

FROM AMENABLE MORTALITY INDEX TO NO BLAME CULTURE: IMPROVE HEALTH CARE IN ITALY.

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ABSTRACT

The main aim of the study is to critically analyze the impact of defensive medicine in the Italian healthcare system, considering the rapid spread of this phenomenon in the last years and its influence in the everyday medical practice. The authors use the Amenable Mortality Index (i.e. the number of premature deaths which could have been avoided in individuals younger than 74 years of age) to rate the performance status of the analyzed healthcare system and to compare different countries and Italian regions. The result of the study is that the Italian health system is valid, despite the economic difficulties of the last years, but much can be done to ameliorate its status. In fact, the authors want to promote a “no-blame culture” as an important factor for the overall improvement of the NHS, focusing only on patients’ health.

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1. Commentary

Every day thousands of doctors in Italy and in the world, are forced to work in conditions of high stress caused by the pressure of medias and journalists and mostly by the increased refund requests and criminal complaints.

Nevertheless, every day, according to science and ethics, doctors themselves try to enhance the condition of their patients, also in agreement with rediscovery of Canguilhem’s definition of health, that’s re-considered as “the individual’s ability to adapt to one’s environment”, depending on available resources and spatial and temporal framework¹.

But who is the victim of this perverse mechanism? Who is guilty? Who is losing out?

The Italian National Agency for Regional Health Services (Age.Na.S) has recently carried out a study in order to understand what doctors think and how they behave in the light of this dangerous trend which blames them.

More than the half of almost 1500 respondents doctors (the 58%), declares to practice the so called “defensive medicine”. An even more alarming data is that the 93% of them assume that this phenomenon is likely to increase.

The main causes of the defensive medicine found by doctors themselves are: a bad legislation (31%); the fear to face a trial (28%), the excessive pressure from patients and their relatives (14%)². This results in an overuse of healthcare services and professional performance, including drugs, instrumental investigations, admissions, medical examinations and laboratory tests with a devastating impact on the economy of the National Health System (NHS) valued 9-10 billion of euro per year³ that is the 0.75% of the Italian Gross Domestic Product (GDP).

Thus, this race to discredit the NHS, created by those who make money digging up dirt on thousands of Italian health workers with a constant praise to physician’s negligence, not always tells the truth, indeed truth is not newsworthy. The truth has been reported by the National Association between insurance companies (ANIA) in 2013 telling that in the last 20 years the complaints against doctors increased by 200%⁴, moreover the 80% of physicians with more than 20 years of experience have received a complaint. The impressing data is that the 90% of these criminal proceedings ended with an acquittal or without an indictment.

Although a case of medical malpractice is newsworthy it must be a duty by the healthcare workers to inform patients in order to bring out the truth which is that the 90% of these trials end up in defeat and not only that. The annual amount of 30000 complaints indirectly determines beside the

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damage of 9-10 billion per year, also the use of the defensive medicine by healthcare workers with an impact on the health of the patient.

Also remember that now in Italy the defensive medicine costs the 10.5% on the total of the health care system and that the dimensions of this phenomenon have been object of scientific studies which revealed that the 77.9% of the respondents doctors used a defensive behaviour in the last working month; the 68.9% of the respondents suggested/ordered the admission of patients which were believed to be manageable in the clinic; the 61.3% of the respondents doctors prescribed an higher number of exams than the necessary⁵.

Most of the respondents doctors have surprisingly imputed this juridical obstinacy not that much to the profit of lawyers, medias and specialized societies, but to a lack of legislation. The Age.Na.S, exploring the international legislative actions, compared Italy with other countries (USA, Great Britain, New Zealand, Ireland and France) which from 2000 to 2003 adopted structural changes about the defensive medicine and it has been reported that in Italy there is a legislative delay of at least 10 years.

Other studies determine that the costs of the defensive medicine on the older population would even reach a percentage of 20% in certain circumstances⁶.

So, as previously said, although a case of medical malpractice is more newsworthy and although may be convenient to hide some data, there luckily are some methods to assess the health status of our NHS. Besides the normal national index of mortality, that should be analysed in detail due to significant differences still present among the different regions⁷, there is an indicator called "Amenable Mortality". It gives the number of premature deaths which could have been avoided and referable to the Healthcare System in individuals with less than 74 years of age. Luckily, the general estimates are decreasing, at least in the Organisation for Economic Co-operation and Development OECD countries⁸, but this new index gives a number related to a standard measure that indicates the deceased people which were not meant to die if helped in the best way possible and with the Gold Standard therapy.

