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Medicine, Media and the Law: the effect on training in Obstetrics and Gynaecology

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Abstract

The inextricable link between medicine and the legal profession has flourished in the 21st century, with countless newspaper articles and social media content on medical cases visible at every juncture. This is particularly true in the speciality of obstetrics and gynaecology, with one of the highest rates of litigation of all medical specialities. We aimed to evaluate the influence of media and the legal environment on the career of trainees in obstetrics and gynaecology.

Under the auspices of the Irish national training body, we distributed a 26-item questionnaire to doctors-in-training (DIT) working in obstetrics and gynaecology in the Republic of Ireland. Descriptive statistics and Chi-squared analyses were performed on the anonymised data.

151 DIT responded to the questionnaire, with a response rate of 86.2% (sample size=175). The majority were female (79.9%, n=121), Irish (85.5%, n=106) and had no children (67.0%, n=83). 86.7% (n=131) felt that the media did not have a positive impact on patients receiving care, and, further, unfairly represented the speciality (94.1%; n=142). Additionally, DIT felt that medico-legal issues had a negative impact on issues such as retention and recruitment. These two areas were implicated in over three quarters of DIT considering leaving the speciality.

This study demonstrates that DIT perceive media scrutiny and litigation to have a negative effect on the speciality of obstetrics and gynaecology. Further support integrated into specialist training, is needed to ensure that trainees are adequately equipped to deal with both mainstream and social media as well as interactions they may have with the legal profession as they progress through their career.

Introduction

Over the past decade, attrition rates among trainees in the speciality of obstetrics and gynaecology have reached up to 30%,[1] with low morale, poor job satisfaction and the perception as a "lifestyle unfriendly" speciality dominating the rationale.[2,3] This pattern is also recognised internationally, yet to a much lesser extent (reported at 4.2% per year in United States residency programmes).[4] While focus has been placed on poor peer-to-peer relations in the form of undermining behaviour and bullying, other themes are starting to emerge and are influencing the training and working lives of the future pipeline of consultants in obstetrics and gynaecology.[5,6]

Medical training is accepted as a long career pathway. In Ireland, a minimum training time of 14 years is required to achieve specialist certification in obstetrics and gynaecology from the start of medical school.[7] This can take even longer for those who undertake intercalated degrees, further postgraduate qualifications and other out-of-training appointments in addition to career breaks or maternity leave. During their specialist training, doctors can be exposed to the scrutiny of media, either through personal involvement or the experiences of colleagues, or through the hospitals in which they work. The media can take the form of broadcast or print journalism and social media.[8] We know that patients are influenced by information from these sources as well as by the internet,[9] television programmes and micro-blogging sites. The clinical practice of healthcare providers is also affected by the media, questioning management and leading to a lack of confidence in their practice.[10] More recently, it has been demonstrated that micro-blogging sites have contributed to the negative discourse in obstetrics and gynaecology in response to obstetric media scandals.[11] Obstetricians are also sensitive to the risk of being exposed by the mass media, with negative newspaper coverage positively influencing the probability of having a caesarean section, likely due to fear of reputational damage.[12]

In addition, the medico-legal challenges that are faced by clinicians in obstetrics and gynaecology outweigh those faced by colleagues in other specialities. Obstetrics and gynaecology has been shown to be the first choice of career in only 5.7% of medical graduates;[13] yet a large proportion of these doctors will experience a medico-legal claim. On average, by the time an obstetrician/gynaecologist is over the age of 55, 76.5% will have had

a medico-legal claim made against them.[14] Studdert et al have demonstrated that obstetrics and gynaecology, along with surgical specialities, have twice the risk level of medico-legal claims compared to other disciplines.[15] Medico-legal claims have increased exponentially over the past number of years, with the cost of settling medical negligence projected to double over a six-year period from 2017 to 2023 in the United Kingdom.[16] This is echoed by a 75% increase in medical negligence awards in Irish courts in 2019.[17]

In their 2017 "Your Training Counts" report, the Irish Medical Council noted that just under one third (30.4%) of respondents were involved in an adverse event in the preceding 12 months, and only 40.5% of those felt supported following this event.[18] The increased exposure of doctors-in-training (DIT) to both adverse events and consequent medico-legal interactions is an increasing concern for training bodies internationally.[19]

These factors, coupled with the increasing patient expectation of a perfect outcome, place increased pressure on care providers to out-perform established norms, in fear of negative mainstream and social media discourse and in addition to medical negligence fears.[20] These topics have not been well explored to date amongst DIT in obstetrics and gynaecology, and thus, we aimed to examine the influences of media and medico-legal concerns on Irish in obstetrics and gynaecology DIT. In this study, we aim to evaluate the impact of both mainstream and social media on recruitment and retention of DIT, and its effect on their careers. We also aim to examine the effect of the medico-legal climate on the speciality of obstetrics and gynaecology in Ireland, as well as explore the DIT recommendations of obstetrics and gynaecology as a career.

