Author's response to reviews

Title: The practice of defensive medicine among hospital doctors in the United Kingdom

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To: The BMC Medical Ethics Editorial Team

Ref: Manuscript number: 7445969194080918 - The practice of defensive medicine among hospital doctors in the United Kingdom

Dear sir/madam

Thank you for considering the above manuscript for publication in your respected journal. We would like also to thank you your four respected reviewers for spending time in reviewing the manuscript and providing valuable comments.

Please find below our response to the reviewers and the corrected manuscript. We have also attached the original survey questionnaire as per reviewer's request.

I have highlighted the changes that we made on yellow.

I hope our changes are satisfactory to the reviewers, however if any further input is required please do not hesitate to contact me again.

Yours

Dr Osman Ortashi

Corresponding author
Reviewer 1:

Elad Asher

Thank you for your valuable input

Background:

1- Comment: “There is no definition of “negative” and "positive" defensive medicine”

Response: Definition of positive and negative defensive medicine has been added as per your suggestion (Page 5, paragraph 1).

2- Comment: “A small paragraph should focus on what is known about the prevalence and factors affecting defensive medicine in the world”

Response: We have added a paragraph on the prevalence of practice medicine in the States, Europe and Japan (Page 5 paragraph 3 and page 11 last paragraphs)

3- Comment: “The reader would benefit if the authors could provide him with information regarding the UK health care system”

Response: The information on the health system in the UK is included in the discussion (Page 10, paragraph 2).

Methods:

1- Comment: “It is unclear what were the outcomes and predictors in the models”

Response: This has now been added to methodology section as per your advice (page 8, first paragraph)

2- Comment: “A section on the variables in the study (i.e. predictors and outcomes) would be very helpful. (Some of the survey responses might be predictors. For example, a lawsuit could be a predictor for defensive practices)”

Response: This has now been clarified (Page 6 last paragraph)

3- Comment: “It is not defined how “enquired about awareness and personal use of different aspects of defensive medical practice” has been operationalized”

Response: It was direct questioning, we have now added this to the discussing (page 10 paragraph 2) we have also included the questionnaire as a separate attachment as per your request.

4- Comment: “It is not clear what the 17 questions were, and adding the questionnaire to the supplement material of this article would probably help to clarify that”

Response: We have now attached the 17 point questionnaire as a separate document as per your suggestion.

5- Comment: “The authors mentioned that the 3 hospitals were chosen on the basis of convenience sampling. A short paragraph could help describe those hospitals.”
Are they tertiary? How many beds are there in each one and where were they located in the UK and why was it convenient to conduct the survey there?

**Response:** We did not display the name of the hospitals as this was a requirement by the Ethical Committee. This has been added now to the methodology section (page 6 last paragraph)

6- **Comment**: NHS - I’m assuming the authors meant “National Health Service”…

This should be corrected

**Response:** NHS abbreviation has been rectified as National Health Service

**Results:**

1- **Comment**: “Page 7: “The majority of participants, 89% (n = 182) were aware of the concept of defensive medical practice”. What does it mean were aware??”

**Response:** We asked direct question if the doctor is aware of the defensive medicine practice as a concept or not (Page 10 Paragraph 2).

2- **Comment**: “Page 7: “14% (n = 29) had a direct experience of litigation” Again, does it means that 14% were sued in the past? What does it mean “had direct experience”?”

**Response:** We have now clarified this (Page 10 paragraph 2)

3- **Comment** “Those who are more than 40 years old and those who are in consultant jobs reported practicing significantly less defensive medicine than others (P-value 0.001 and < 0.0001 respectively)” Please provide numbers or % in the text

**Response:** This has been added to the text as per your suggestion (Page 9, paragraph 3)

4- **Comment**: “Page 8: “Nine percent would refuse to treat high risk patients” This is a very interesting finding. Was it a direct question? or a finding that the physicians shared with the authors during the survey. Can you please elaborate on this very interesting finding?”

**Response:** Nine percent would refuse to treat high risk patients on direct questioning. We have also included this and elaborated more on the discussion section (Page 13, paragraph 3).

**Discussion:**

1- **Comment**: “The discussion is too long and not focused (what is the “take home message” that the authors would like to give to the readers?)”

**Response:** Unfortunately as others reviewers requested more expansion on the discussion so we could not shorten it.

2- **Comment**: “there is lack of comparison with other countries (especially in Europe).”

