENTS ABOUT TESTS AND MEDICINE

BASE: ALL RESPONDENTS

Q305 Based on your experience, have you noticed the fear of malpractice liability causing physicians to . . . ?

Q306

	<u>Yes</u>	<u>No</u>	<u>Not sure</u>	<u>Decline to Answer</u>
(ROTATE)				
1 Order more tests than they would based only on professional judgment of what is medically needed				
Physicians	91	9	NA	NA
Nurses	66	30	4	-
Hospital Administrators	81	19	-	-
2 Prescribe more medications such as antibiotics than they would based only on professional judgment of what is medically needed				
Physicians	73	27	NA	NA
Nurses	38	51	11	-
Hospital Administrators	57	33	10	-
3 Refer patients to specialists more often than they would based only on professional judgment				
Physicians	85	15	NA	NA
Nurses	62	29	9	-
Hospital Administrators	74	20	5	1
4 Suggest invasive procedures such as biopsies to confirm diagnoses more often than they would based solely on their professional judgment				
Physicians	73	27	NA	NA
Nurses	43	48	9	-
Hospital Administrators	65	24	9	2

BASE: ALL PHYSICIANS**Q310** Do concerns about malpractice liability ever cause you to . . . ?**Q311**

	<u>Yes</u>	<u>No</u>
(ROTATE SAME AS Q305/Q306)		
1 Order more tests than you would based only on professional judgment of what is medically needed Physicians	79	21
2 Prescribe more medications such as antibiotics than you would based only on professional judgment of what is medically needed Physicians	41	59
3 Refer patients to specialists more often than you would based only on professional judgment Physicians	74	26
4 Suggest invasive procedures such as biopsies to confirm diagnoses more often than you would based solely on your professional judgment Physicians	51	49

BASE: ALL RESPONDENTS

Q315 Do you think such extra tests, referrals or procedures contribute in a significant way to health care costs?

	Physicians	Nurses	Hospital Administrators
Yes	94	79	88
No	6	18	10
Not sure	NA	3	1
Decline to answer	NA	-	1

BASE: ALL RESPONDENTS

Q320 Based on your experience, have you noticed . . . ?

[DO NOT ROTATE]

Q321

	<u>Yes</u>	<u>No</u>	<u>Not sure</u>	<u>Decline to Answer</u>
1 A physician resorting to aggressive treatments of terminally ill patients because of liability concerns				
Physicians	50	50	NA	NA
Nurses	39	49	11	1
Hospital Administrators	41	49	9	1
2 A physician or staff member going against a patient's expressed wishes concerning life-prolonging medical interventions because of concerns that a family member might bring suit				
Physicians	42	58	NA	NA
Nurses	32	64	4	-
Hospital Administrators	26	68	6	-
3 A physician being reluctant to make what they believe to be humane choices because of concerns that a family member might bring suit				
Physicians	61	39	NA	NA
Nurses	46	50	4	-
Hospital Administrators	44	50	6	-

BASE: ALL RESPONDENTS

Q325 Based on your experience, how often do you think unnecessary or excessive care is provided because of the fear of medical liability?

	Physicians	Nurses	Hospital Administrators
Very often	38	18	20
Sometimes	56	48	64
Rarely	5	30	13
Never	*	2	2
Not sure	NA	2	1
Decline to answer	NA	-	-

BASE: ALL HOSPITAL ADMINISTRATORS

Q335 In establishing procedures, to what extent do you think unnecessary rules or protocol are created out of a concern about liability protection – would you say very often, sometimes, rarely or never?

	Hospital Administrators
Very often	42
Sometimes	47
Rarely	9
Never	1
Not sure	-
Decline to answer	1

BASE: ALL HOSPITAL ADMINISTRATORS

Q337 To what extent do you think that established rules or protocol have improved or enhanced patient safety – would you say a lot, a little or not at all?

	Hospital Administrators
A lot	50
A little	43
Not at all	7
Not sure	-
Decline to answer	-

SECTION 400: DISCUSSIONS WITH OTHER PHYSICIANS**BASE: ALL RESPONDENTS**

Q405 How comfortable do you think your colleagues are discussing adverse events or uncertainty about proper treatment with you?

