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ORIGINAL ARTICLE

# Potential media influence on the high incidence of medical disputes from the perspective of plastic surgeons



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## KEYWORDS

media influence;  
medical dispute;  
physician–patient  
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plastic surgeon

**Background/Purpose:** The main purpose of this study is to investigate the prevalence of medical disputes among plastic surgeons in Taiwan and to elucidate their perspectives regarding the influence of medical litigation media coverage on the physician–patient relationship.

**Methods:** A self-administered questionnaire was distributed among plastic surgeons attending a series of continuing education training lectures organized by the Taiwan Society of Plastic Surgery in 2015.

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*Results:* Of the 109 respondents, over a third (36.4%) had previously experienced a medical dispute. The vast majority of both physicians who had medical disputes (77.1%) and those who did not (72.1%) felt that the media tends to be supportive of patients in their reporting, and 37.1% of all plastic surgeons felt that the media always portrays the patient as a victim.

Respondents who experienced medical disputes in this study felt that the top five leading causes of the high incidence of medical disputes were patient disappointment with procedure results (81.1%), insufficient patient psychological preparation or emotional instability (61.7%), inadequate risk communication on the part of the physician (64.9%), patient uneasiness with the procedure or perception of carelessness (60.6%), and insufficient physician training or incorrect medical evaluation (57.4%).

*Conclusion:* Over a third of the respondents had previously experienced a medical dispute. This study highlights the perception among plastic surgeons that the media reporting of medical disputes and medical litigation is biased in favor of the patients, with 37.1% of the plastic surgeons surveyed opining that patients are always cast as victims.

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## Introduction

In Taiwan, the number of medical dispute cases has substantially increased between 1987 and 2006,<sup>1</sup> with the highest medical dispute incident rate being observed among surgical specialties. This has affected specialty selection among residents. During the past 10 years, the overall number of physicians has increased by 12%, whereas the number of surgeons has decreased by 11%.<sup>2</sup> At the same time, the ranks of practicing surgeons in Taiwan are increasingly made up of physicians of other specialties that have crossed over into aesthetic and plastic medicine to provide services outside the purview of the National Health Insurance, which began enforcing a government-mandated fee-for-service program some 20 years ago in 1996. This has made for a dangerous combination of high-risk medicine in an increasing litigious society, which is following trends in the United States and United Kingdom.

The emergence of a newly “sue happy” culture and its associated growing pains are saliently visible in the substantial media coverage of medical disputes. While Taiwan’s medical malpractice insurance system remains immature, the central government is developing a medical error law. However, it has proven to be little protection for the physicians who appear in the news and whose medical education did little in the way of preparing them for confronting this changed medical landscape.

Today’s physicians are moreover both reluctant and ill-equipped to even discuss less than ideal medical outcomes.<sup>3</sup> The medical community in Taiwan has not successfully moved away from the deeply entrenched authoritarian hierarchies that have characterized it since its inception. To date, it retains the propensity to use punitive measures to deter physician error, thus curbing physician willingness to discuss medical errors and depriving them of opportunities to practice communicating outcomes to patients during their training and practice.

Despite the massive influence the rise of litigation has had on the medical community and Taiwanese society as a whole, it remains a comparatively recent social phenomenon in Taiwan with little academic research having been

conducted to characterize either its prevalence or its etiology. Our prior work has indicted that surgeons are at the greatest risk for encountering a medical dispute, and other studies have underscored the high risk for malpractice claims to which plastic surgeons are exposed in particular.<sup>4</sup>

Another factor that is revolutionizing both health care and litigation is social media-informed media reporting. While the disclosure of such information during the litigation process may serve as an opportunity to reevaluate physician behavior, and thus work toward successful mediation,<sup>5</sup> if media reporting is unjust, it may exacerbate the underlying dispute. Unfortunately, the latter seems to be the case more often, and most medical litigation regarding plastic surgery is resolved in favor of the plaintiff.<sup>6</sup> While it is known that there is a certain degree of risk for poor cosmetic outcomes, such as disfigurement, scarring, and burns, such outcomes are nearly always ascribed to malpractice, despite less than half being the result of inappropriate procedures or lack of adequate informed consent.<sup>7,8</sup> However, it is unknown whether there is any clear relationship between media reporting and medical litigation adjudication. Therefore, to elucidate the relationship between the media and recent trends in medical litigation, we set out to ascertain how plastic surgeons in Taiwan perceive the influence of media coverage on medical litigation and the physician–patient relationship in light of recent trends in medical disputes.

## Methods

### Study sample and data collection

In this study, we analyzed the results of a self-administered questionnaire distributed among plastic surgeons attending an annual meeting and one of a series of continuing education training lectures organized by the Taiwan Society of Plastic Surgery in 2015. In 2015, there were a total of 623 plastic surgeons registered in Taiwan. However, 25 had only recently passed their licensing exams and held their specialist certifications for < 6 months. We excluded these

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