Methods

We conducted a descriptive questionnaire-based study of DIT in obstetrics and gynaecology in the Republic of Ireland. This 26-item questionnaire consisted of five sections:

a) Respondent demographics (such as age, gender, nationality and family circumstances)

b) Career history (grade and experience)

c) Opinions/Experiences of media in obstetrics

d) Opinions/Experiences of litigation in obstetrics

e) The future of training in obstetrics

These were closed-answer items in the format of single answer and matrix questions (utilising 5-point Likert scales). At the end of each section, an opportunity was provided for free comments. Following a review of the literature and brainstorming with DIT and newly-appointed consultants, a questionnaire was formulated. This questionnaire was initially piloted amongst four senior DIT, and adjustments were made on the basis of their feedback.

All Higher Specialist Trainees (HSTs) were approached through the Institute of Obstetricians and Gynaecologists (IOG) within Royal College of Physicians of Ireland (RCPI) in person at annual assessments, and Basic Specialist Trainees (BSTs) were invited to complete the questionnaire electronically. In order to capture those in formal non-training posts, the questionnaire was also circulated to members of the Junior Obstetrics and Gynaecology Society in the Republic of Ireland.

Data were collated and analysed using a statistical software package, SPSS statistics. Descriptive statistics were utilised throughout to examine demographics and compute frequencies. Chi-square testing was utilised to explore the strength of statistical correlation between gender, age and other factors.

This work was conducted on the background of a national recommendation of the Specialist Training Committee of the Institute of Obstetricians and Gynaecologists, seeking the views of DIT on issues impacting the working environment. Through the Royal College of Physicians of Ireland (RCPI) and the National Speciality Directors, this research formed the basis of a Quality Improvement Initiative and as the work was implicated in service evaluation and quality as part of the normal remit of the training body, formal ethical approval was not sought.

Results

In total, 175 DIT were invited to complete the survey, with a response rate of 86.2% (n=151), the full survey was completed by 70.8% (n=124) of trainees, with some choosing not to answer the entire questionnaire.

Respondent demographics

The demographic characteristics of the respondents is demonstrated in Table 1. This demonstrated a majority of female trainees (79.9% vs 20.1%), with 85.5% (n=106) describing themselves as Irish. The majority had worked in obstetrics and gynaecology for less than five years (59.6%; n=74) and had no children (67.0%; n=83). Most respondents (87%; n=108) were on an accredited training scheme for obstetrics and gynaecology, with nine (7.7%) on a fellowship programme.

Table 1. Demographic characteristics of DIT

Respondents		**All (n=124)**	**Male (n=24; 20.1%)**	**Female (n=99; 79.9%)**
Age (years)	25 - 34	101 (81.5%)	18 (72%)	83 (83.8%)
	35 - 44	23 (18.5%)	7 (28%)	16 (16.2%)
Nationality	Irish	106 (85.5%)	18 (72%)	88 (88.9%)
	EU	6 (4.8%)	3 (12%)	3 (3%)
	Non - EU	12 (9.7%)	4 (16%)	8 (8.1%)
Years in speciality	0 - 5	74 (59.6%)	12 (48%)	62 (63.3%)
	6 - 10	40 (32.2%)	10 (40%)	30 (30.6%)
	11 - 15	7 (5.6%)	1 (4%)	6 (6.1%)
	16+	2 (1.6%)	2 (8%)	0
Do you have children?	Yes	41 (33.0%)	10 (40%)	31 (31.3%)
	No	83 (67.0%)	15 (60%)	68 (68.7%)

Media and Training

The perception of the media impact on obstetrics and gynaecology is demonstrated in Figure 1. Media was perceived to have a negative impact on those receiving care by 86.7% (n=131). The majority of respondents (94.1%; n=142) felt that the media representation of the