	Physicians	Nurses	Hospital Administrators
Very comfortable	14	25	19
Somewhat comfortable	39	36	47
Somewhat uncomfortable	37	25	28
Very uncomfortable	10	7	5
Not sure	NA	6	1
Decline to answer	NA	1	-

BASE: ALL RESPONDENTS

Q410 How comfortable do you think your colleagues are discussing medical errors with you?

	Physicians	Nurses	Hospital Administrators
Very comfortable	5	5	7
Somewhat comfortable	28	24	41
Somewhat uncomfortable	44	38	37
Very uncomfortable	23	22	13
Not sure	NA	10	2
Decline to answer	NA	1	-

BASE: ALL PHYSICIANS AND NURSES

Q415 How often has a frank discussion of an adverse event or error helped you or a colleague avoid making a similar mistake in an actual medical case?

	Physicians	Nurses
Very often	12	18
Sometimes	61	51
Rarely	24	25
Never	3	5
Not sure	NA	1
Decline to answer	NA	-

BASE: ALL RESPONDENTS

Q420 Generally speaking, how much do you think that each of the following discourages medical professionals from openly discussing and thinking of ways to reduce medical errors?

Q421

[ROTATE]		<u>A Lot</u>	<u>A Little</u>	<u>Not at All</u>	<u>Not Sure</u>	<u>Decline to Answer</u>
1	Fear of liability					
	Physicians	59	35	6	NA	NA
	Nurses	22	52	25	1	-
	Hospital Administrators	25	57	17	1	-
2	Not wanting to upset or criticize a colleague					
	Physicians	34	60	5	NA	NA
	Nurses	24	57	17	2	-
	Hospital Administrators	23	65	10	2	-
3	The environment in your hospital					
	Physicians	16	49	36	NA	NA
	Nurses	14	43	43	-	-
	Hospital Administrators	3	46	51	-	-

BASE: ALL RESPONDENTS

Q425 How often do you think that fear of liability leads hospitals to avoiding disclosing quality deficiencies?

	Physicians	Nurses	Hospital Administrators
Very often	19	13	16
Sometimes	56	34	32
Rarely	23	35	45
Never	2	7	3
Not sure	NA	10	3
Decline to answer	NA	1	1

BASE: ALL RESPONDENTS

Q430 How significant of a factor do you think liability concerns are in hospitals not sharing the results of inquiries into patient injury cases?

	Physicians	Nurses	Hospital Administrators
The primary reason	59	33	37
A minor reason	34	39	45
Not a reason at all	7	12	13
Not sure	NA	13	4
Decline to answer	NA	3	1

SECTION 500: INTERACTIONS WITH PATIENTS**BASE: ALL PHYSICIANS AND NURSES**

Q505 Would you say that concerns about malpractice have made your relationship with your patients. . . ?

	Physicians	Nurses
More personal	15	13
Less personal	38	3
Not impacted it at all	48	84
Not sure	NA	-
Decline to answer	NA	-

BASE: ALL PHYSICIANS AND NURSES

Q510 Would you say that concerns about malpractice have caused you to be . . . ?

	Physicians	Nurses
More candid with patients	43	24
Less candid with patients	15	11
Not impacted it at all	42	65
Not sure	NA	-
Decline to answer	NA	-

BASE: ALL RESPONDENTS

Q515 Some people have argued that physicians may use the fear of litigation as an excuse or way to avoid difficult discussions of errors with patients. How often do you think physicians do this?

	Physicians	Nurses	Hospital Administrators
Very often	2	6	5
Sometimes	31	36	47
Rarely	60	41	40
Never	8	11	5
Not sure	NA	5	3
Decline to answer	NA	1	-

BASE: ALL RESPONDENTS

Q520 In the years that you have been practicing, do you think that physicians have become more likely to admit errors and apologize to patients, less likely, or hasn't this changed at all?

