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Physicians' Perspectives on the Current Handling of Medical Malpractice in Jordan

Jason Yohan Hwang

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PHYSICIANS' PERSPECTIVES ON THE CURRENT HANDLING OF MEDICAL MALPRACTICE IN JORDAN

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Key Words: Health Care Management, Public Health, Public and Social Welfare, Medicine and Surgery

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Abstract

Research on medical malpractice has increased over the past few decades. However, such studies have primarily focused on malpractice in Western countries like America. In areas like the Middle East, studies on malpractice has been lacking. Thus, this study tries to fill this gap. The purpose of this study is to understand physicians' perspectives on the current handling of medical malpractice in Jordan. To answer this research question, the study uses both surveys and interviews to focus on three main themes: one, physicians' understanding of the term, mal-

practice; two, evaluation of the current malpractice system; and three, attitudes toward a potential draft law on malpractice called the Medical and Health Accountability Law. The surveys were distributed to physicians in Amman and Irbid, while interviews were conducted with physicians in Amman only. Results suggest that physicians and patients alike need more education on the term, malpractice. In addition, results suggest that physicians tend to support the way malpractice is handled at the local, hospital level but not at the broader levels—that is, though the civil courts and the Ministry of Health (MOH). Lastly, results suggest that physicians do not support the Medical and Health Accountability Law, though they do support one particular provision of it.

Key Words: Health Care Management, Public Health, Public and Social Welfare, Medicine and Surgery

Introduction

What is Medical Malpractice?

Medical malpractice is a confusing term and requires clarification. Malpractice is any act by a physician or any other healthcare provider who deviates from accepted norms of practice *and* causes injury to the patient (Bal, 2009). Malpractice is comprised of two elements: an error made by the physician and that error then causing injury to a patient. Both of these elements must be present for there to be malpractice. For instance, consider when a patient suffers complications from a surgery. This, in itself, is not malpractice; it depends on whether the physician

was following correct protocols. If the physician followed all the protocols for the surgery, the physician is not guilty of malpractice, even though the surgery itself may have caused complications to the patient. This is because the element of error or deviation from standards was not present in that situation.

Countries have different systems to address malpractice. For instance, in Greece, Spain, Thailand, and America, malpractice cases are handled through the civil court (Creskoff & Howard, 2007). Other countries like Sweden, New Zealand, and France, however, have a somewhat different malpractice system. In these countries, the civil court does not handle malpractice cases (Creskoff & Howard, 2007). Rather, malpractice cases are sent to a government board who decides if a patient deserves any compensation (Creskoff & Howard, 2007). In these countries, physicians are not as deterred from committing medical errors because accused physicians there do not have to spend as much time and money in court appearances and on fees (Creskoff & Howard, 2007).

There is a need to study malpractice because of its impact on the health sector. For instance, the way a country addresses malpractice can affect health service costs, patient-physician relationships, and quality of health services received. In some countries, especially America, the relatively high frequency with which patients and their lawyers file malpractice cases have led to the practice of defensive medicine (Bal, 2009). Defensive medicine is the “ordering of treatments, tests, and procedures primarily to help protect the physician from liability rather than to substantially further the patient’s diagnosis or treatment” (Hermer & Brody, 2010). Defensive medicine raises healthcare costs for patients because of the extra tests and treatments (Bal, 2009). By researching more on malpractice systems can policy solutions be found that can reduce defensive medicine. This is one reason why it is significant to study malpractice.

Another reason why it is significant to study malpractice is solutions need to be found to better patient-physician relationships. For example, in America, the physician may become distrustful of the patient because of the fear of liability. One physician commented that he sees every patient who comes to his office as a potential plaintiff (Mello, Studdert, DesRoches, Peugh, Zapert, Brennan, & Sage, 2004). This is no surprise when the malpractice system is structured such that lawyers are hired on a contingency-fee basis—they collect money only if their client wins a settlement (Bal, 2009). This has encouraged the number of malpractice lawsuits filed in America and the unscrupulous advocacy for the patient (Bal, 2009). By conducting more research on malpractice systems can there be found effective policy recommendations that can better patient-physician relationships.

Malpractice in Jordan

Jordan's health system is divided into three major sectors: the public, private, and donor sector (Regional Health Systems Observatory, 2006). The public is the largest sector, and its three major programs are the Ministry of Health (MOH), the university hospitals, and the Royal Medical Services (RMS). The MOH is the single major institute that provides and finances health care services across Jordan. However, only around 68% of the population in Jordan is insured (Regional Health Systems Observatory).

The current malpractice system in Jordan allows patients to file malpractice claims against physicians, but the process is cumbersome and discourages patients from filing a lawsuit in the first place. For instance, malpractice claims are subject to a lengthy court procedure; on average, a malpractice case lasts 534 days (Creskoff & Howard, 2007). Also, damage awards for patients are reportedly low (Creskoff & Howard, 2007). Low damage awards and long court

waiting times may explain why there has been less than ten malpractice cases filed every year in Jordan (Creskoff & Howard, 2007).

In addition to civil court, other avenues exist for patients to pursue malpractice complaints against physicians. One option is complaining to the local hospital where the accused physician works at. The hospital may then take disciplinary measures against the accused physician, if found guilty (Creskoff & Howard, 2007). In addition, the patient can log a malpractice complaint to either the Jordanian Medical Association (JMA) or the MOH (Creskoff & Howard, 2007). Both would review the case and also propose disciplinary action, including but not limited, to suspending the physician.

Malpractice is relevant in Jordan for two reasons. First, Jordan's current malpractice system has hindered the growth of medical tourism in Jordan. Second, a draft malpractice law has been rejected in Parliament several times because of opposition from the Jordanian Medical Association (JMA) (Malkawi, 2013). It is no surprise that Jordan is a medical tourist hotspot. Jordan's health system has been one of the most modern and advanced in the Middle East (Regional Health Systems Observatory, 2006). In addition, several public and private hospitals have been accredited by Jordan's Health Care Accreditation Council (HCAC). In other words, these hospitals have been adhering to HCAC strict standards that have improved the quality of healthcare and patient safety in the hospitals. For these reasons, many tourists have come to Jordan to seek treatment.

However, Jordan's government has not been able to capitalize on the medical tourism industry because of its current malpractice system. Jordan does not have an efficient malpractice system in place where patients can receive adequate monetary compensation in due time, if malpractice does occur to a patient. Thus, many patients worried about being a victim to malpractice

have not come to Jordan but to other countries with stronger malpractice systems to receive treatment (Creskoff & Howard, 2007). One reason why malpractice is relevant in Jordan is because Jordan's malpractice system has hindered the medical tourism industry from growing to its potential.

Another reason for why malpractice is relevant in Jordan is because there is movement to change the current malpractice system. A new malpractice law was rejected in Parliament several times because of JMA opposition (Malkawi, 2013). This new, potential law would try to standardize medical protocols throughout all hospitals, establish a physician malpractice insurance fund, and make it easier for patients to file malpractice claims. There seems to be conflict between lawmakers and the JMA members. It would be interesting to understand physicians' perspectives on the current handling of malpractice so as to better able to design a compromise on the legislation so that both sides may agree to it.

The researcher set out to answer the question: what are physicians' perspectives on the current handling of malpractice? Because this topic deals with health policy and with physicians, this topic is relevant to Jordan: Health and Community Development. Interest in this research topic arose from a seminar that the Jordan: Health and Community Development program attended at the HCAC center. Ms. Jaouni, the CEO, discussed how medical tourism has increased due to hospitals acquiring HCAC accreditation (Ms. Salma Jaouni, personal communication, Fall, 2014).

