Sued and Nonsued Physicians' Self-Reported Reactions to Malpractice Litigation

Sara C. Charles, M.D., Jeffrey R. Wilbert, M.A., and Kevin J. Franke, M.A.

To assess the impact of malpractice litigation on physicians' personal and professional lives, the authors surveyed a random sample of the Chicago Medical Society membership. Although both sued and nonsued physicians reported changes in professional behavior and emotional reactions to both the threat and actuality of litigation, sued physicians reported significantly more symptoms
than nonsued physicians. Significantly more of them reported that they were likely to stop seeing certain types of patients, think of retiring early, and discourage their children from entering medicine. Malpractice litigation may affect not only physicians' personal and professional lives but also the delivery of health care.

(Am J Psychiatry 142:437-440, 1985)

It is estimated (1) that at least one in four physicians Iwill be sued for malpractice each year. If a doctor practices a high-risk specialty (2)—especially in an urban area (3)—the probability that he or she will be sued increases.

Early studies assessing the impact of litigation on physicians (4) identified their most frequent response as the practice of defensive medicine. A 1961 survey (5) revealed that 40 of 58 sued physicians felt that a malpractice suit had no significant effect on their pleasure and satisfaction in practice. Change in specialty and location and early retirement occurred on occasion but not to such a degree that medical practice was disrupted in any major way (6). That this assessment may no longer pertain is illustrated by recent reports that 25% of Florida obstetrician-gynecologists (7) and 10% of obstetrician-gynecologists nationwide (8) have given up the practice of obstetrics primarily in reaction to the hazards of litigation.

To assess the impact of litigation on the personal and professional lives of physicians, our group initially professional lives of physicians, our group initially surveyed a random sample of physicians listed as having been sued for malpractice (9). Many respondents reported changes in professional practice, and more than half reported symptomatic reactions to litigation that formed one of two clusters descriptive of depressive and stress-induced illnesses. To determine whether or not the reactions reported are unique to physicians who have been sued, essentially the same survey was distributed to a random sample of physicians irrespective of their involvement in litigation.

METHOD

The Chicago Medical Society has 8,915 members exclusive of students. A four-page survey, a postage-paid return envelope, and a cover letter from the president of the society were sent to 1,000 physicians randomly selected from this membership list. Undelivered mail reduced the total sample size to 971. An initial and follow-up mailing resulted in 355 completed surveys, a response rate of 36.6%.

Section one of the survey requested basic demographic and professional data, information on whether the physician had been sued, and, if so, data regarding the litigation. Respondents who had been sued were instructed to base their responses to the remaining two sections of the survey on their reactions to being sued. Physicians who had not been sued were requested to respond to the survey on the basis of their reactions to the general threat of medical malpractice litigation.

In section two, the physicians were asked to rate on a 5-point scale the extent of agreement or disagreement with 12 statements describing possible professional reactions to malpractice litigation. In section three, the respondents were asked to indicate on a 4-point scale the presence (including severity) or absence of 40 emotional and/or psychological symptoms (the latter taken from the criteria lists of *DSM-III*) engendered by either the threat or actuality of malpractice litigation. The duration of each was also requested.

RESULTS

The survey respondents were generally male (84.1%) and Board-certified (77.5%) and had a mean age of 50.7 years. Most physicians were self-employed (38.5%) or in a professional corporation (37.4%), and 9.6% listed their primary affiliation as academic. The specialty distribution of the respondents is listed in table 1.

Over half (56.1%) of the sample acknowledged having been sued for malpractice; 54.9% of these were sued as one of a group of doctors. The percentages of sued respondents who were involved at the different

Received June 4, 1984; accepted Sept. 19, 1984. From the Department of Psychiatry, University of Illinois at Chicago; and the Department of Psychology, Loyola University, Chicago. Address reprint requests to Dr. Charles, Department of Psychiatry, University of Illinois at Chicago, 912 South Wood St., Chicago, IL 60612.

The authors thank Alfred Clementi, M.D., Harry Springer, M.D., and the leaders and members of the Chicago Medical Society for their interest in this project.

Copyright © 1985 American Psychiatric Association.

