

The Effect of Litigation on the Health Care Delivery System in Enugu State University Teaching Hospital, South East, Nigeria

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Abstract

Aim; To assess the effect of litigation on the health care delivery system in the Enugu State University Teaching Hospital, Enugu, South East, Nigeria. **Method;** A total of 300 health care workers comprising 274 medical doctors and 26 Nurses working at the Enugu State University Teaching Hospital (ESUTTH) were studied during the period February to June 2021. Their ages, number of years of practice and designations were taken. They were questioned on their perception of the effect of litigation on the health care delivery system in the Enugu State University Teaching Hospital. **Results;** Table 3 shows a total of 140(46.7%) of respondents either strongly disagree (18) or disagree (122) that litigation leads to limited access to healthcare while 128 (42.67) either agree (118) or strongly agree (10) that litigation leads to limited access to health care. A total number of 211(70.3%) either agree (149) or strongly agree (62) that the cost of healthcare is increased due to effects of litigation. A total of 215 (71.67%) either agree (84) or strongly agree (131) that doctors tend to offer more investigations than needed in order to forestall any possibility of litigation. Finally, 203(67.67%) either agree (94) or strongly agree (109) that doctors tend to offer more treatment than is needed in order to forestall any possibility of litigation. **Conclusion;** The results show that the greatest proportion of respondents(71.67%) agree that doctors tend to offer more investigations than needed in order to forestall any possibility of litigation. And 67.67% strongly agree and agree that doctors tend to offer more treatment than is needed in order to forestall any possibility of litigation. This result shows that excessive pressure is put on the Doctors, Pharmacists and Laboratory Scientists of the hospital as well as the medical equipment, drugs and other facilities in the hospital. All these put excessive pressure on the health care delivery system of the hospital because they are being done by doctors and other medical staff in the bid to avoid litigation. Lastly (70.3%) strongly agree and agree that the cost of healthcare is increased due to effects of litigation. This last factor is an evidence of more pressure on the financial resources of both the hospital and the patients which are all components of the health care delivery system.

Key words: Effect of litigation, Health care delivery system, Enugu State University Teaching Hospital. Enugu State. South East Nigeria.

Introduction; The Hippocratic oath, as a global code of medical practice, *inter alia*, prescribed generally that a doctor must act for the good of his patients. This prescription has also been integrated in contemporary medical ethical guidelines as adopted or formulated at different times¹ Who determines what is good between the doctor and his patient, or the patients proxies, has been an issue of touchy discourse and subject of litigations over times² At some point the regulation of medical practice by law in addition to self-regulatory ethical prescriptions became entrenched, despite divergence of opinions on the issue³ With the intervention of law in medical practice, diverse forms of legislation, regulations and policies evolved at different times in further control of the practice of medicine for the benefit of the society. It is in the framework of the legal intervention in medical practice that Medical Negligence, as a cause or ground for legal action was spawned. Litigation is referred to as the conduct of lawsuit, a civil action brought to court of law in which a plaintiff demands a legal or equitable remedy⁴. A plaintiff on the other hand, is a party who claims to have incurred loss as a result of a defendant's action⁵. In this study, a plaintiff could be a patient or a patient's relation, whereas the defendants refer to the healthcare providers which are mainly nurses and doctors. Litigation is usually as a result of medical malpractice which could be in form of medical error or medical negligence. In either case, there must be damage before a claim could be said to have a basis. This damage could either be compensatory or punitive. It is estimated that medical errors have increased globally from 94,000 people in 1990 to 142,000 people in 2014⁵. Based on 2016 annual deaths reports of 251,454 from medical errors in the United States of America, it suggested that 2015 global estimation may not be accurate.⁶ In Nigeria, the practice of litigation in medicine seemed to be trace as observed from the literature reviewed. This could be due to ignorance as well as high level of illiteracy in the country. Most doctors in Pennsylvania are practicing "defensive medicine" or ordering more tests and procedures that might not be medically necessary but could shield them from lawsuits⁷. The services provided by doctors are limited by the threat of malpractice suit. US radiologists are extremely concerned about malpractice suit that this concern affects their biopsy recommendations. Obstetricians/Gynecologists and Surgeons are the ones whose services are mostly affected. Almost 80 percent of Americans are concerned that frivolous lawsuits have made it harder for them and their families to get affordable healthcare. Quality and access to health care is being threatened in many states. The American Medical Association has identified 20 states as presently facing a medical liability crisis⁸. More than 70 percent of patients believe it is likely that product liability litigation or fear of it caused pharmaceutical companies to avoid research and development in certain product areas. 25 percent of patients said they would immediately stop taking a prescribed drug if they saw an advertisement for a lawsuit involving that drug⁹. Healthcare costs rise as litigation costs are passed on to patients. Ten percent of every dollar spent on healthcare is attributed to the cost of liability and defensive medicine¹⁰.

Material and Methods; A total of 300 health workers comprising of 274 Doctors and 26 Nurses working in the various clinical departments of the Enugu State University Teaching Hospital GRA Enugu were used for this study. These Nurses and Doctors were selected to ensure a good coverage of all the clinical departments in the teaching hospital comprising Accident and Emergency, Obstetrics and Gynaecology, Internal Medicine, Surgery, Pediatrics, Laboratory Medicine and Community Medicine. After obtaining permission from the ethical committee of the hospital, a self-administered questionnaire was issued to the participants. The questionnaire

contained questions on designation of the participant (i.e. doctor or nurse), age in years, number of years in practice and their knowledge of the main causes of malpractice. The years of practice were restricted to between 1 and 20 years mainly because those with above 20 years of practice were mainly consultants and medical elders who were too busy to respond to our questions. The age category ranged from 20 to 59 years because 60 years is the age of mandatory retirement from service. Those participants who for one reason or the other were not willing to participate in the study were excluded from the study.