However, she mentioned that medical tourism has not reached its full potential in Jordan because some patients have been deterred in seeking treatment in Jordan. This was because of the lack of a strong malpractice law (Ms. Salma Jaouni, personal communication, Fall, 2014). The researcher wanted to find out why physicians have not supported a strong malpractice law,

given that such a law would increase medical tourism. Thus, the researcher set out to study physicians' attitudes toward the current handling of malpractice.

Research Study

The purpose of this study is to understand physicians' perspectives on the current handling of malpractice in Jordan. To answer this question, the researcher conducted interviews and distributed surveys. The target population was physicians, including physicians of all specialties, physicians with administrative positions, and non-practicing physicians. The researcher wished to interview and survey physicians all across Jordan in order to obtain a representative sample; however, due to the three week time constraint for this project, the researcher interviewed and surveyed only physicians in Amman and Irbid.

The study is relevant in Jordan.; by understanding physicians' perspectives on malpractice, there can hopefully be a compromise made on a national malpractice law. This would, in turn, affect the medical tourism industry in Jordan. Not only is this study relevant but this study is also needed in the context of academia. There is little literature on physicians' perspectives on malpractice in Jordan and in the Middle East. This study will contribute to this literature.

Literature Review

According to the researcher's knowledge, only one research paper exists that studied physicians' attitudes on malpractice in Jordan (Mohammad-Noor Said Deeb, Melhem, Mustafa, Christiane, & Feng, 2014). Findings found in this paper may guide the researcher's study. One finding by Mohammad-Noor Said Deeb et. al was that 92% of surveyed Jordanian physicians

agreed that malpractice accusations against physicians have a major influence on the quality of health care then provided to patients. Another finding was that Jordanian physicians have inadequate education on malpractice.

Though the findings from this paper may be useful for the researcher's own study, ~~the~~ they had limitations. The questionnaires from the study contained major grammatical errors that cannot be ignored. For instance, some questions asked in the distributed survey were incomprehensible. They included, "your malpractice is effect on health care quality in your job" and "your mental greatly effect on your work, especially on your malpractice that can be occur" (Mohammad-Noor Said Deeb et. al, 2014, 64-65). The ambiguity of the survey questions has weakened the strength of this study's findings; physicians might not have fully understood what the questions asked for and thus not accurately answered the questions. The results may not have exactly reflected what the physicians thought of malpractice.

Fortunately, solid, international studies exist that gauge physicians' attitudes toward malpractice. In 2002, for instance, the Harris Poll conducted a representative, nationwide survey on physicians in America on their opinions of malpractice. 79% of the physicians, for instance, reported that the fear of malpractice liability caused them to order unnecessary tests (Harris Poll, 2002). In addition, 76% of physicians reported that their concern about malpractice litigation hurt their ability to provide quality patient care—a finding similar to what Mohammad-Noor Said Deeb et. al found, in fact, with Jordanian physicians (Harris Poll, 2002).

The findings by Harris Poll cannot be applied to Jordanian physicians, unfortunately. American and Jordanian physicians have different malpractice systems in place that affect their perspectives on malpractice. For instance, American physicians experience much more malpractice litigation than do Jordanian physicians (Creskoff & Howard, 2007). In addition, American

physicians have to pay high premiums for malpractice insurance, but Jordanian physicians do not have malpractice insurance (Office of the Assistant Secretary for Planning and Evaluation, 2003). For these differences, it cannot be assumed that Jordanian physicians' attitudes toward malpractice are similar to those of American physicians.

This being said, understanding the current malpractice crisis in America is important for this study because literature on malpractice in other countries may affect Jordanian physicians' perspectives on malpractice. For instance, perhaps Jordanian physicians may not want a national malpractice law, lest Jordan's malpractice system becomes akin to the currently expensive malpractice system in America. One study by the US Office of the Assistant Secretary for Planning and Evaluation (2003), for example, found that prices for malpractice insurance in America has skyrocketed such that some physicians are relocating or quitting their practices altogether.

The study included figures on American malpractice insurance premiums—figures which could affect Jordanian physicians' perceptions on the idea of a national malpractice law that establishes malpractice insurance. For instance, the study cited a physician who had to retire early because his insurance premium for malpractice rose from \$7,500 a year to \$37,000 a year (US Office of the Assistant Secretary for Planning and Evaluation, 2003). In addition, this study also mentioned a surgeon who quit his practice at the University of Nevada Medical Center because his premium rose from \$40,000 per year to \$200,000 per year (US Office of the Assistant Secretary for Planning and Evaluation, 2003, 4). Perhaps from this study, it can be inferred that Jordanian physicians might not support a new law that establishes malpractice insurance; they may cite that this could escalate into the financial problem seen with America's malpractice system today.

Another issue in the American malpractice system is the rise of defensive medicine—a reason Jordanian physicians may cite as to why they may not support a national malpractice law. A study by Bal (2009) noted that the high number of malpractice litigation in America has led to more physicians ordering unnecessary diagnostic tests to avoid claims. This has therefore increased medical expenditure (Bal, 2009). This finding may be a potential reason for why Jordanian physicians may not support a national malpractice law, lest more patients file claims and physicians practice defensive medicine in response. In addition, this finding may also be a potential reason for why Jordanian physicians may support the current malpractice system in Jordan; under its current system, there is not as huge a problem with defensive medicine in Jordan than in America.

Although Bal (2009) argues that there has been a high number of malpractice cases in America, another study by Localio, Brennan, Laird, Hebert, Peterson, Newhouse, Weiler, & Hiatt (1991) disagrees. Localio et. al (1991) found that actual victims of malpractice do not file malpractice suits as originally thought. In fact, of those who sustained injury from medical negligence, less than 2% of them filed a malpractice claim (Localio, 1991). However, one limitation of the Localio et. al study (1991) was that it was only conducted in the state of New York. Thus, findings apply only to New York physicians and cannot apply to all of America.

A topic related to malpractice is hospital protocols and standards. There has been much research done that has related the use of hospital protocols to the frequency in malpractice cases. One Netherlands study, for instance, concluded that if a particular surgical protocol had been followed across the country, then one-third of all surgical malpractice cases would have been avoided (Vries et al., 2011). The topic of hospital protocols and standards is relevant to physicians' perspectives on malpractice in Jordan. For instance, because of the way Jordanian hospi-

tals may manage protocol procedures, physicians may not support the current malpractice system; they may argue, instead, for a better system of hospital protocols so that the number of malpractice cases can be potentially reduced.

A study in Turkey also recommended the implementation of clinical guidelines in all hospitals because the lack of protocols made it difficult to resolve malpractice cases (Gundogmus, Erdogan, Sehiralti, & Kurtas, 2005). For instance, the study mentioned that guidelines in Turkey could help the court distinguish between incidences of natural complications and of medical error. This finding is relevant to Jordanian physicians' perspectives on malpractice. For instance, the finding suggests that Jordanian physicians who work at hospitals without a set of strong protocols may not support the current malpractice system. In addition, the finding suggests that Jordanian physicians perhaps may support a new, potential malpractice law because this law would call for the standardization of medical protocols all across Jordan.

Two studies have found that physicians support the standardization of hospital protocols, but one study found a somewhat different finding. Damen, Diejen, Bakker, & Van Zanten (2003) found that German physicians tended to not support including hospital guidelines into law because they would then become mandatory and not allow the individual treatment of a patient (Damen et. al). As seen, mixed opinions exist on whether hospital protocols should be put into law to reduce instances of malpractice. It will be interesting to see Jordanian physicians' attitudes toward the current malpractice system and the system of hospital protocols currently in place.

Much literature on malpractice exists. Some have evaluated a country's malpractice system while others measured physicians' attitudes toward malpractice in their respective countries. However, there is little literature on physicians' attitudes toward malpractice in the Middle East.