TABLE 1. Specialties of Physicians in Survey on Malpractice Litigation

Specialty	Chicago Medical Society Membership (N=8,915)		Survey Respondents (N=346)		Survey Respondents Who Had Been Sued (N=194)		
	N	%	N	%	N	%	% of All Respondents in Specialty
Internal medicine and subspecialties	2,327	26.1	79	22.8	48	24.7	60.8
Surgery and subspecialties	1,756	19.7	72	20.8	50	25.8	69.4
General practice and family practice	1,319	14.8	52	15.0	27	13.9	51.9
Pediatrics	579	6.5	30	8.7	13	6.7	43.3
Obstetrics and gynecology	660	7.4	23	6.6	16	8.2	69.6
Psychiatry	401	4.5	21	6.1	5	2.6	23.8
Radiology	642	7.2	20	5.8	10	5.2	50.0
Anesthesiology	481	5.4	16	4.6	8	4.1	50.0
Other	749	8.4	34	9.8	17	8.8	50.0

stages of litigation were as follows: period of discovery, 53.4%; suit dropped, 35.4%; suit settled with doctor's permission, 18.5%; suit settled without doctor's permission, 6.3%; trial verdict, 1.6%. (Some physicians had had more than one suit filed against them.)

Professional Reactions

Percentage of agreement with each statement regarding a professional reaction either to the threat or to the actuality of malpractice litigation was calculated by dividing the number of respondents answering "strongly agree" or "mildly agree" by the total number of respondents for each item.

Statistical analysis (t test, $p<.01$, one-tailed) showed the following significant differences between sued and nonsued physicians. Significantly more of the sued physicians than nonsued physicians reported that they were likely to stop seeing patients with whom the risk of litigation seemed greater (48.9% versus 29.5%), to think about retiring early (42.9% versus 30.3%), and to discourage their children from pursuing medicine as a career (32.0% versus 19.0%).

Compared with before malpractice litigation or its threat, both sued and nonsued physicians kept more meticulous records (74.5% and 88.6%), ordered more diagnostic tests that their clinical judgment deemed unnecessary (67.6% and 59.6%), and stopped performing certain high-risk procedures (42.8% and 32.6%). Many in both groups reported studying the professional literature more regularly (30.5% and 39.3%), attending more certified continuing education courses (27.3% and 31.4%), and putting less pertinent information in their records (28.2% and 23.7%). Almost one-third of both groups had either increased or decreased the number of their working hours; the sued tended toward shorter hours and the nonsued toward longer hours.

Symptomatic Reactions

Using the sum of all symptom severity ratings as a general index of emotional disruption, we found that the sued physicians reported significantly worse symptoms (mean severity=37.6) than nonsued physicians (mean=34.1) ($t=3.13$, $df=344$, $p<.01$, one-tailed). The sued physicians also reported significantly ($ps<.001$) more severe depressed mood, inner tension, anger, and frustration than the nonsued physicians. Analysis of variance revealed no significant differences in the severity of symptoms between male and female or between younger and older physicians. When sex and age were held constant, the significant differences between sued and nonsued physicians persisted.

The symptoms listed in table 2 were reported by the physicians and do not represent any specific diagnosis. In the analysis of these reactions, as in our previous survey (9), two symptom clusters emerged; 202 respondents (57.1% of the total sample) acknowledged one or the other of these two symptom groups.

A symptom cluster whose analogue might be major depressive disorder was assigned when the respondent acknowledged dysphoric mood with at least four additional symptoms from the criteria list for affective disorder in *DSM-III*. One hundred twenty physicians (33.8%) acknowledged this symptom cluster, of whom 68 (19.2% of the total sample) had been sued and 52 (14.7% of the total sample) had not been sued. Although many physicians failed to report duration of symptoms, 62 (17.5% of the total sample) indicated their symptoms lasted longer than 2 weeks.