The Amenable Mortality not only offers an estimation of "errors" done by one or a team, but also integrates in its evaluation the deaths avoidable with a correct primary prevention and an active health promotion⁹⁻¹⁰.

Therefore, it is a rate of the performance status of the analyzed healthcare system.

Such parameter is a worthwhile instrument also because it allows to compare the healthcare systems of many countries and follow their trend to evaluate the pursued health policies. Even though it is used throughout the OECD it is not free from errors, but fortunately the small number of cases of medical malpractice is not that big to represent a risk to its estimation.

The report about the Amenable Mortality done by "Osservasalute" in 2016 shows that in the OECD countries there is an index of premature deaths between 60 to 200 individuals on 100000 inhabitants under 74 years of age. These individuals have been grouped regardless of their pathology but subdivided according to the two most lethal pathologies: tumors and cardiovascular diseases.

Analysing the countries it has been noticed that during 2006 and 2007 at the top of the list with a low Amenable Mortality index there were France, Italy and Australia; while those which showed a higher A.M. index were USA and Great Britain.

During the following years, the health systems of many countries adopted policies designed to improve this data and the delta (i.e. the variation percentage among the estimations done during the two periods) was significantly better for USA, Mexico, Chile, Canada, Greece than for Italy. The reason is simple. Italy started from a positive situation so it resulted harder for us to further improve our national health system.

During the period comprised between 2011 and 2012 (last analyzed biennium), Italy had an Amenable Mortality index of 61 for all the pathologies. At the top of the ranking, for meritocracy, there were Spain, Australia and France, while in the last places there were countries such as Germany, Finland, Denmark and Canada.

These data, differently from the opinion of Italian population about our Healthcare System, demonstrate how our country has a situation much higher than the average.

The Amenable Mortality was calculated also on the two most lethal pathologies: tumors and cardiovascular diseases. What was the outcome? For cardiovascular pathologies Italy has an index of 27 and occupies the eight place in the ranking among the OECD countries. Tumors, instead, show an Amenable Mortality index of 23, and also here, Italy occupies a medium-high place in the ranking. Anyway, the previous evidences should be considered also in light of the epidemiological aspects and public health implication of migration¹¹.

Coming back to the differences between the regions, trying to understand which region has a higher mortality, it has been noticed that there is a negative trend of deaths represented by an Amenable Mortality index clearly positive in regions of the North and lower towards the South¹².

During 2010 to 2011 the rates showed that the best regions are Lombardy and Piedmont while the worst are Campania followed by Sicily, Calabria, Molise, Sardinia and Basilicata. A real geographic pattern with a clear correlation.

Unfortunately, there are other geographic trends such as, for example, the hospital care. It is considered as the capability to offer beds per hospitalization rate and it is on average of 3.70 beds per 1000 inhabitants. Examining the data is remarkable that the missing beds are mostly those intended to patients in severe conditions. Unluckily, even in this case, there is a negative trend towards the South.

In conclusion, we can say that not always the perception of a phenomenon corresponds to reality. Data speak for themselves: Italian health system is valid, full of gap for sure, but solid despite the economic difficulties of the last years. With time and many efforts, the Italian health systems must become as sustainable as possible. As was shown by different studies there are important strategies to grantee the sustainability of a healthcare system even in conditions of financial crisis, including above all the identification of more financing channels despite the public funding, the reduction of waste and the growth of the value of the medical care through a strict process of divestiture and reallocation of the resources¹³.

This is the new challenge the NHS must undertake, to become safer and more sustainable with the blessing of those one who cannot understand that a doctor worried of a dispute is not a good doctor at the expense of the citizens themselves.

Improving health safety must now become a public health priority in the developed world and to do so, cooperation to spread a no blame culture is crucial¹⁴, And in this context a key role could be played by specific educational intervention on the health professionals, as already documented in other fields^{15,16}.

It is the only way doctors will be able to work in peace focusing on patient's health and safety and only in this way huge amounts of money previously squandered on defensive medicine can be recovered and invested in our healthcare systems. You must create a virtuous circle with the aim of better care in Italy.

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