The researcher hopes to add to this emerging literature by understanding Jordanian physicians' perspectives on malpractice. The researcher will conduct both interviews and surveys to measure this, as will be explained in further detail in the next section.

Methodology

Design

The purpose of this study is to determine physicians' perspectives on the current handling of medical malpractice in Jordan. To accomplish this task, the researcher conducted a mixed methods study; both qualitative (interviews) and quantitative (surveys) data were collected. The researcher decided to use interviews because this allowed him to clarify questions and to receive rich answers in a way not possible from a fixed survey. However, since arranging interviews for all participants would prove difficult and time-consuming, surveys were also handed out. Surveys would allow the researcher to more easily reach out to and collect quantitative data from a larger number of participants.

The survey and interview consisted of fourteen and eleven questions, respectively. These questions were meant to provide insight into physicians' perspectives on the current handling of malpractice. The survey consisted of yes/no questions; strongly agree-strongly disagree questions; and, scaled questions from 1 to 5 (see Appendices). Survey questions asked for physicians' opinions on some of the provisions of a potential, new malpractice law; asked for physicians' opinions on how the hospital, the civil court, and the MOH has handled malpractice complaints; and, asked for physicians' opinions on hospital protocols and standards. Also, there was

one free-response question that asked physicians how they would improve—if there was such a need—the current way malpractice is addressed.

The interview consisted of questions that not only provided insight into physicians' perspectives on malpractice but also tried to determine *why* physicians had such particular opinions on malpractice. For instance, not only did interview questions try to determine how knowledgeable physicians were with the concept of malpractice but they also tried to determine *why* physicians have either supported or rejected draft malpractice laws (see Appendices). In addition, interview questions have tried to determine *why* physicians believe that the current malpractice system is effective or ineffective. The combination of interview and survey allowed the researcher to gain access to rich data that would help answer his research question.

The population of interest in this study was all physicians in Jordan—including administrative physicians and those currently not practicing. The researcher wanted to include in his population of interest both administrative physicians and physicians not currently practicing because he wanted to get as diverse perspectives on malpractice as possible. To conduct the study, the researcher took a convenience sample from the population of interest. More specifically, the researcher interviewed and surveyed only those physicians whom the researcher knew either through his advisors, friends, or other physicians.

In all, the convenience sample included five physicians who gave interviews and forty physicians who participated in the surveys. Of the five physicians interviewed, two were practicing surgeons, one was a hospital director, and two were policymakers who stopped practicing. Of the forty physicians who participated in surveys, twelve were general surgeons, seven were orthopedists, six were cardiologists, three were gynecologists, three were urologists, and the rest were of other various specialties including family medicine. Most of the interviews and surveys

were conducted in Amman, although nine surveys were conducted in a city in northern Jordan at a family clinic and a hospital.

There were many ethical considerations the researcher had to take into account during the research period. For instance, the researcher has had to maintain confidentiality and insure that each participant provided informed consent. For the interviewees, four of the five signed an informed consent form, while the fifth provided verbal consent. Asked if the fifth interviewee would like to withdraw from the interview, the physician cited that he just did not like to put his signature on documents but verbally consented to participate in the interview.

In addition, the researcher made sure to tell each survey participant that the surveys were anonymous and that they were free to withdraw at any time. Also, the researcher made sure to begin conducting research only after receiving approval from the Local Review Board (LRB) of the School for International Training. Shortly after finishing this project, the researcher will delete all interview notes. Because the interviews and surveys were all conducted in English and not in Arabic, the researcher was able to reduce any potential major misunderstandings or misinterpretation of the data.

Data Collection

1. With the help of advisors, the researcher was able to make appointments with five physicians to interview. Two additional physicians who were contacted refused to commit to a time and thus were unable to be interviewed.

2. After the interviews, notes taken were analyzed and condensed into key points that correctly and concisely reflected their attitudes toward the current state of malpractice in Jordan.

Unfortunately, interviewed physicians refused to be recorded, so the researcher was not able to transcribe and had to rely only on notes taken during the interview.

3. The key points generated for each interview were compared and contrasted to determine physicians' perspectives on the current handling of malpractice in Jordan.

4. Over the course of four days, the researcher traveled with a colleague to two public hospitals, one clinic, two university hospitals, and one private hospital to distribute forty surveys. To be able to distribute surveys to willing physicians was only possible because the researcher and colleague knew a contact from each hospital; each contact was able to grant us access to physician lounges where we were able to ask any willing physicians.

5. The surveys were collected and inputted into an excel sheet. Descriptive statistics was then done and interpreted.

Obstacles

Three main obstacles and problems arose during the course of the research. One was interruptions and surprises during the interviews. Another was the occasional false promise. The last problem was the short timeframe to conduct this research. With regards to the first obstacle, the researcher expected that the interviews would be quality one-on-one time with the interviewee. However, this proved difficult. More than on one occasion, people interrupted the interview. This proved troublesome as sometimes the interviewee would lose his train of thought or sometimes even cut the interview short. Valuable feedback or comments could have been omitted because of the interruptions.

Also, there were surprises during the interview that may have tainted the data collected. For instance, due to time constraints, two busy physicians wanted to do a joint interview together

with the researcher rather than each one doing one individually. Not in the position to say no, the researcher conducted a joint interview. However, this may have biased the interview session, as the presence of one physician may have affected the other's answers when asked questions of medical malpractice. Furthermore, all of the physicians refused to be recorded during the interview. This proved somewhat troublesome, as the researcher had to rely solely on his interview notes when analyzing the qualitative data. The researcher may have omitted a comment or though an interviewee may have said, and this could have affected the quality of data gathered.

Another obstacle was the occasional problem of false promises. For instance, one interviewed physician agreed to contact two or three other physicians on behalf of the researcher to conduct interviews. More physician interviews could have helped the researcher obtain a fuller, richer picture on physicians' perspectives on malpractice. However, the researcher had to give up his goal of having at least seven interviews, as the physician who agreed to help the researcher ceased to stay in communication, probably due to being busy. It was understandable that the physician ceased to help the researcher. However, this obstacle may have reduced the depth of qualitative data collected because there would be less physicians to interview and collect qualitative data.

One last obstacle was the short three week time period to conduct this research. The researcher initially intended to survey physicians from ten randomly selected hospitals in Amman. However, because setting up contacts from each of those selected hospitals would take longer than the time frame allotted, the researcher had to abandon his plan. The researcher collected instead a convenience sample, which affected the generalizability of the findings. Furthermore, the short time frame limited the number of interviews and surveys that could be conducted. This limited the sample size collected and thus weaken the generalizability of findings as well.

Overall, researching physicians' perceptions on the current handling of malpractice proved difficult, demanded initiative, and encouraged open-mindedness. Trying to establish contacts, setting up appointments, and meeting with physicians from Jordan required much energy. There was a cultural barrier the researcher had to overcome to seek survey and interview participants. In addition, in order to collect more surveys and interviews from physicians, there was a need for initiative. It was crucial for the researcher to continually communicate and ask contacts if they knew any other physicians that may be interested in being interviewed or filling out a survey. Without this initiative, the researcher would not have gotten as large a convenience sample as he did.

Obstacles and problems were frequent during the data collection process, and this encouraged open-mindedness. No matter how prepared the researcher was in planning data collection, humps along the way encouraged the researcher to remain open-minded. For instance, although the researcher wished to conduct a simple random sample, he had to change plans and conduct a convenience sample due to the time constraint. Regardless, this project still demanded adherence to the research process. During the data collection period, the researcher found many interesting findings that gave valuable insight into physicians' perspectives on malpractice in Jordan.