The second symptom cluster is characterized by pervasive anger accompanied by at least four (an arbitrarily chosen number) of eight symptoms: depressed mood, inner tension, frustration, irritability, insomnia, fatigue, gastrointestinal symptoms, or headache. Eighty-

TABLE 2. Symptomatic Reactions of Sued and Nonsued Physicians

Reaction	Physicians Who Experienced Reaction[a]				Severity[b]			
	Sued (N=194)		Nonsued (N=152)		Sued		Nonsued	
	N	%	N	%	Mean	SD	Mean	SD
Symptoms								
Anger	166	85.6	70	46.1	2.70[c]	0.97	1.75[c]	0.96
Inner tension	166	83.0	86	56.6	2.47[c]	0.92	1.95[c]	0.98
Depressed mood	154	79.4	77	50.7	2.36[c]	0.94	1.85[c]	0.97
Frustration	149	76.8	73	48.0	2.41[c]	0.99	1.76[c]	0.95
Irritability	125	64.4	73	48.0	2.03[c]	0.92	1.72[c]	0.89
Insomnia	108	55.7	65	42.8	1.83	0.88	1.65	0.89
Fatigue	85	43.8	61	40.1	1.69	0.90	1.65	0.94
Loss of interest	73	37.6	42	27.6	1.57	0.84	1.43	0.79
Difficulty concentrating	70	36.1	54	35.5	1.51	0.77	1.51	0.81
Decreased sex drive	57	29.4	40	26.3	1.41	0.72	1.42	0.79
Indecision	54	27.8	40	26.3	1.37	0.67	1.39	0.73
Decreased appetite	52	26.8	37	24.3	1.37	0.68	1.38	0.74
Social withdrawal	48	24.7	29	19.1	1.34	0.67	1.32	0.71
Headache	39	20.1	27	17.8	1.28	0.63	1.26	0.64
Gastrointestinal symptoms	36	18.6	32	21.1	1.29	0.70	1.30	0.64
General slowing of motor activity	29	14.9	14	9.2	1.19	0.49	1.13	0.47
Excessive motor activity	26	13.4	18	11.8	1.17	0.45	1.14	0.40
Excessive alcohol abuse	21	10.8	6	3.9	1.12	0.36	1.05	0.30
Exacerbation of physical illness	19	9.8	13	8.6	1.14	0.47	1.13	0.47
Increased appetite	19	9.8	10	6.6	1.16	0.52	1.09	0.34
Suicidal ideation	13	6.7	4	2.6	1.08	0.33	1.05	0.36
Onset of physical illness	10	5.2	9	5.9	1.08	0.41	1.08	0.36
Hypersomnia	8	4.1	10	6.6	1.04	0.19	1.09	0.36
Elevated mood	4	2.1	2	1.3	1.03	0.25	1.03	0.26
Drug misuse	1	0.5	3	2.0	1.01	0.07	1.02	0.14
Feelings								
Being misunderstood	80	41.2	51	33.6	1.69	0.95	1.53	0.85
Being defeated	66	34.0	39	25.7	1.55[c]	0.87	1.36[c]	0.68
Decreased self-confidence	61	31.4	47	30.9	1.41	0.69	1.44	0.75
Loss of nerve in clinical situations	55	28.4	34	22.4	1.42	0.75	1.31	0.63
Low self-esteem	53	27.3	37	24.3	1.39	0.73	1.35	0.68
Guilt	31	16.0	32	21.1	1.21	0.54	1.29	0.62
Worthlessness	30	15.5	29	19.1	1.27	0.71	1.25	0.57
Shame	28	14.4	25	16.4	1.22	0.58	1.24	0.60
Agreement with statements about litigation								
The plaintiff's case is unjustified	153	78.9	47	30.9	30.9[c]	1.21	1.73[c]	1.19
Litigation is no affront to my professional competence	119	61.3	62	40.8	2.29[c]	1.20	1.77[c]	1.08
Settling equals an admission of guilt	105	54.1	57	37.5	2.13[c]	1.20	1.68[c]	1.01
My family and I have suffered	86	44.3	45	29.6	1.74[c]	0.95	1.51[c]	0.90
Resentment of counsel's efforts to settle	70	36.1	47	30.9	1.74	1.10	1.59	1.00
I am alone in my effort to vindicate myself	61	31.4	37	24.3	1.58	0.98	1.44	0.86
My medical practice has suffered	42	21.6	40	26.3	1.31	0.67	1.43	0.84

