WG Patient Safety - “Defensive medicine”

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“Defensive medicine”

• Conclusions:
  – Need for paradigm change – creating a system that will protect doctors and enable free and autonomous practice of medical profession
  – Need for “no shame – no blame” environment
  – Need for reporting of all unwanted events and “near-misses”
  – Need for organisation which learns from mistakes and constantly evolves and improves
“Defensive medicine”

• Fields of action:
  – Interaction with universities, professional organisations, teaching facilities
    • Training on communication and leading skills
    • Importance of support from the top management
  – Interaction with legislative bodies and health administration - legal framework for reimbursing the patients who experience any harm as a consequence of medical act
  – Good communication with media and general public
“Defensive medicine”

• There is no universal solution “one size fitting all”
• Importance of cultural and economic conditions which create the expectations of the patients
• Guideliness and treatment algorythms can serve as a useful tool in decision making process but can not replace experience and responsible clinical judgement
“Defensive medicine”

• Role of medical profession
  – No excuse for passive behaviour
  – Solutions for defensive medicine are in our hands:
    • Good education, CME/CPD
    • Self-confident actions
    • Good inter-departmental relations
    • Support instead of punishment for failure
    • Internal audit
    • Flexible acceptance of proposed changes in the frame of traditional hierarchy
    • Active participation in the process of new laws preparation – administrative measures can determine to a very high extent the way we are behaving