Findings

Interviews

The interviews gauged physicians' perspectives on medical malpractice. The questions asked during the interviews revolved around three themes: one, understanding of the term, mal-

practice; two, evaluation of the current malpractice system; and three, attitudes toward a potential draft law on malpractice called the Medical and Health Accountability Law. While all of the physicians had a solid understanding of the term, malpractice, there was a wide spectrum of opinions amongst interviewed doctors on the current malpractice system and on the idea of a new law addressing malpractice.

How physicians understand the term, malpractice, is important because any deviations from the actual definition can affect their perspectives on this issue. The responses from the interviews suggest that physicians have a text-book understanding of the term, malpractice, while patients might have a misunderstanding of this term. All physicians mentioned that malpractice occurs when a doctor does his job below standards *and* when during this time, he causes harm to his patients. These responses from the physicians included the two important factors that define medical malpractice: negligence and that negligence then causing injury. Because the physicians seemed to understand these two important factors, the researcher concluded that the physicians had a solid understanding of the term, malpractice.

However, three physicians continued to elaborate on the understanding of malpractice: patients, they mentioned, have confusion on what malpractice means. For instance, one of the three doctors mentioned that patients have trouble distinguishing what is medical complication and what is medical negligence. Another doctor elaborated. He said that leaving gauge in a patient after surgery involves negligence and malpractice. However, if a surgeon follows all the protocols for an operation and the patient, nevertheless, suffers a complication, the physician is not guilty of malpractice. The third physician mentioned how patients tend to misinterpret patient complications as instances of malpractice. He added that physicians are constant learners and cannot always foresee complications that may arise during an operation or treatment.

The second theme discussed in the interviews was evaluation of the current malpractice system. Discussion of this theme offered insight into physicians' perspectives on medical malpractice. For instance, the researcher found that their perspectives were not all one-sided but varied; some physicians supported the current malpractice system and others denounced it. One physician supported the system, citing that his hospital has done a fantastic job in addressing malpractice complaints. The physician said that, at the most basic level, patients can submit malpractice complaints in boxes along the hospital corridors. The patient liaison officer then logs each complaint every night, and the next morning, the head physician reviews all the cases.

On the next level, the head physician—if he suspects that malpractice indeed occurred to the patient—will convene a committee of two or three physicians to review the complaint. From the advice of the committee, the head physician may discipline the accused physician and subsequently report the incident to the MOH. In addition, the physician continued in his interview that patients who have been found to be victims of malpractice can receive free treatment for any injury the accused physician caused. On a different, more direct level, the physician added on that his hospital director's door is always left open so that any patient can set up an appointment to directly talk to the director about a malpractice complaint.

While the interviewed physician believed his hospital did a great job in addressing malpractice complaints, other physicians criticized how the civil court has handled malpractice complaints. One physician said that patients are discouraged to bring malpractice cases to civil court because such cases can last for a year or more. Another physician said that the current malpractice system is too fragmented. For instance, he noted that patients with malpractice complaints can bring their grievances to various organizations, including the civil court, the Jordanian Medical Association (JMA), and the MOH. He continued that it is unfair that the patient may be un-

aware that if they bring their malpractice case to the JMA, then physicians may not be punished as much there due to a conflict of interest than if the patient sent the case through the MOH.

The lack of an institutionalized set of hospital protocols across all hospitals was another main critique against the current malpractice system. One physician noted that without clear, national guidelines on specific procedures, it has been difficult for judges to determine if a case was guilty of malpractice. He continued that although some hospitals may have their protocols, these may differ from other hospitals' systems of protocols. Because of the different standards across various hospitals, judges have not had a reliable foundation to judge if a physician has indeed performed below accepted standards. The physician cited that this was one reason why malpractice cases took a long time of a year or more.

Another physician criticized the lack of standards and protocols in his own hospital, which has contributed to the current malpractice system. For instance, he mentioned that there has been no basic set of protocols he has had to follow when a patient comes in for surgery. This has been difficult, as he has had to choose his own steps that he thought best for the patient during pre-surgery, surgery, and post-surgery. He continued that if they were to follow an institutionalized set of protocols at their hospital, there would be no need to fumble on what was the best standard to provide for the patient. Subsequently, he said this would reduce the number of malpractice cases against physicians at that hospital. According to the physician, standardization of hospital protocols would, in short, improve the current malpractice system.

In addition, two physicians criticized the current malpractice system for the lack of standards regarding the number of patients a physician can see in a day. He said that he and his colleagues have been overworked; they see too many patients during their work-day. One physician said that sometimes he has to take care of 120 patients in a day. The other physician said that he

needs more time with patients to consider which diagnostic tests would be best and in coming up with the best treatment plan for them. The physicians agreed that providing quality time for each patient is difficult and has therefore increased the chances for physicians like themselves to commit mistakes against patients. They criticized the lack of standards on patient-physician interaction time as contributing to the some of malpractice cases that have arisen under the current malpractice system.

The third theme discussed in the interviews was attitudes toward a potential, new law on malpractice called the Medical and Health Accountability Law. This law, already rejected before by the JMA, would establish a uniform set of protocols for all hospitals to follow. This would make it easier for a judge to determine if a physician was practicing below accepted standards. In addition, this law would allow more patients to directly bring malpractice cases to court by expediting the court hearing process and streamlining the procedure to file a malpractice case. Also, this law would establish a malpractice insurance system for physicians, so that if a court mandates that a physician pay a patient for malpractice, the insurance fund would cover this fine. In essence, the Medical and Health Accountability Law would allow more patients to file malpractice cases against physicians.

Discussion of this theme offered insight into physicians' perspectives on medical malpractice. For instance, it was found that more physicians opposed the Medical and Health Accountability Law than supported it. One physician said that the Medical and Health Accountability Law was dangerous because it would make it difficult for patients to receive quality health care. The physician elaborated. He said that around thirty percent of Jordanian citizens are uninsured and that these people must pay out of their own pocket. The physician argued that this

law, if implemented, would make it even harder for these uninsured citizens to receive health services because of the expected increase in prices for health services.

The physician clarified that hospitals and physicians would have to charge higher prices for their services because the Medical and Health Accountability Law, if implemented, would make it mandatory for physicians to pay insurance premiums and encouraged practices of costly defensive medicine. Because physicians would have to pay an insurance premium to contribute to the physician malpractice fund as stated by the new, draft law, the interviewed physician said that physicians would most likely increase their costs of health services. This would then make it more difficult for uninsured patients to seek affordable services. This was one reason why several physicians opposed the potential Medical and Health Accountability Law.

Some physicians cite the practice of costly defensive medicine as another reason for why they opposed the Medical and Health Accountability Law. One physician mentioned that this law would make it easier for patients to file malpractice complaints in court against physicians. The physician continued to say that this would then lead to practices of defensive medicine. In other words, physicians, in fear of receiving a potential lawsuit from a patient, would order many diagnostic tests as possible to avoid any misdiagnosis on a patient. However, this would lead to higher costs in health service due to extra medical tests, and thus, make it difficult for uninsured patients to afford health care.

Some physicians also acknowledged their fear that the Medical and Health Accountability Law would eventually lead to a malpractice crisis like that seen in America. One physician, for instance, said that the Medical and Health Accountability Law could lead to lawyers specializing in medical malpractice. Eventually, this would, the physician continued, lead to a situation where lawyers would encourage patients to file as many malpractice complaints so that they

could win settlement money. Another physician expressed the fear that this law, if implemented, would eventually lead to having as high a number of malpractice cases in Jordanian court as is seen today in American court. The physician lamented that this could then erode patient-physician trust and relationship because the physician may see each patient as a potential lawsuit.