[a]Those who rated reaction as mild, moderate, or severe.
[b]1=none, 2=mild, 3=moderate, 4=severe
[c]Intergroup difference: p<.05, t test.

two (23.2%) of the physicians, exclusive of those with the previous symptom cluster, acknowledged this group of symptoms, of whom 61 (17.2%) had been sued and 21 (6.0%) had not been sued. Significantly more of the sued physicians than nonsued physicians (7^2 =14.6, df=1, p<.001) had this group of symptoms. As previously suggested (9), this symptom cluster may constitute an identifiable stress syndrome that could be considered a subset of an adjustment disorder within the psychiatric nomenclature, with malpractice litigation as the specific psychosocial stressor.

Twenty doctors (5.7%), of whom half had been sued, noted the onset of physical illness, and 32 (9.2%), of physical illness, and 32 (9.2%), of whom 19 (5.4%) had been sued, noted an exacerbation of a previously diagnosed illness, which they related to the stress associated with the medical malpractice problem. Three sued physicians mentioned myocardial infarction and one mentioned ulcer as the specific illness suffered.

Sixty-two (17.9%) of the total sample reported no symptoms; of these, eight (2.3% of the total sample) had been sued and 54 (15.6% of the total sample) had not were located in a densely populated urban area, where malpractice suits are reportedly more frequent.

A number of variables, including subject matter, are known to influence rates of response to mail surveys. Experience with this survey, gleaned in part from follow-up telephone contact with nonrespondents, suggests that some doctors refused to complete the questionnaire because it was too emotionally disruptive to do so. On the other hand, physicians who had been sued, 56.1% of the respondents, may have had more interest in the subject because of their intimate experience with it.

The changes in professional behavior among the respondents suggest that malpractice litigation may have an impact on physicians' freedom to exercise their own clinical judgment. As a result, patients may be deprived of the full range of a physician's professional expertise. In addition, almost half of those sued (48.9%) reported that because of fear of potential litigation they will not see certain kinds of patients. Whether this derives from a specific patients' similarity to a previous litigating patient, to a specific personality profile, or to a patient's type of illness or complaint is unknown. It does suggest that for an as yet undefined group of patients, access to health care may be becoming restricted because of factors associated with malpractice litigation. The finding that many physicians may opt for early retirement and discourage others from entering medicine may also eventually have an impact on health care availability.

No respondents were interviewed, so the reported symptoms could not be corroborated or diagnosed, but both the sued and nonsued physicians reported emotional symptoms. A surprising finding was that the groups reported a similar degree of the cluster of symptoms that might be associated with major depressive disorder. Because the survey deals with a distinctly emotional subject, it is possible that the nonsued respondents in general had a greater vulnerability to stress, especially that related to potential litigation.

The sued physicians we surveyed felt much more strongly than the nonsued physicians that the plaintiff's case was unjustified, that litigation is no affront to one's competence, and that settling a suit is tantamount to an admission of guilt. It may be that physicians who have problem. Three sued physicians mentioned myocardial infarction and one mentioned ulcer as the specific illness suffered.

Sixty-two (17.9%) of the total sample reported no symptoms; of these, eight (2.3% of the total sample) had been sued and 54 (15.6% of the total sample) had not.

Discussion

The results of this survey cannot be generalized to the entire physician population because the respondents not been sued tend to agree with the popular notion that malpractice litigation affects only physicians who are guilty of negligence. When a physician is personally confronted with a suit, his or her attitude may change. The physicians who had been sued were also significantly more likely to feel that litigation caused suffering to them and their families. They did not feel as strongly about its effects on their medical practices.

Whether awareness and open discussion of stress and its impact are usual for physicians is debated (10). Cartwright (11) suggested that there is a certain urgency in focusing on these problems. The reduction of suffering and restoration of affected professionals to a healthy and gratifying life is a worthy end whose attainment is critical because the problems of these providers can seriously interfere with the care of patients.

Our finding that only 1.6% of the sued respondents had received adverse trial verdicts suggests that malpractice litigation, the chronic character of involvement with the legal process, and the resultant stress on both sued and nonsued physicians may in the long run not serve the public interest or the quality of medicine. It may diminish rather than enhance the integrity and availability of medical care.