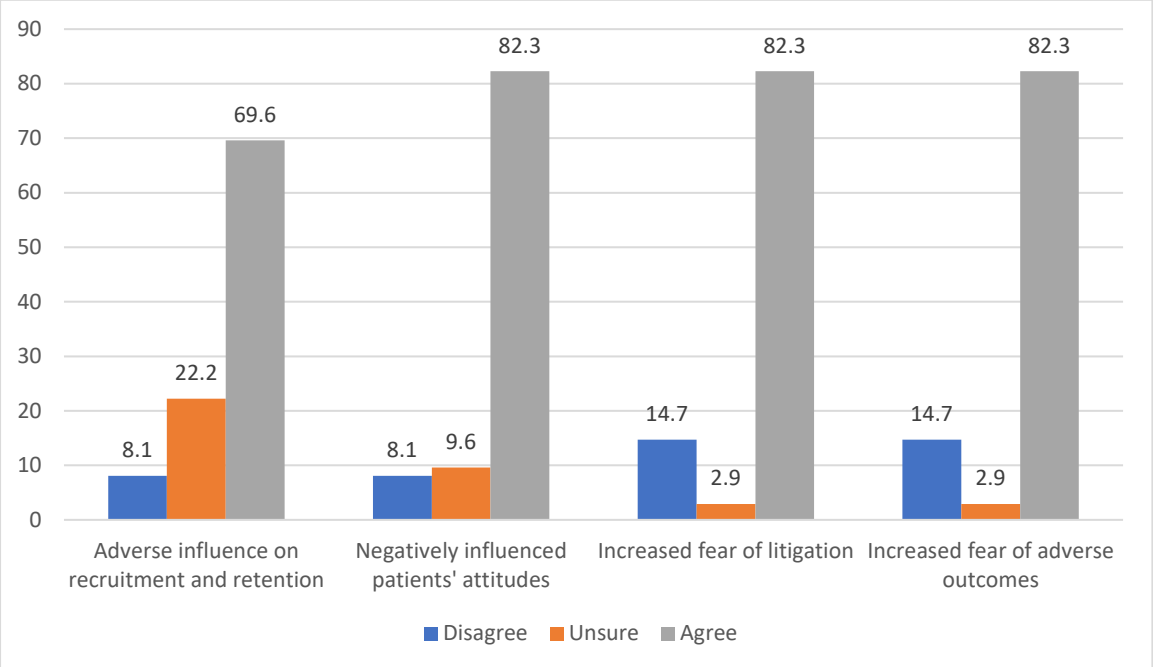
speciality of obstetrics and gynaecology was unfair, with a large number also believing that midwives and nurses (72.6%; n=110) were negatively impacted by media also. Additionally, 70.3% (n=106) of respondents felt that other medical specialities were represented in a more balanced way.

Additionally, a large proportion (69.6% (n=105)) believed that the media unhelpfully influenced factors such as recruitment and retention in the speciality and in addition the media affected patients' attitudes towards doctors (82.3%, n=124). The media was also perceived to have a role in propagating trainees' fears of litigation and adverse outcomes (82.3%, n=124). This sentiment was also reflected in the trainee's answers:

> *"It's very hard working in the speciality as I feel there is a great fear and lack of trust in patients secondary to what they see in the media"* Female BST

> *"Media portrayal of obgyn in Ireland is causing patients to be nervous, cynical and suspicious of services provided to them and doctors. Many patients are surprised when they are treated well and when they find the services good as they are led to believe to expect the opposite"* Male HST

Figure 1. Perception of the media impact on obstetrics and gynaecology (% of respondents)