Although many physicians opposed the Medical and Health Accountability Law, a minority of physicians supported it. Though a physician acknowledged the probable increase in health costs due to the implementation of this law, he stated that the pros of this law would outweigh the cons. For instance, a minority of physicians cited that this law, if passed, would increase patient rights, improve the quality of health services provided, and boost the medical tourism industry. For instance, a physician said that patients currently are discouraged to file malpractice complaints because the court procedure is complicated and lengthy. The physician continued that, as such, their rights to seek redress against malpractice are little. With the Medical and Health Accountability Law, however, a patient who has a legitimate malpractice case would be able to receive possible compensation and a more efficient trial.

In addition, the Medical and Health Accountability Law would improve the quality of services physicians provide. One physician acknowledged that some physicians do not have the strength of the law that pressures them to take the extra step or effort in their practice. If this law were implemented, however, physicians would then be constantly afraid of liability because of the threat of being sued. Thus, the physician said that this law would spur physicians to equip themselves with training courses and help provide more quality services to patients.

Another reason why a minority of physicians supported the potential Medical and Health Accountability Law is it would improve the medical tourism industry. One physician said that Jordanian physicians are one of the best providers of health in the Middle East, but some patients

do not come to Jordan to seek treatment. This was due to the sole fact that there has not been a strong liability system—when compared to their own country’s liability system— to address malpractice in Jordan. The physician mentioned that this law would encourage such patients to seek treatment in Jordan because the law would allow foreign patients to better address malpractice. With more foreign patients seeking treatment in Jordan because of this law, the economy and medical tourism in Jordan would improve, another reason why a minority of physicians supported the new malpractice law.

The interviews touched on three themes. One was the understanding of the term, malpractice. Two was the evaluation of the current malpractice system, and three was the attitude toward a new, potential malpractice law. While the physicians interviewed all had a solid understanding of what malpractice meant, many of them had different opinions on the current state of malpractice and on the new, potential malpractice law. Some denounced the current malpractice system, while others supported it. Similar to how there were mixed opinions on the current state of malpractice, there were varied responses on the idea of a new, potential malpractice law. More physicians, however, opposed the new malpractice law than supported it. In all, the input received from the interviews provided insight on physicians’ perspectives on medical malpractice in Jordan: their perspectives on this issue are not one-sided but are varied and complex.

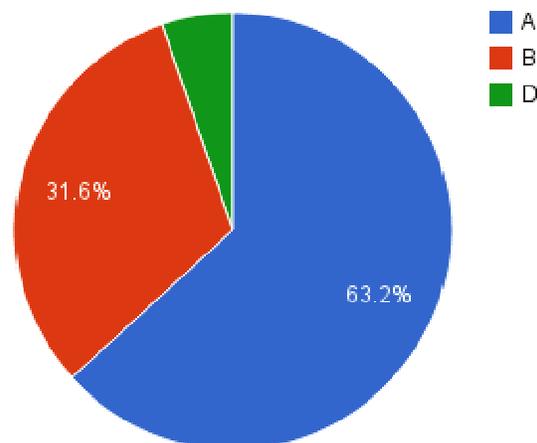
Surveys

Like the interviews, the surveys gauged physicians’ perspectives on medical malpractice. The surveys revolved around the same three themes as the interviews: one, understanding of the term, malpractice; two, evaluation of the current malpractice system; and three, attitudes toward a potential draft law on malpractice called the Medical and Health Accountability Law. The re-

sults from the surveys suggest that physicians, as well as patients, would benefit from education on malpractice. Another finding was that most physicians seemed to be content with the current malpractice system at the local, hospital level but not at the court or national level. The last finding was though most physicians did not support the Medical and Health Accountability Law, though they did strongly support one provision.

The responses from the surveys suggest the need for more education for both patients and physicians alike on the topic of malpractice. For instance, one question in the survey asked physicians to pick out the best definition of malpractice. As can be seen in Figure 1 below, only 63% of physicians selected “A”—the correct answer. “A” is correct because it mentioned both physician negligence and that negligence then causing injury—the two important components that define malpractice (See Appendices). For those physicians who did not choose “A”, many of them (86%) rather chose “B”. Though this choice did mention physician negligence, it failed to include the other important component of malpractice: that physician negligence then causing injury to a patient.

Figure 1: What's The Best Definition of Medical Malpractice?



Because only 63% of physicians were able to correctly define malpractice, education of physicians on malpractice is recommended. Indeed, several physicians have supported for more education on malpractice. For instance, asked how physicians could improve the current way in how malpractice is addressed, several physicians commented on the education system. More specifically, some physicians desired medical schools to change their curriculum to include classes and lectures on medical malpractice. Other physicians suggested periodic assessments for physicians so that their understanding of pertinent topics, such as malpractice, would not be forgotten. Although the interviews suggested that physicians have a solid understanding of the term, malpractice, this was not the case from the survey results.

However, both interview and survey results suggest that patients need more understanding of the term, malpractice. More specifically, physicians believe that patients need to be better at distinguishing what is patient complication and what is physician negligence: the former could happen without there being malpractice, but the latter always involves malpractice. For instance, out of a scale from 1 to 5, one survey question asked if patients needed more education on distinguishing between patient complication and physician negligence. The lower the number, the more the physician believed that such education was necessary. The average was 2.7. Since this was less than 3, the results suggested that more physicians tended to support the need for patient education in distinguishing complication from negligence.

Several questions from the surveys provided insight into the first theme: the understanding of the term, malpractice. The results suggest that physicians and patients alike need more education on malpractice. In particular, patients—according to the physicians—can benefit from learning the difference between what is patient complication and physician negligence. Physicians can also benefit by understanding the two main components of malpractice: negligence and

that negligence then causing harm to the patient. Ways to teach physicians about malpractice are incorporating this topic into the medical school curriculum and providing periodic assessments for physicians.

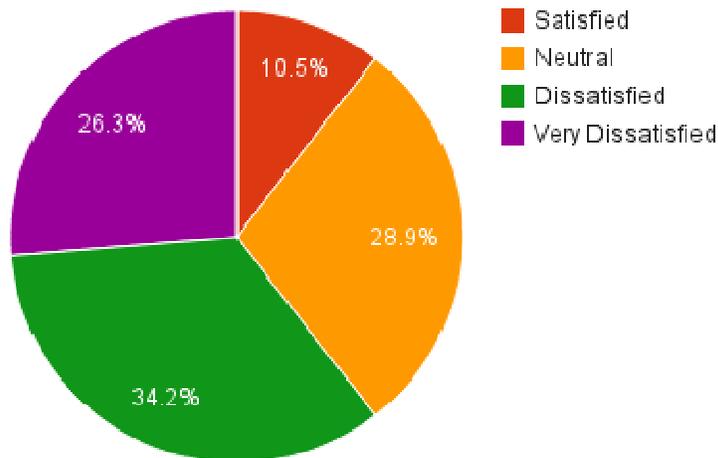
The second theme discussed in the surveys was evaluation of the current malpractice system. Discussion of this theme offered insight into physicians' perspectives on the current handling of malpractice. For instance, the results of the surveys suggest that physicians support how malpractice is addressed at the local, hospital level but critique the way it is addressed at the broader level—at the MOH and in civil court. Out of a scale from 1 to 5, for example, one survey question asked how content physicians were with how their hospitals handle patient complaints against physicians. The lower the number, the more physicians were *dissatisfied* with how their hospital was handling patient complaints against physicians.