To further clarify the impact of litigation on both sued and nonsued physicians, we are conducting a study based on clinical interviews with respondents to this survey.

REFERENCES

1. MD's hit, attorneys defend tort system, contingency fees. Am Med News, Dec 3, 1982, p 3
2. Socioeconomic Monitoring System Report. Chicago, American Medical Association, October 1982
3. Danzon PM: The Frequency and Severity of Medical Malpractice Claims: RAND Study R-2870-ICJ. Santa Monica, Calif, RAND Corporation, 1982, p 36
4. Tancredi LR, Barondess JA: The problem of defensive medicine. Science 200:879-882, 1978
5. Wyckoff RL: The effects of a malpractice suit upon physicians in Connecticut. JAMA 176:1096-1101, 1961
6. Lipson AJ: Medical Malpractice: The Response of Physicians to Premium Increases in California: RAND Study R-2026. Santa Monica, Calif, RAND Corporation, 1976
7. Davenport OW: A survey of obstetrical practice activity in Florida. J Fla Med Assoc 70:293-296, 1983
8. Ob-gyns, socked with sky-high premiums, limit their practices. Med World News, Oct 24, 1983, pp 58, 59
9. Charles SC, Wilbert JR, Kennedy EC: Physicians' self-reports of reactions to malpractice litigation. Am J Psychiatry 141:563-565, 1984
10. McCue JD: The effects of stress on physicians and their medical practice. N Engl J Med 306:458-463, 1982
11. Cartwright LK: Sources and effects of stress in health careers, in Health Psychology. Edited by Stone GC, Cohen C, Adler NE. San Francisco, Jossey-Bass, 1979

CHAPTER 35

Psychological Reactions to Medical Malpractice Suits and the Development of Support Groups as a Response

Sara C. Charles, M.D.

Although many people suggest that doctors should not take an allegation of malpractice "personally," most physicians experience it as a direct assault on their personal and professional integrity. As a result, doctors tend to perceive litigation as a stressful life event that results in considerable, albeit usually temporary, emotional disequilibrium. Such a response is normal and, to a large extent, unavoidable. It is, in fact, a function of their humanity.

Common Reactions to Being Sued

In studies of physicians in northern Illinois, 96% acknowledged some emotional reaction for at least a limited period.[1-4] These reactions were most commonly described as intense anger and "feelings of devastation." A variety of symptoms, often clustered into one of two groups, also developed (Table 35-1). The first cluster, associated with clinical depression and acknowledged by about 33% of doctors, included symptoms such as depressed mood, insomnia, loss of appetite, loss of energy, decreased libido, and, in some instances, suicidal ideation. The second cluster of symptoms, experienced by about 26% of doctors, was characterized by overwhelming anger accompanied by feelings such as frustration, irritability, headache, inner tension, gastrointestinal distress, insomnia, and depressed mood. In addition, some doctors acknowledged distractibility with lack of concentration, difficulties in making a decision, and general feelings of dissatisfaction and worry.

Approximately 16% of doctors experienced the onset of a physical illness or the exacerbation of a previously diagnosed one. These are usually stress-related illnesses such as coronary artery disease, hypertension, colitis, and duodenal ulcer.

Table 35-1
Self-reported symptoms of physicians after being sued

Symptoms	Study I (1982)	Study II (1983)	Study III (1984)
Depressive cluster	39.0%	35.0%	24%
Anger cluster	20.0%	31.0%	26%
Physical illness	16.0%	15.0%	18%
Alcohol misuse	2.0%	11.0%	8%
Drug misuse	0.7%	0.5%	0%
Suicidal ideation	2.2%	6.7%	0%

A small percentage of doctors reacted to litigation by engaging in behaviors such as excessive use of alcohol (7% of study subjects), the abuse of drugs (less than 1%), and suicidal ideation (3% of study subjects).