Statistical Analysis; Data from the questionnaire was analyzed using the statistical package for social sciences (SPSS) software version 11.0. Information was presented in the form of tables, pie charts.

Results; during the period of this study, a total of 300 participants comprising 274 doctors and 26 nurses took part in the study. The table below shows the age distribution of the participants.

Table 1. Showing age in years;

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-29 years	53	17.7	18.2	18.2
	30-39 years	194	64.7	66.4	84.6
	40-49 years	41	13.7	14.0	98.6
	50-59 years	4	1.3	1.4	100.0
	Total	292	97.3	100.0	
Missing	System	8	2.7		
Total		300	100.0		

The most predominant age group is 30-39 years (66.4%) while the least is 50-59 years (1.4%)

Table 2. Showing No of years of practice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-5 years of practice	80	26.7	26.9	26.9
	6-10 years of practice	130	43.3	43.8	70.7
	11-15 years of practice	80	26.7	26.9	97.6
	16-20 years of practice	7	2.3	2.4	100.0
	Total	297	99.0	100.0	
Missing	System	3	1.0		
Total		300	100.0		

Table 3.. The effect of litigation in healthcare delivery system

Variables	Frequency of responses				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Litigation leads to limited access to healthcare.	18	122	32	118	10
The cost of healthcare is increased due to effects of litigation	7	59	23	149	62
Doctors tend to offer more investigations than needed in order to forestall any possibility of litigation	5	56	24	84	131
Doctors tend to offer more treatment than is needed in order to forestall any possibility of litigation	6	59	32	94	109

Table 4.10 shows a total of 140(46.7%) of respondents either strongly disagree (18) or disagree (122) that litigation leads to limited access to healthcare while 128 (42.67) either agree (118) or strongly agree (10) that litigation leads to limited access to health care. A total number of 211(70.3%) either agree (149) or strongly agree (62) that the cost of healthcare is increased due to effects of litigation. A total of 215 (71.67%) either agree (84) or strongly agree (131) that doctors tend to offer more investigations than needed in order to forestall any possibility of litigation. Finally, 203(67.67%) either agree (94) or strongly agree (109) that doctors tend to offer more treatment than is needed in order to forestall any possibility of litigation.

Discussion; Litigation is referred to as the conduct of lawsuit, a civil action brought to court of law in which a plaintiff demands a legal or equitable remedy⁴. A plaintiff on the other hand, is a party who claims to have incurred loss as a result of a defendant’s action⁵. In this study, a plaintiff could be a patient or a patient’s relation, whereas the defendants refer to the healthcare providers which are mainly nurses and doctors. This discussion will analyze the outcome of our study on the effect of litigation on the health care delivery system of the Enugu state university teaching hospital. Our study shows that a good proportion of respondents (42.67%) either strongly agrees or agrees that litigation leads to limited access to health care. This agrees with the “Sick of lawsuits national survey” conducted by public opinion in 2005 which found that the services provided by doctors are limited by the threat of malpractice suit and that almost 80 percent of Americans are concerned that frivolous lawsuits have made it harder for them and their families to get affordable healthcare. Quality and access to health care is being threatened in many states. The American Medical Association has identified 20 states as presently facing a medical liability crisis⁸ This study also found that 70.3% of respondent agreed and strongly agreed that the cost of healthcare is increased due to effects of litigation. This is in agreement with the “Health Affairs” study

published in the JAMA which found that most doctors in Pennsylvania are practicing “defensive medicine” or ordering more tests and procedures that might not be medically necessary but could shield them from lawsuits⁷ Obviously this would lead to wastage of resources due to increased cost of healthcare. our study also found that a total of 71.67% of respondents either agree or strongly agree that doctors tend to offer more investigations than needed in order to forestall any possibility of litigation. Finally, 67.67% of respondents either agree or strongly agree that doctors tend to offer more treatment than is needed in order to forestall any possibility of litigation. This agree with the study which states that most doctors in Pennsylvania are practicing “defensive medicine” or ordering more tests and procedures that might not be medically necessary but could shield them from lawsuits⁷ It also agrees with the study which found that 10% of every dollar spent on healthcare is attributed to the cost of liability and defensive medicine¹⁰ All these studies are in support of the view that litigation substantially increases the resources spent on health care due to the fact that doctors tend to prescribe more investigations than necessary and more drugs for patients in order to protect themselves from litigation.

Conclusion; Although litigation in medical practice is not pronounced in Nigeria compared to advanced counties, mainly due to illiteracy and ignorance, it is the view of many stakeholders that with globalization and advancements in communication technology especially social media there is the likelihood that this situation may change. There is therefore the need to pay attention to this evolving crucial topic and accord it the priority it requires. In summary a great percentage of our respondents are of the view that litigation leads to (a) an increase in the cost of health care (b) that doctors tend to prescribe more investigations than required for their patients in the bid to avoid litigation (c) that doctors tend to prescribe more drugs than necessary for the patients in order to forestall any possibility of litigation. Overall, these factors lead to wastage of scarce resources for the health institutions and patients. It also puts more unnecessarily workload on the doctors and other health workers.

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