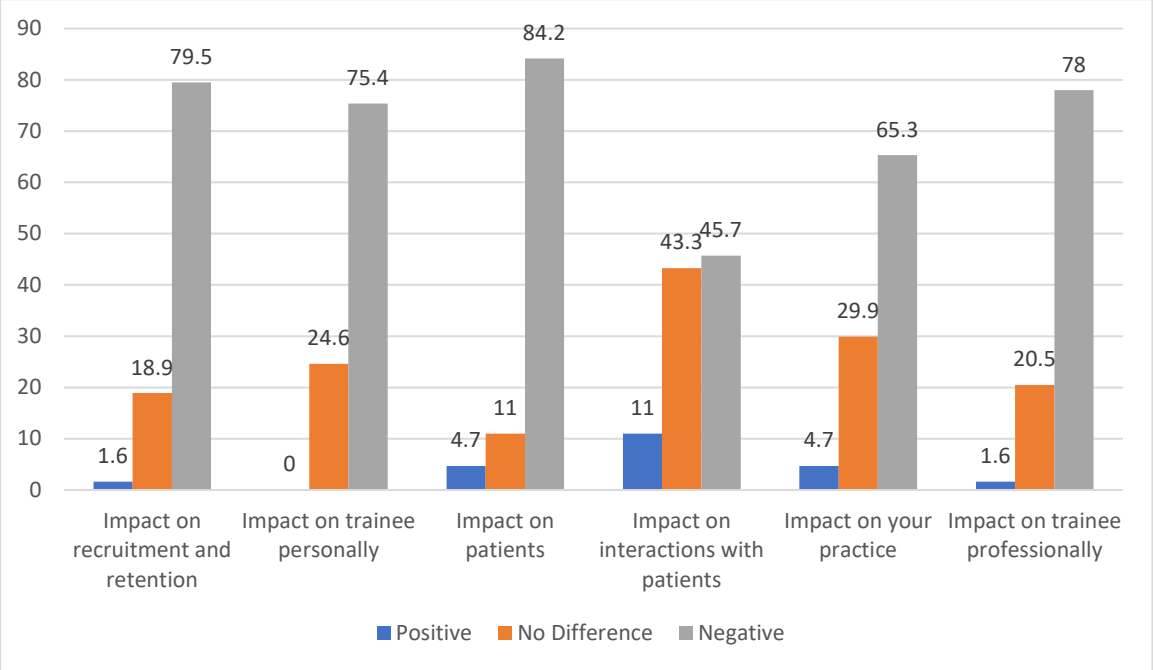


The law and training

Just over one third of trainees (37.1%; n=46) had been involved in a medico-legal case with 54.8% (n=83) being named in a legal complaint; this was equally distributed between male and female respondents.

Overall, it was felt that the medico-legal climate had a negative impact on recruitment, retention, patient interactions and patient perception, as demonstrated in Figure 2.

Figure 2. Perception of the medico-legal impact on obstetrics and gynaecology (% of respondents)



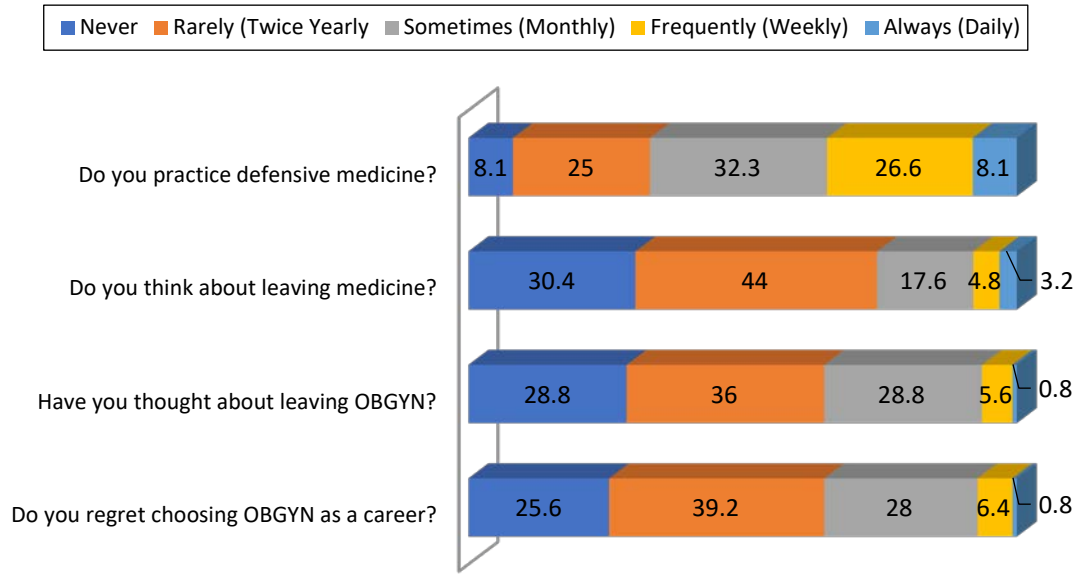
> *"I love medicine and I can't picture myself doing anything else but OBGYN (sic). However, the current litigation heavy, fear inducing, undermining system makes me reconsider my life choice almost every day. Especially since I'm only starting, and I can see that worse is yet to come.* Female BST

The future of trainees

Exploring retention and attrition amongst Irish trainees in obstetrics and gynaecology, 71.5% (n=108) had considered leaving the speciality with this happening more frequently than monthly for over a third of respondents (35.1%; n=53). Nearly three quarters of respondents

regret choosing the speciality to some extent (74.1%; n=112). These results are shown in Figure 3.