The Emotional Course of a Malpractice Suit

Most physicians who are formally charged with malpractice immediately feel stunned and often deny or disavow the event. As the reality and degree of accusations are absorbed and the initial stunned reaction diminishes, the doctor generally begins to feel enormous anger. In many instances this translates into insomnia, depressed feelings, and the previously described symptom clusters. The development of these symptoms signals a period of emotional disequilibrium that may resolve within one to two weeks. Occasionally, these symptoms persist for a longer period, diminish and recur periodically, or last until the resolution of the suit or longer.

Litigation is by its very nature a lengthy and unpredictable process. Consequently, symptoms may recur whenever the lawsuit demands the doctor's attention. For example, a week or two after the delivery of the complaint and consultation with a lawyer and insurer, emotional equilibrium may return. A call many months later to schedule the first depositions may cause the whole spectrum of symptoms to re-emerge. This pattern may occur repeatedly over a number of years, depending on the degree of involvement with the case up to and including the time of trial.

Deciding whether or not to go to trial or whether or not to settle is agonizing for many doctors. The unpredictable nature of a trial pits a doctor's wish to "clear his or her name" against the possibility of losing, creating a conflict. Losing may result in feelings of diminished self-confidence and increase the risk of financial loss to self and family. Doctors often feel very alone in these decisions despite well-intended advice from proponents on both sides. It is essential, of course, that doctors who go to trial are convinced of their competent performance in the situation in question and committed to active and persistent defense of their cases.

Many doctors who go to trial describe the experience as one of the most trying of their lives. It is a source of some support that over 70% of doctors who go to trial win, but it is a source of anxiety that a certain percentage do not. It is also of interest that for many doctors who

win their trials there remains a sense of frustration and anger arising from a conviction that the whole process served no particular purpose and that they should not have been sued in the first place.

Many doctors are advised by legal counsel and insurance interests to settle the case, often for well-founded business or legal reasons. Some doctors who settled report lingering regrets and feelings of lack of vindication even though the settlements involved no admission or denial of guilt. Irrespective of the final outcome of the suit, most doctors – especially those involved for lengthy periods – indicate that as a result of being sued, they will never be quite the same as before their involvement in litigation.

Why Doctors React to Malpractice Litigation

Litigation is an event that has certain inherently stressful characteristics.

Unpredictability After a suit is served, the doctor's name may be dropped from the complaint within six weeks or the doctor may still be waiting for trial five or six years later, often irrespective of the merits of the case. The manner by which lawyers proceed, the rules of law, the delays, the testimony of experts, the judge, and, if the case goes to trial, the jury, all contribute to the inherently unpredictable nature of the litigation process. This generates feelings of frustration and anxiety.

Loss of Control The average doctor, when faced with a stressful situation, tends to address the problem actively in order to regain control of the situation and reduce the feelings of discomfort engendered by the stress. Litigation, however, draws the doctor into the legal environment. The lawyer, offering reassurance, often tells the doctor not to worry, "just do what I tell you . . ." Few pieces of advice create more anxiety. Such advice tends to erode rather than support the doctor's characteristic mode of functioning, resulting in feelings of dependence and powerlessness, which in turn generate greater anxiety.

The Meaning of the Event Charges of negligence and incompetence are a direct assault on one's sense of self. They often engender feelings of shame and guilt. These must be evaluated in the context of the individual doctor's own feelings of competence, self-confidence, and idealism. In addition, each doctor has unique perceptions of the meaning of the event. My studies revealed that doctors generally experience the event in one of four ways. (1) When the plaintiff is a long-standing patient or relative of a friend, the result is often feelings of betrayal and anger. (2) When the lawsuit challenges feelings of competence, the doctor may feel greater anxiety about making decisions and overreact to ordinary practice stressors. (3) Often the doctor feels immense anger, believing that the medical malpractice situation is unmanageable or that the system works against the physician in some way. (4) Lastly, some doctors perceive litigation as time-consuming and bothersome and feel irritated and frustrated by the event.

Individual Coping Mechanisms Each doctor brings a unique life history, psychological characteristics, and pattern of dealing with stress to the litigation experience. The overall method of responding to the suit is highly variable.