Because the average was 3.2 and was greater than 3, this suggested that more physicians were satisfied with how their hospitals handled patient complaints against physicians. This finding resonates with that from the interview. For example, one of the physicians interviewed remarked that his hospital did a fantastic job in addressing malpractice complaints; he discussed the patient complaint boxes, the open-door policy of the hospital director, and the patient liaison officer as reasons for why his hospital did a fantastic job addressing malpractice complaints. Perhaps these features appear in other hospitals as well. This could then help explain why surveyed physicians tended to think their hospitals did a good job in addressing patient complaints against physicians, including malpractice complaints.

However, results from the survey suggest that physicians do not support the way malpractice cases are handled at the broader level—through the civil court and the MOH. For instance, one question in the survey asked physicians how content they were with how the MOH

has handled malpractice cases against physicians. As can be seen in Figure 2 below, only 10% of physicians were satisfied with how the MOH has handled malpractice cases against physicians. Furthermore, 59% of physicians were either dissatisfied or very dissatisfied with how the MOH has handled malpractice cases. As to why physicians have had critiques against the MOH and its handling of malpractice cases were not mentioned in the conducted interviews nor mentioned in the literature, the researcher hopes in the future to explore in greater detail this topic.

Figure 2: How Content Are You With How The MOH Handles Malpractice Cases Against Physicians?



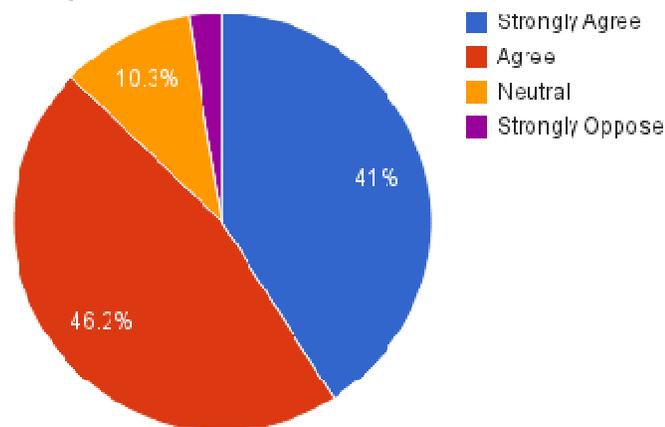
Results from the survey also suggest that physicians do not support the way the civil court has handled malpractice cases. On a scale from 1 to 5, for instance, one question in the survey asked physicians how content they were with how the civil court has handled malpractice cases. The lower the number, the more physicians were *dissatisfied* with the civil court and its handling of malpractice cases. The average was 2.4. Since this number was less than 3, the results suggested that more physicians were dissatisfied with how the civil court has handled mal-

practice cases. This finding aligns with what was said during the interviews. One physician, for instance, remarked on how long malpractice cases took to settle in court. He said that it took a year or more, on average.

Some of the survey questions provided insight into the second theme: the evaluation of the current malpractice system. The results suggest that physicians tend to approve of the way malpractice is handled at the local, hospital level. However, physicians tended to disapprove of the way malpractice is handled at the broader level—in civil courts and at the MOH. One explanation for why physicians have not approved of the way civil courts have handled malpractice complaints is that it takes a long time—oftentimes a year or more—for cases to settle. More research needs to be done to explain why physicians have not approved of the way the MOH has handled malpractice complaints.

The third theme discussed in the surveys was attitudes toward a potential, new law on malpractice called the Medical and Health Accountability Law. Discussion of this theme offered insight into physicians' perspectives on the current handling of malpractice. For instance, the results of the surveys suggest that physicians do not support the Medical and Health Accountability Law, though they do strongly support a particular provision of this law. The particular provision of the draft law physicians strongly supported was the standardization of medical protocols. For instance, one survey question asked physicians whether there needed to be standardization of medical protocols in all hospitals. Most of the responses were in favor of such an idea. In fact, as can be seen in Figure 3 below, 85% of physicians either agreed or strongly agreed that there needed to be standardization of medical protocols across hospitals.

Figure 3: Do You Agree That There Needs to Be Standardization Of Medical Protocols Across All Hospitals And Clinics In Jordan?



The desire for a set of medical protocols across hospitals echoes the sentiment expressed by several interviewed physicians. One physician, for instance, mentioned that their hospitals did not have a set of protocols to follow during pre-surgery, surgery, and post-surgery. As such, this made it difficult to make sure that his actions were not below accepted standards so as to avoid potential malpractice litigation against him. Another physician mentioned that by having a set of established hospital protocols to follow, fewer instances of malpractice cases would probably occur because physicians would have less difficulty in following accepted standards. This reason may be why many physicians have supported the standardization of medical protocols—one provision of the Medical and Health Accountability Law.

Even though physicians supported one measure of the Medical and Health Accountability Law, responses from the survey suggest that they do not support the Medical and Health Accountability Law as a whole. For instance, out of a scale from 1 to 5, one question asked if physicians believed that there would be ordering of unnecessary tests on patients if a national malpractice law were implemented. The lower the number, the more likely physicians were to agree with this statement. The average was 2.7, and since this number was less than 3, results suggested that more physicians agreed that a national malpractice law would contribute to defensive medicine. Because defensive medicine would drive healthcare costs up, as mentioned by an interviewed physician, this was possibly one deterrent for why physicians have tended not to support the Medical and Health Accountability Law.

In addition, the survey results suggest that physicians have tended not to support the Medical and Health Accountability Law because they desire first a law establishing better working standards. For instance, one of the surveys asked whether physicians agreed if Parliament needed to implement first a law providing better standards for physicians before implementing a national malpractice law. 65% of physicians surveyed either strongly agreed or agreed that such a law was necessary before implementing a national malpractice law. Furthermore, in the free response section, several physicians specified as to what kind of physician standards they wanted improvement on. Several physicians commented on the need to lower the number of patients physicians see in a day.

The survey results suggest that more physicians prefer a law that provides better standards for physicians than a law that more directly addresses malpractice. This finding parallels what was found from the interviews. For instance, several interviewed physicians commented that to reduce the number of malpractice cases against physicians, it was important to reduce the

number of patients physicians see in a day. For instance, by reducing the number of patients seen, physicians could limit the number of mistakes they may make. That is, with less patients to see, physicians would have more quality time with patients and thus have more time to provide proper diagnosis and treatment plans for patients.

Several questions in the surveys provided insight into the third theme: attitudes toward a potential, new law on malpractice called the Medical and Health Accountability Law. The results suggest that physicians support a provision of the Medical and Health Accountability Law—more specifically, the standardization of medical protocols across all hospitals. However, physicians did not seem to support the law as a whole for two reasons. First, with such a law in place, physicians anticipated a rise in defensive medicine, which would then drive up healthcare costs. Second, physicians desired first a law that would provide better standards for physicians before implementing a national malpractice law like the Medical and Health Accountability Law.

When asked how to improve the current way in how malpractice is addressed in Jordan, one physician commented for the government to simply implement a national malpractice law. However, this is easier said than done. For instance, results from the surveys suggest that a majority of physicians do not support the Medical and Health Accountability Law as a whole. Though there is one provision of this law many physicians approve of, there are other sections that many do not support. Thus, to implement a national malpractice law like the Medical and Health Accountability Law, there needs to be compromise among physicians and other stakeholders.

Conclusion

Analysis of Results

The results of this study provide insight to physicians' perspectives on the current handling of malpractice in Jordan. Three themes were focused on during the study. This allowed for better organization when explaining physicians' perspectives on malpractice. The first theme was the understanding of the term, malpractice. The second theme was evaluation of the current malpractice system. The third theme was attitudes toward a potential, new law on malpractice. Using both quantitative (survey) and qualitative (interview) methods, this study found that physicians' perspectives on malpractice are not one-sided; rather, they are complex and require analysis.