Figure 3. Trainees attitudes to their choice of career (% of respondents)



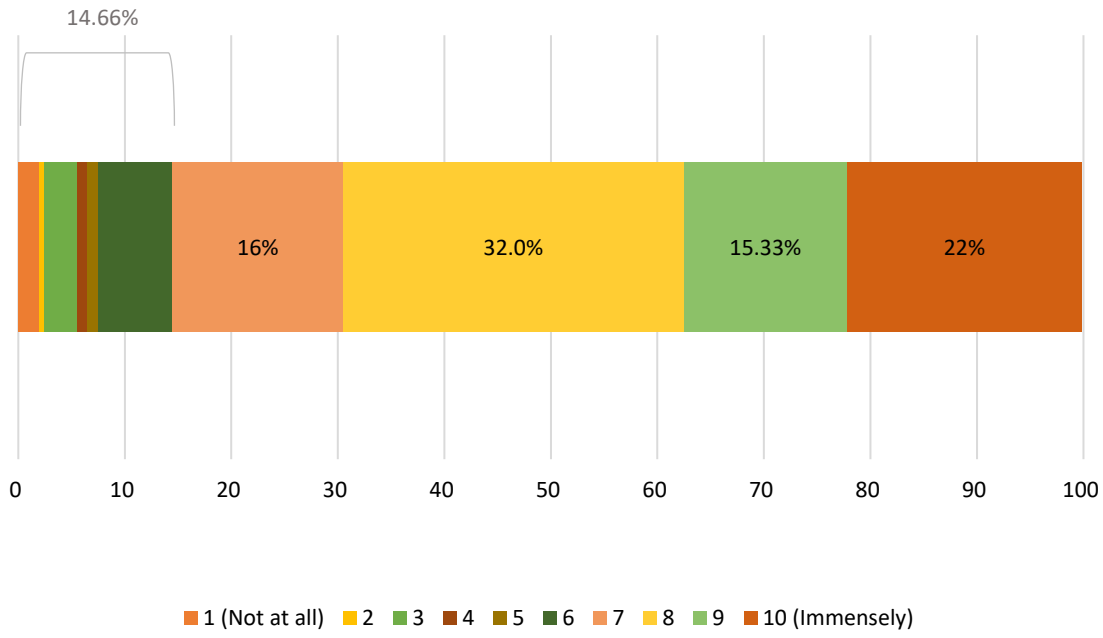
These feelings have been compounded by fears that training may not be complete owing to limitations placed by the European Working Time Directive, with 41.7% (n=63) questioning if they would be adequately trained owing to the time limitations placed on them by limiting their hours to a 48 hour working week.

Despite this, 26.6% (n=40) would recommend a career in obstetrics and gynaecology to a family member or child; yet 45.6% (n=69) would be moderately or strongly against recommending it as a career.

"I love my job but I would not recommend it to anyone else" Female HST

Additionally, as demonstrated in Figure 4, 22% (n=33) report to "immensely" enjoy the speciality with over two thirds (69.3%; n=105) reporting a score of more than 7/10.

Figure 4. Trainees enjoyment of the speciality



Discussion

The findings of this descriptive questionnaire-based study highlight the overarching negative impact that trainees feel both the media and legal professions can have on their careers. They feel it has implications on their personal and professional lives, as well as the care they provide to their patients. The field of obstetrics and gynaecology is felt to be subject to more scrutiny than other specialities, leading trainees to dissuade future potential colleagues from entering the speciality. Overall, trainees believe that the media portrays a negative picture of their speciality. A number of trainees, despite having relatively few years' experience working in obstetrics and gynaecology, have had interactions with the legal profession, or with a formal hospital complaints process in the course of their work. They reported that both of these factors are integral in both the attrition rates from the speciality, as well as propagating a negative training environment on a day to day basis.

Journalism and the media are an essential part of a society,[21] allowing communication between various groups, bodies and the general public.[22] These positive contributions

however need to be balanced with the potential negative influence on society. Some media discourse can lead to the unfair portrayal of healthcare and its standards. Media coverage can negatively influence the doctor-patient relationship, and undermine the trust and confidence that is needed for a successful healthcare experience.[23] Media scrutiny may also affect the future of specialities like Obstetrics and Gynaecology by negatively impacting on recruitment and retention.[24, 25, 26] This is echoed in comments from our respondents. Humphries et al examined insights into health professional emigration from Ireland, and describe a unique "anti-doctor media narrative", where healthcare professionals are seen as convenient targets in the apportioning of blame following a clinical incident.[27] The negative discourse surrounding the medico-legal implications of working in Obstetrics and Gynaecology is clear and affects trainees personally, professionally, and most importantly affects the care patients receive.