Social Support Twenty-seven percent of the study subjects reported feeling alone and isolated from peers as a result of being sued.[1-4] Lawyers advise their clients not to "talk to anybody." Lawyers are correctly concerned that their clients not discuss details of their cases in a manner that would jeopardize their defense. There is a human need, however, to share the impact of any major life event with an understanding friend, associate, or spouse. There is a considerable body of research that supports the notion that the impact of a major stressor is modified by social support.

How to Cope With the Stress Produced by Litigation

Effective measures of coping can counteract the stressful characteristics of litigation.

Unpredictability (1) Recognize that the legal process is unpredictable in terms of its rules, the lawyers, the judge, the juries, the outcome. (2) Make active efforts to inform yourself about the process so that you can anticipate all the possibilities. (3) Ask your attorney to explain points of law and what you can anticipate throughout the process. (4) Familiarize yourself with the legal process by participation in mock depositions, trials, and other legal proceedings. (5) Participate in choosing your experts.

Degree of Control (1) Actively involve yourself in the defense of your case. (2) Review depositions. (3) Actively study the literature as it relates to your case. (4) Examine your ordinary office and practice procedures and make changes where indicated. (5) Examine your use of time and initiate changes that help you feel more in control. This may mean an increase or decrease in time with patients, more leisure, or change in office hours. (6) Do not practice in situations that demand compromising your professional standards. (7) Participate in loss prevention education, especially as it relates to keeping records, communication, and informed consent. (8) Work in professional groups that attempt to remedy the medical malpractice problem. (9) If particularly stressed by some aspect of the case, e.g., before a deposition or in preparation for trial, rearrange

your office visits or cancel surgery or other clinical procedures, if necessary.

Meaning of the Event (1) Reflect on your own feelings of competence and take whatever measures necessary to solidify them. (2) Reflect on the meaning of your profession and your career and plan accordingly. (3) Examine how this event affects your relationships with patients, especially if the plaintiff is a long-term patient or friend. Work to neutralize negative feelings. (4) Consulting an expert on family finances and financial planning can often reduce anxiety.

Means of Coping (1) Your own life history may help you choose effective ways of coping. (2) Denial and suppression are useful mechanisms for most doctors. (3) Self-observation is essential. If somatic symptoms develop and do not soon diminish, consult your doctor. If persistent psychological symptoms, alcohol, or drug abuse develop, consult a specialist. (4) Re-examine your life and restructure it as necessary. Litigation is often a time to reorder priorities. (5) Arrange more or better use of leisure time. Active sports, "nonworking" vacations, and more family time are helpful diversions. (6) Make any changes in your practice necessary to make it less anxiety-provoking and more manageable.

Social Support (1) Recognize that most doctors need to share their reactions to the experience. (2) Identify those with whom you feel most comfortable about sharing your reactions. (2) Identify those with whom you feel most comfortable about sharing your reactions. These may be another doctor, a spouse, a family member, a friend, office staff, or legal counsel. Most people are willing to hear you out. (3) If the above are unavailable, contact your local medical or specialty society for referral to a support group or available peer.

Physician Support Groups

A number of medical and specialty societies throughout the country have recognized that an increasing number of doctors have been affected by the stress engendered by malpractice litigation. One form of response is the development of a physician support group. The rationale for this particular response is the assumption that these physicians have experienced some disruption in their relationship to their role and to their interaction with others as a result of litigation. Support groups whose members share the same social environment and role are more likely to understand the nature of this disruption and, therefore, to provide support. A number of models have been explored and developed. The Illinois State Medical Society has provided leadership in this regard, has served as a resource for interested groups, and has monitored information and progress in their development.[5] The following list represents efforts on the part of a variety of groups.

Information Consultation This involves informal conversation with a peer and is the most common model that doctors use. It provides a listening ear, is a humane response to an associate who is often sorely stressed, and is not designed to focus or even discuss the legal merits of the case. The content of the conversation focuses on the physician's emotional reaction to being sued, and often just one session is sufficient to diminish the feelings of isolation, anger, shock, and dismay that may result from being named in a suit.

Organized Physician Support Groups Models developed in different areas are based on confidential interactions among physicians, the focus of which is not the legal dimensions of the malpractice suit but rather the emotional reactions to it.

