Reviewer’s report

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

Version: 1 Date: 24 June 2013

Reviewer: Sir Denis PEREIRA GRAY

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Summary
This is a study of the occurrence of defensive medicine as perceived by a selection of hospital doctors in three British hospitals, two in Wales and one in England. Defensive medicine was classified as the requesting of tests not necessary for the care of the patients, referrals which are not clinically necessary, and declining to treat high risk patients. Hospital doctors were classified into three grades, with only consultants in the highest grade. Hospital doctors were grouped into four main categories of specialists. There were 204 responses obtained either by returned questionnaires or by interviews.

Strengths
This is an important topic and the authors make the fair point that it is in general under researched. There have been reports on British general practitioners and defensive medicine so research the opinions of hospital doctors is needed and topical. Classification by age and gender is obviously essential. The classification of the doctors into: junior middle grades and senior/consultants is helpful.

The findings that as much defensive medicine as reported is occurring is important. That consultants were less likely to participate in defensive medicine is not new but if confirmed is also important.

Weaknesses
The choice of hospitals is stated to have been made for “convenience”. Two hospitals in Wales and one in South East England cannot be regarded as representative especially as arrangements in the NHS in Wales and England are diverging.

Gathering responses by two different methods: circulated questionnaire and interview is a complicating method and is weakened further by the fact that details of who did the interviewing (ie what grade of doctor). The absence of any description about how the questionnaire was constructed or of the questionnaire itself is a weakness.

The first run with the questionnaire is said to be anonymous by email. It is not clear from the text how this could be strictly anonymous as an email response will identify the sender. An interview was obviously not anonymous. This cumbersome method needs further clarification. How many responded to each approach?
Since two of the three hospitals used were in Wales the article by Marin et al, also in Wales is relevant to defensive medicine, especially as these authors found consultant care differed.

A major article in the Lancet on defensive medicine in obstetricians in the NHS is not referenced. Ennis et al (1991) reported no differences in defensive medicine between doctors in different grades.

The issue of having medical indemnity insurance cover is referred to twice, but it is not clear what the purpose of this is in a system in which the NHS provides cover.

Page 12 “ignored area of medicine” is an overstatement.

“Practising” when used a verb should be spelt with an ‘s’ not with a ‘c’

RECOMMENDATIONS

This topic is important and deserves further study and reports. The findings of the extent of defensive medicine and the reduced use of it by consultants are both important. This article has the makings of a suitable publication but it needs further work.

1. The questionnaire should be available to your readers
2. Strengthen discussion with reference to Marin et al. (1989) who also studied hospital doctors in Wales
3. Strengthen discussion by referring to Ennis et al. (1991) who reported no differences in defensive medicine in obstetricians of different grades in the UK
4. Clarify the purpose of medical indemnity for NHS hospital doctors.
5. Clarify the numbers replying by each method of approach
6. Comment on the fact that 47% of responders were consultants
7. Change “ignored” to “under researched”
8. Spell practise appropriately

The authors could consider strengthening their discussion by commenting on the current proposals in the NHS to increase the amount of care provided by consultants rather than non-consultant staff.