This comprehensive survey is the first of its kind from the national training body and encompasses the views of Higher Specialist Trainees, who are the next generation of consultants in Ireland. This is a group of highly invested and motivated individuals, having already spent a large part of their careers training in the speciality. The response from those not on training schemes was more difficult to obtain, and these trainees often have more complicated training pathways and face other challenges to career progression.[28] They also work in smaller units, which may be more vulnerable to adverse media scrutiny, and have difficulties that larger units may not experience. Owing to our choice of methodology, the qualitative component was limited, and future research could aim to conduct focus groups and individual interviews to explore some of the themes in more detail.

Social media can be a positive learning environment,[29] such as with microblogging journal clubs, but may also increasing liability and litigations risks for doctors,[30] as well as an environment for trolling and harassment.[31] This is echoed by study respondents displaying a fear of litigation and fear of experiencing adverse outcomes owing to the media's portrayal of their speciality of practice. While the use of positive media must be encouraged, there may be a necessity to mediate the output of media for the protection of patients and those that work in healthcare.

Internationally there has been an increasing tendency to practice defensive medicine as a safeguard from litigation, which reflects a systemic culture of fear.[32] Defensive medical dynamics have the potential to harm patients, increases healthcare costs and erode the vital doctor-patient relationship. The increasing rate of litigation has increased the numbers of obstetric and gynaecology specialists withdrawing from practice,[33] and has also led to the spiralling cost of legal expenses.[34] Our study compounds this problem by showing that nearly three quarters of trainees consider both leaving the speciality and currently regret their career choice. Figures from the State Claims Agency demonstrate that over 65% of claims in the Irish healthcare sector involve the maternity services,[35] and this is reflected in this study with over one third of DIT having already been involved in a legal case.

While education on medical law is provided in undergraduate medical school syllabuses,[36, 37] and sometimes in the post-graduate curricula,[38] structured ongoing learning is essential for trainees. As we have found, legal proceedings or interaction with a clinical risk department may be infrequent in the day to day lives of trainees; however, the provision of information and support that is readily accessible to trainees could make their interaction with these groups both less complex and less intimidating. In order to mitigate against this risk, and allay the sense of abandonment that medical professionals feel when placed in these situations, it is integral to innovate and provide support to those that are involved with clinical risk and medical negligence cases. Through participation in clinical risk management programmes[39] and the completion of formal postgraduate studies, DIT may have an opportunity to approach difficult scenarios with a background of knowledge and also have access to information on where best to obtain support. This core pillar of clinical governance should be accessible to all healthcare providers. Some healthcare systems provide e-learning platforms which should be adopted as mandatory, akin to other training, such as child protection courses and basic life support courses.[40] Open access to professional legal support from experts in medical negligence (ideally provided by medical indemnity bodies), who are available for education and support, would be a further crucial support. Additionally, clarity on the support medical indemnity bodies can offer medical staff would provide an extra level of security and reassurance.

Additionally, focussed psychological and peer support could be mandated for trainees who have need to engage with medico-legal complaints, as well as formal mentorship programmes to facilitate support and guidance for trainees who are engaging with medico-legal cases. On the other hand, there is no universal facility to discuss media interaction in either undergraduate or postgraduate syllabuses. Given the number of trainees who utilise social media, or engage with mainstream media, increased efforts locally and nationally should focus on support for trainees, and consider the provision of formal media training, particularly for trainees who will soon be representing their speciality as consultants. Further, postgraduate training bodies need to provide collegial institutional support to their members in response to media reports and allegations. This can ensure factual accuracy of reporting but also reinforce to the general public that patient safety is a paramount healthcare standard.

Conclusion

This study discusses the influence of the media and litigation on trainees in obstetrics and gynaecology. It highlights their effect on recruitment to and retention in the speciality, and these two issues are essential in further work to address morale and to ensure a consultant workforce for the future. The provision of proactive collegial support and a protected environment with counselling and mentorship should be a priority. Additionally, the implementation of practical methodologies through formal, professional support is essential to prevent increased attrition rates going forward. The media additionally have a responsibility to doctors and patients when reporting clinical events and need to understand their impact on the negative trajectory of recruitment and retention in specialities such as Obstetrics and Gynaecology in Ireland.

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