	Physicians	Nurses	Hospital Administrators
More likely	25	24	51
Less likely	39	20	14
Not changed at all	36	49	33
Not sure	NA	6	1
Decline to answer	NA	1	1

SECTION 600: PAPERWORK ISSUES**BASE: ALL PHYSICIANS AND NURSES**

Q605 Would you say that you spend more time on paper work, such as medical record documentation, because of malpractice concerns than you would based solely on the patient's clinical needs?

	Physicians	Nurses
Yes, spend more time than would based on clinical needs	84	81
No, do not spend more time than would based on clinical needs	16	19
Not sure	NA	-
Decline to answer	NA	-

BASE: ALL RESPONDENTS

Q610 How often do you think physicians' written descriptions of cases are influenced by fear of litigation?

	Physicians	Nurses	Hospital Administrators
Very often	45	31	33
Sometimes	48	41	46
Rarely	7	21	19
Never	-	3	1
Not sure	NA	4	1
Decline to answer	NA	-	-

SECTION 700: PROPOSALS FOR CHANGE**BASE: ALL RESPONDENTS**

Q705 If sued, do you agree or disagree that physicians can trust the current system of justice to achieve a reasonable result?

	Physicians	Nurses	Hospital Administrators
Strongly agree	2	5	8
Somewhat agree	16	43	20
Somewhat disagree	40	28	32
Strongly disagree	42	17	40
Not sure	NA	7	-
Decline to answer	NA	-	-

BASE: ALL RESPONDENTS

Q710 Instead of the current lay court system, would you favor or oppose a medical court presided over by independent medical professionals and other experts that would have authority to review and decide injury cases?

	Physicians	Nurses	Hospital Administrators
Strongly favor	49	24	40
Somewhat favor	45	51	41
Somewhat oppose	5	11	7
Strongly oppose	1	7	10
Not sure	NA	6	2
Decline to answer	NA	1	-

BASE: ALL RESPONDENTS

Q712 Do you think that malpractice claims occur mainly from actual error or mainly from adverse results?

	Physicians	Nurses	Hospital Administrators
Medical error	4	13	13
Adverse results	96	72	81
Not sure	NA	15	5
Decline to answer	NA	-	1

BASE: ALL RESPONDENTS

Q715 What do you think are the most important factors in an injured patient’s decision to bring or not to bring a lawsuit?

	Physicians	Nurses	Hospital Administrators
Patient physician relationship	47	5	13
Greed/patient’s financial status	28	26	23
Adverse outcome/unexpected outcome	14	7	7
Failed/poor communication between physician & patient	13	8	39
Patient’s perception of doctor (he doesn’t care/he’s not honest)	11	6	11
Lawyers	9	3	19
Anger with physician/hospital	9	1	8
Patient not educated as to results/outcomes	6	10	14
Pressure/advice from family/friend	5	3	12
Open/informative/honest communication between physician & patient	4	20	36
Severity/degree of injury	4	21	17
Actual cause (real malpractice/dangerous drug/etc.	4	14	4
Degree of trust	4	3	3
Unreasonable expectations	4	5	5
Litigious society/litigious individual	4	2	7
Patient’s sense of being wronged/a victim	3	2	8
Doctor/staff attitude (arrogant/dis honest/uncaring)	2	5	9
That the patient loses nothing by suing/contingency fees	2	1	1
Patient’s lack of personal Responsibility	2	-	-
Dissatisfaction	2	-	-
The quality of care	-	3	3

Other	12	12	4
Not sure	*	2	1
Decline to answer	-	-	-

BASE: ALL RESPONDENTS**Q720** What do you think could be done to improve the malpractice/patient safety situation in the United States?