The study found three main findings: one, that both physicians and patients can benefit from education on the term, malpractice; two, that physicians tend to support the current malpractice system at the local, hospital level but do not support it at the broader level—primarily, the MOH and the civil court; third, that physicians do not tend to support the Medical and Health Accountability Law in its entirety but do support a provision on standardizing hospital protocols. For the first finding, there was conflict between the survey and interview results. The interviews suggested that physicians had a solid understanding of the term, malpractice. The surveys, however, showed that only 63% of physicians were able to identify the correct definition of malpractice.

With respect to the second and third findings, there was less conflict between survey and interview results. Rather, they complemented each other. For example, survey results showed that physicians tended to support how their hospitals have handled malpractice complaints. Interview results explained in detail as to why a hospital did a fantastic job in addressing malpractice complaints. Also, survey results showed that physicians tended to support standardization of

hospital protocols. Interview results explained how having standardized protocols could reduce instances of malpractice.

Connection to Theory

The finding that physicians tend to agree that a national malpractice law in Jordan would contribute to defensive medicine is consistent with prior literature. In the interviews, it was found that some physicians did not support the Medical and Health Accountability Law because of the subsequent rise of malpractice litigation. Furthermore, the physicians mentioned that the rise of malpractice litigation would then lead to ordering of unnecessary diagnostic tests to avoid liability. Similarly, the Harris Poll (2002) found that 79% of American physicians reported that the fear of malpractice liability caused them to order unnecessary tests. Also, Bal (2009) found that the high number of malpractice litigation in America has led to more physicians ordering unnecessary diagnostic tests.

The finding that physicians tend to agree that standardization of hospital protocols in Jordan would reduce the number of malpractice cases is consistent with prior literature. In the surveys, it was found that 85% of physicians either agreed or strongly agreed that there needed to be standardization of medical protocols across hospitals. In addition, from the interviews, it was found that some physicians believed that standardization of hospital protocols would reduce the number of malpractice cases. Similarly, Vries et. al (2011) found that had a particular surgical protocol been implemented across the Netherlands, then one-third of all surgical malpractice cases would have been avoided.

The findings from this study are consistent with prior literature on malpractice systems around the world. However, when it comes to malpractice systems in the Middle East, there is

scant literature. This study therefore adds to this scant field by examining physicians' attitudes on the current handling of malpractice in Jordan. However, it is important to acknowledge that this study is fraught with numerous limitations.

Study Limitations

Limitations to this study, which were many, must be explained. The major limitations to this study were sampling method, a small sample size, inability to record interviews, and resource constraints. All these limitations challenge the veracity and generalizability of the findings. One of the limitations to the study was finance and time constraints; the researcher did not obtain any research grants to conduct this research and had only three weeks to finish this study. This limitation led to many other problems.

For example, two other limitations that arose from resource constraints were using a convenience sample and collecting a small sample size. The researcher had limited time and money to both travel across all of Jordan and to create a system contacting and randomly selecting physicians. Thus, he conducted a convenience sample to study his population; the researcher conducted interviews with and distributed surveys to physicians whom he knew in Amman and Irbid only. Thus, his sample of physicians was not representative of all physicians in Jordan.

Furthermore, the sample size for the interviews and surveys were relatively small—five and forty, respectively. Because of the small sample size and because of the non-representative convenience sample, the findings of this study are not generalizable to all Jordanian physicians. Another limitation that challenges the veracity of the findings was complications during the interview. For example, the researcher was not given permission to record during the interviews.

Thus, the researcher was not able to use a transcription for qualitative analysis. Rather, he had to rely on his notes, which were not able to capture all the words of the interviewees. Qualitative findings in this study may not have been richer than it could have been.

In this study that tries to understand physicians' perspectives on the current handling of malpractice in Jordan, the limitations are many. For instance, the findings are not generalizable due to the use of a convenience sample and a small sample size. However, this research on malpractice is one of the first of its kind done in the Middle East. Thus, this research—however fraught it may be with limitations—lays groundwork for future studies of malpractice in Jordan and other countries in the Middle East.

Recommendation for Future Studies

The researcher recommends several areas for research that would help expand the literature on malpractice in Jordan. They include understanding why some physicians criticize the MOH for handling malpractice complaints; comparing public and private sector physicians' attitudes on malpractice; and, conducting a time-lapse study on physicians' attitudes toward malpractice once after a national malpractice law is implemented.

As mentioned in the findings section of this study, there was no clear explanation for why 59% of physicians surveyed were either dissatisfied or very dissatisfied with how the MOH has handled malpractice cases. A study should be done to understand why some physicians have critiqued how the MOH handles malpractice cases. By understanding the reasons for this trend can there be a better understanding of physicians' perspectives on the current malpractice system.

Another potential area for research is the difference in perceptions on malpractice between public and private physicians in Jordan. This study can illuminate whether physicians' attitudes toward malpractice are generally divided by health sector. That is, this study can test whether public-sector physicians support or do not support stronger malpractice laws than do private-sector physicians. Understanding whether there is a rift in opinions on malpractice between public and private physicians can better shed light on physicians' attitudes, overall, on malpractice in Jordan.

One last area the researcher recommends for study is physicians' attitudes toward malpractice after a national malpractice law is implemented. This study is conditional; it depends if a national malpractice law will pass in court. However, such a study, if possible, will be valuable. It, along with this study, can be used to chronicle the changing perceptions of physicians on malpractice in Jordan. This study can help determine whether implementation of a national malpractice law would have a positive, negative, or any effect on physician's attitudes toward malpractice.

Bibliography

Bal, S. (2009). An Introduction to Medical Malpractice in the United States. *Clinical Orthopedics and Related Research*, 467(2), 339-347.

Brennan, T. (1991). Practice Guidelines and Malpractice Litigation: Collision or Cohesion? *Journal of Health Politics, Policy and Law*, 16(1), 67-85.

- Creskoff, S., & Howard, M. (2007). *Medical Malpractice Law "Best Practices" for Jordan: A Preliminary Study with Recommendations for Next Steps*. Amman: Jordan: USAID-Jordan Economic Opportunities Office. Retrieved October 4, 2014, from http://pdf.usaid.gov/pdf_docs/PNADM752.pdf.
- Damen, J., Diejen, D., Bakker, J., & Van Zanten, A. (2003). Legal Implications of Clinical Practice Guidelines. *Intensive Care Medicine*, 29, 3-7.
- Gundogmus, U., Erdogan, M., Sehiralti, M., & Kurtas, O. (2005). A Descriptive Study of Medical Malpractice Cases in Turkey. *Ann Saudi Med*, 25(5), 404-408.
- Harris Poll. (2002). Most Doctors Report Fear of Malpractice Liability Has Harmed Their Ability to Provide Quality Care: Caused Them to Order Unnecessary Tests, Provide Unnecessary Treatment and Make Unnecessary Referrals. *HarrisInteractive*, Poll #22, 1-4.
- Hermer, L., & Brody, H. (2010). Defensive Medicine, Cost Containment, and Reform. *Journal of General Internal Medicine*, 25(5), 470-473.
- Localio, R., Lawthers, A., Brennan, T., Laird, N., Hebert, L., Peterson, L., Newhouse, J., Weiler, P., & Hiatt, H. (1991). Relation between Malpractice Claims and Adverse Events Due to Negligence. *The New England Journal of Medicine*, 325(4), 245-251.
- Malkawi, K. 25 Malpractice Complaints Filed against Doctors this Year. (2013, March 2). *The Jordan Times*. Retrieved from <http://jordantimes.com/25-malpractice-complaints-filed-against-doctors-this-year>.
- Mello, M., Studdert, D., DesRoches, C., Peugh, J., Zapert, K., Brennan, T., & Sage, W. (2004). Caring for Patients in a Malpractice Crisis: Physician Satisfaction and Quality

of Care. *Health Affairs*, 23(4), 42-53.