**Response:** We have added some information in Europe in the background (page 5 paragraph 3) and we also compared the practice with the States and Japan in the discussion (Page 13 paragraph 1)
3- Comment “If “one in three consultants in this study had a direct experience with litigation” how come they are associated with less defensive medicine practice?”

Response: We think this is expected finding, as consultants are taking the ultimate responsibility in the NHS and most of the claims are not successful so most of the consultants (I was a consultant in the UK until very recently) are used to deal with these claims on frequent base. See also the added study of Ennis et al which was suggested by another reviewer. We have now included this on discussion (page 11 paragraph 3)

Reviewer 2

Marco Soncini

Thank you for your valuable input

1- Comment: You suggested “the authors did not consider the possibility of checking for a different behavior by the physicians in three hospitals involved in the study. Nor did they consider the use of invasive procedures or surgery in the area of defensive medicine”

As the objectives of this study were to assess the prevalence of the practice of defensive medicine in the UK among hospital doctors and the factors affecting it, we could not expand on the different behaviors and we could not assess individual specialties, however we divide specialties into medical and surgical.

2- Comment: In the discussion, page 9 - line 10, the paper on defensive medicine in the field of gastroenterology by Dr. Elli et al* could also be included.

*L. ELLI, A. TENCA, M. SONCINI, G. SPINZI, E. BUSCARINI, D. CONTE.

DEFENSIVE MEDICINE PRACTICES AMONG GASTROENTEROLOGISTS IN LOMBARDY: BETWEEN LAW-SUITS AND ECONOMIC CRISIS . Digest Liver Dis 2013;45:469-73

Response: Thank you for suggesting looking at the very useful paper “Defensive medicine practices among gastroenterologists in Lombardy: between lawsuits and the economic crisis” by Elli L, Tenca A, Soncini M, Spinzi G, Buscarini E, Conte D. We have now referred to this paper both in introduction and discussion (Page 5 paragraph 3, reference 12)

Reviewer 3

Robert M Rodriguez

Thank you for your valuable input

1-Comment: Methods are well described. Could be improved somewhat by A. Use of a more validated instrument: There is one produced by the US Congress Office of Technology Assessment B. Not sure why some of the variables were chosen for analysis. There is little reason to believe that gender affects defensive medicine, as well as age.

Response: We consulted Prof Harper of the Law school at Cardiff University who is an author in the field of medical law; she has kindly helped us in drafting the questionnaire and validating it. Furthermore we have been
referred by BMJ experts to a very good article in conducting and reporting surveys which is “Good practice in conducting and reporting of survey research” by Kate Kelley and colleagues. Published in International Journal for Quality in Health Care in 2003. We have now included this (page 6 paragraph 2).

3- Comment: “The mixed method (written survey for some then oral survey) is a bit of a problem”

Response: We totally agree this is one of the study limitations which we have already highlighted in the study limitation section. The reason for this was the fact that we failed to secure the email lists from one of the three hospital hence we carried out the survey by passing the survey to the doctors then asked them to drop it on sealed box to maintain confidentiality this what we called in-person data collection (page 7 paragraph 1 and page 14 paragraph 3)

4- Comment: “Cloaking the questions with other topics and having repeat questions phrased in a different manner would add to the validity of the findings”

Response: We also do agree and we have added to the study limitation (Page 14 paragraph 3).

5- Comment: “Could use some more in depth discussion”

Response: We have enriched the discussion as per your suggestion (pages 9-14).

Reviewer 4

Sir Denis PEREIRA GRAY

Thank you for your valuable input

1- Comment: “The questionnaire should be available to your readers”

Response: We have now included the questionnaire as an additional file

2& 3- Comment: “Strengthen discussion with reference to Marin et al. (1989) and Ennis et al 1991”

Response: We have now included these two studies in the discussion (page 11 paragraph 3, reference 18 and on page 13, paragraph 1, reference 21)

4- Comment: “Clarify the numbers replying by each method of approach”

Response: We have done that now (page 7 paragraph one)

5- Comment: “Comment on the fact that 47% of responders were consultants”

Response: In fact only 37% are consultants and as we have three grades we think this is not a high percentage

6- Comment “Change “ignored” to “under researched”

Response: We have done that as per your suggestion (page 10 paragraph 1)
7- **Comment:** “Spell practice appropriately”

**Response:** *We have done that as per your suggestion*