A group organized by the Illinois State Medical Society consists of a panel of physicians from various specialties, all of whom have been through the entire litigation process. They have volunteered to be available to any physicians who wish to talk about their experience. The stipulation that the participating panel members have experienced the entire process, including trial, is based on the knowledge that different physicians may need support at different stages of the litigation process. Physicians were informed of this group's existence by a notice in the *Illinois Medical Journal* and by communications from the Illinois Medical Inter-Insurance Exchange, particularly after notification of a suit.

The Wisconsin Medical Society has formed a panel of physicians similar to the above model but physicians on the referral panel, although they have been sued, have not necessarily experienced the entire litigation process. Also, support physicians may not be from the same specialty as the physician requesting consultation.

Joint Support Groups of Physicians and Spouses Spouses are encouraged to participate in the Wisconsin Medical Society panel with the physicians.

The Winnebago County Medical Society in Illinois has formed a panel of couples who have experienced the litigation process and who are available to provide support and confidential assistance to couples currently undergoing a malpractice suit.

The New Jersey Medical Society in Illinois has formed a litigation stress group that sponsors a monthly meeting open to all physicians and spouses. The group is open-ended and meets for approximately 90 minutes each time. The meeting is divided between an education program and a group discussion on principles of mutual self-help.

Ongoing Support Groups The support group model promoted by John-Henry Pfifferling, Ph.D., of the Center for Professional Well-Being, Durham, North Carolina, depends largely on a small group of interested individuals. The group is self-generated, confidential, and follows the principles outlined by Dr. Pfifferling. Its focus often extends beyond litigation to common stressors in medical practice. Because it is time-consuming and highly structured in terms of regular attendance and membership, and because the need for support in the litigation experience is sporadic, it has not proved to be a functional model at this time.

Professional Liability Support Groups The South Carolina Medical Association developed a steering committee of both medical society members and their auxiliary counterparts who provide support with general educational meetings two or three times a year. The Committee also circulates educational materials. Although its primary goals are educational, a prominent side-effect of its efforts has been the emotional support it provides to sued physicians and their families.

In Maryland, physicians who have been sued receive an open invitation to a quarterly meeting aimed at enabling physicians to handle the stress of litigation better.

Publication of Information on Malpractice Litigation Many medical and specialty societies, as well as the American Medical Association and its auxiliary, have published booklets and media materials that provide information on medical malpractice litigation. The A.M.A. recently established a clearinghouse for such informational materials, making them available to all interested parties.

As the effects of litigation become more widely recognized, the need for an organized response may diminish because informal support mechanisms may be more readily available. In the meantime, the development of some kind of program that provides support is crucial for practicing physicians.

Summary

For doctors to cope with litigation effectively, it is critical that they obtain accurate information about the current climate of litigation. Despite the considerable evidence that the core issue is not one of gross physician negligence, there is still no substitute for the feelings of competence and self-confidence that derive from adherence to the highest standards of medical knowledge and care. When a suit occurs, these feelings are often the best antidote for the hurt and depressed feelings that almost always arise. It behooves the doctor to try to deal as effectively as possible with the symptoms and behavioral responses to litigation because of the subtle impact such changes have on doctor-patient relationships and patient care.

Acknowledgement

Material from this chapter was adapted and reprinted with permission from *The Physicians Support Group Brochure.* Chicago, Illinois State Medical Society, 1987.

References

1. Charles SC, Wilbert JR, Kennedy EC: Physicians' self-reports of reactions to malpractice litigation. *Am J Psychiatry* 1984; 141:563-565.
2. Charles SC, Wilbert JR, Franke KJ: Sued and non-sued physicians' self-reported reactions to malpractice litigation. *Am J Psychiatry* 1985; 142:437-440.
3. Charles SC, Warnecke RB, Wilbert JR, et al: Satisfactions, dissatisfactions, and new sources of stress among sued and non-sued physicians. *Psychosomatics,* in press.
4. Charles SC, Pyskoty CB, Nelson A: Physicians on trial: Self-reported reactions to malpractice trials. *The Western Journal of Medicine,* in press.

Charles SC: Support group formed. *Ill Med J* 1985;167:6