	Physicians	Nurses	Hospital Administrators
Cap on judgments/liability	25	12	44
Create medical court/independent skilled panel not jury/physician judges/medical review of suits	22	6	10
Tort reform/change legal system	16	1	17
Better informed patients/realistic expectations	6	16	12
Discuss errors honestly/non-punitively	9	3	14
Better communication between patient and physician	10	8	6
Allow doctor to spend more time with patient (decrease work load/increase compensation)	7	8	6
Education of doctors/nurses/staff	4	12	1
Decrease frivolous suits	4	4	9
More staff/nurses	1	14	4
Eliminate contingency fees	7	-	1
Remove/limit lawyers	4	1	6
Arbitration	4	-	7
Provide for sanctions against lawyers/frivolous suits	5	-	2
A no fault malpractice system	3	-	6
Eliminate HMO's/managed care	2	3	2
Change health care system	3	-	-
Restrict malpractice advertising	1	3	-
Nothing can be done	1	3	-
Develop universal standards of care	1	-	-
Make it harder to sue	1	-	-
Other	23	15	13
Not sure	3	7	3

Decline to answer

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BASE: ALL RESPONDENTS

Q725 Please describe the worst case you have knowledge of in which you think that fear of liability contributed to a bad result for the patient.

	Physicians	Nurses	Hospital Administrators
Life support of a patient with no chance of survival/DNR	10	4	6
Excessive/unnecessary tests/procedures resulting in adverse consequences	10	1	8
Complications from unnecessary placement of cardiac catheter	3	-	-
Surgeon's mistake	3	2	2
Unnecessary biopsy	3	-	-
Death or severe reaction due to over medication/incorrect medication	2	9	1
Only negative result has been increased cost	2	-	3
Severe reaction from cat scan contrast medium	2	-	-
Unnecessary induction of labor/caesarian section	2	-	-
Failure to diagnose/misdiagnosis	1	5	-
Hiding a medical error/lying to family	1	-	4
Delay/other problem involving labor and delivery	-	4	4
Don't work in acute care/doesn't apply	-	1	3
Doctors don't think of liability, they do their best	-	-	2
Other	15	14	4
Not sure	44	60	59
Decline to answer	3	4	9

BASE: ALL RESPONDENTS

Q730 In order to get more information about the relationship between serious medical errors and lawsuits, could you please tell us if there was a lawsuit in this case?

	Physicians	Nurses	Hospital Administrators
Yes, there was a lawsuit	5	9	11
No, there was not a lawsuit	21	20	8
Not sure	32	42	44
Decline to answer	42	29	37

SECTION 100: DEMOGRAPHICS**BASE: ALL PHYSICIANS AND NURSES****Q105** For how many years have you been practicing?

	Physicians	Nurses
1-9 years	33	23
10-19 years	35	33
20 years +	32	44
MEAN =	15 YEARS	18 YEARS
MEDIAN =	14 YEARS	17 YEARS

BASE: ALL RESPONDENTS**Q110** Are you a specialist or primary care provider?

	Physicians
Specialist	73
Primary Care Provider	27

BASE: ALL PHYSICIANS**Q115** How many physicians are associated with your medical group?

	Physicians
Solo practice	20
2-10	44
11-20	12
21-30	4
31-50	6
More than 50	13

BASE: ALL RESPONDENTS

Q120 Have you ever considered leaving the medical profession because of . . . ?

Q121		<u>Yes</u>	<u>No</u>	Decline to <u>Not Sure</u> <u>Answer</u>	
1	Changes made by HMOs and other controlling bodies				
	Physicians	50	50	NA	NA
	Nurses	43	57	-	-
	Hospital Administrators	34	66	-	-
2	Changes brought about by the threat of malpractice liability				
	Physicians	43	57	NA	NA
	Nurses	14	86	-	-
	Hospital Administrators	17	83	-	-
3	Changes in your level of career satisfaction				
	Physicians	52	48	NA	NA
	Nurses	50	49	1	-
	Hospital Administrators	49	51	-	-

BASE: ALL PHYSICIANS

Q125 Which of the following income categories best describes your 2001 pre-tax income from your medical practice?

	Physicians
\$75,000 or less	8
\$75,001 to \$100,000	7
\$100,001 to \$125,000	13
\$125,001 to \$150,000	12
\$150,001 to \$175,000	9
\$175,001 to \$200,000	11
\$200,001 to \$300,000	10
More than \$300,000	9
Not sure	2
Decline to answer	18

BASE: ALL RESPONDENTS

Q130 Are you...?

	Physicians	Nurses	Hospital Administrators
Male	77	10	85
Female	23	90	15