Mohammad-Noor Said Deeb, O., Melhem, K., Mustafa, S., Christiane, N., & Feng, Z.

(2014). The Relation between Ethics and Law According to the Doctor's Malpractice in Improving the Healthcare Quality in Jordanian Government Hospitals. *Journal of Humanities and Social Science*, 19(5), 60-67.

Mohr, J. (2000). American Medical Malpractice Litigation in Historical Perspective.

Journal of the American Medical Association, 283(13), 1731-1737.

Mrayyan, M., Shishani, K., & Al-Faouri, I. (2007). Rate, Causes and Reporting of

Medication Errors in Jordan: Nurses' Perspectives. *Journal of Nursing Management* 15, 659-670.

Office of the Assistant Secretary for Planning and Evaluation. (2003). *Addressing the New Health Care Crisis: Reforming the Medical Litigation System to Improve the Quality of Health Care*. Washington, DC: US Department of Health & Human Services.

Retrieved from <http://aspe.hhs.gov/daltcp/reports/medliab.htm>.

Regional Health Systems Observatory. (2006). *Health System Profile Jordan*. Cairo, Egypt: World Health Organization-Eastern Mediterranean Regional Office.

Vries, E., Eikens-Jansen, M., Hamersma, A., Smorenburg, S., Gouma, D., & Boermeester, M. (2011). Prevention of Surgical Malpractice Claims by Use of a Surgical Safety Checklist. *Annals of Surgery*, 253(3), 624-628.

Appendices

Survey

Hello,

Thank you for your participation in this survey. Please know that your insight will prove invaluable for this research project. This research is being conducted by an undergraduate student, Jason Hwang, in affiliation with the School for International Training (SIT). This project will focus on physicians' attitudes toward medical malpractice. More specifically, it will measure whether physicians are generally for or against the idea of a national law that directly addresses medical malpractice.

All of your answers will be kept confidential and only be seen by the researcher. If you would like to have access to the final research findings, please send an email to the following address: **yohan.hwang@emory.edu**.

Thank you,
Jason Yohan Hwang

1. Which definition best characterizes medical malpractice?
 - a. *any act by a physician during treatment of a patient who deviates from accepted norms of practice and causes an injury to the patient*
 - b. *conduct of a physician that falls short of an accepted norm of practice during treatment of a patient*
 - c. *any complications or injury caused to a patient by a physician who followed accepted medical protocols and standards.*
 - d. *successful treatment of a patient by a physicians who did not follow accepted medical standards.*

2. What is your specialty?

3. Duration of practice:
0-10 years 11-20 years 20-30 years more than 30 years

4. How much do you agree with this statement:

The severity of patient-family violence against physicians has made me want to support a law better allowing patients to directly go to court to file a malpractice case

Strongly Oppose Oppose Neutral Agree Strongly Agree

5. On a scale from 1 to 5, how content are you with how *your hospital* handles patient complaints against physicians.

Dissatisfied 1 2 3 4 5 Very Satisfied

6. How strongly do you agree with this statement:

Strongly Agree 1 2 3 4 5 Strongly Disagree

13. On a scale from 1 to 5, how much do you agree with this statement:

If a national malpractice law is implemented, then there will be more physicians who order unnecessary diagnostic tests on patients in order to protect physicians from a potential lawsuit.

Strongly Agree 1 2 3 4 5 Strongly Disagree

14. If you could improve the current way in how malpractice is addressed in Jordan, what would you change?

Interview

Introduction:

Hello Dr. X, my name is Jason Hwang. I am an undergraduate student at Emory University in America. I am majoring in premed and in political science. This semester, I am studying abroad in Jordan with the School for International Training (SIT). My interest is in health policy, especially comparing health policies of different countries.

I would like to thank you for your time, as I know you must be busy. Please know, however, that your insight will prove invaluable for this research project. This project will focus on doctors' attitudes and perceptions toward medical malpractice. More specifically, it will measure whether doctors are generally for or against the idea of a national law directly addressing medical malpractice. I seek your professional opinion on this issue because you have much experience with patient care and with the Jordanian health system. Thus, I encourage you to elaborate as much as possible in this interview.

Before I begin, I would like to expand on certain things. As you may know, "medical malpractice occurs when an error or omission by a doctor or other medical professional...causes an injury to a patient." Medical malpractice may be resolved at the local hospital level in which the doctor committed an error. Alternatively, patients may bring a malpractice complaint further up to the Ministry of Health or to court. Currently, no legislation directly addresses medical malpractice in Jordan. Rather, civil courts resolve malpractice claims only under laws dealing with torts in general. These laws offer little guidance in complex medical malpractice cases. In addition, claims are subject to a lengthy court procedure (the average duration of a civil case is 534 days), damage awards are low, and the execution of judicial award is a lengthy process.

I seek and value your professional opinion and so please know that all of your responses will be kept confidential. In addition, you may withdraw from this interview at any time. Additionally, this interview will be recorded, if you give consent. Finally, if you would like a copy of the final study, you may email me at yohan.hwang@emory.edu. Thank you for listening and shall we begin, Doctor X?

1. Please confirm that you have agreed to this interview being tape-recorded.
2. What does medical malpractice mean to you?
3. Please explain how your hospital addresses patient complaints against doctors.
 - a. Do you believe it is effective?
 1. Please Explain.
 - b. Are most patient complaints against doctors resolved at the hospital level instead of being brought to court or to the MOH?
4. Please explain how the JMA handles patient complaints against its member doctors.
5. Please explain your attitude towards the current way of addressing medical malpractice in Jordan at all levels (ie at the hospital level, MOH level, or court level)?
 - a. If you could improve Jordan's malpractice system, how would you change it?
6. In 2004, the JMA rejected drafts of a medical malpractice law entitled Medical Doctors and Dentists Malpractices Law. In 2007, the JMA also rejected this revised law on account that it did not clarify the party responsible for paying damages to patients or their families. Can you elaborate on the reasons for why the JMA has not been able to agree to a medical malpractice law till this day?
7. Do you think whether being a public or private hospital doctor may affect how strongly he or she wants to change or not change the current way in how malpractice is addressed whether at the hospital, court, or MOH level?
8. Can you please explain connections, if any, between the the current way in which medical malpractice is addressed—whether it be at the hospital, MOH, or court level—and patient-family retaliation against doctors?
9. If there were a law that can allow more patients to directly bring malpractice cases to court, that expedited the court hearing process, allowed for the creation of specialized malpractice lawyers, and established a malpractice insurance system for doctors, would you support such a law?
10. Have you known a fellow doctor who has been accused of medical malpractice at the court level?
 - a. [if yes], what was it like for him/her and his/her family during the accusation period?
 1. How did his/her relationship with fellow doctors change after being accused of medical malpractice?
11. As we approach the end of our interview, I was wondering, Dr. X, if you would like to mention anything else?

Thank you for your time, Dr. X. If you would like a copy of the final paper, you may email me at yohan.hwang@emory.edu.



CONSENT FORM

1. Brief description of the purpose of this study

The purpose of this study is to explore whether public and private doctors in Jordan generally support legislation that will specifically address medical malpractice or whether they favor the current status quo of addressing medical malpractice under general tort law. In addition, this research hopes to explain why there is this particular preference. To accomplish this, this project will use semi-structured interviews and questionnaires of doctors.

2. Rights Notice

In an endeavor to uphold the ethical standards of all SIT ISP proposals, this study has been reviewed and approved by a Local Review Board or SIT Institutional Review Board. If at any time, you feel that you are at risk or exposed to unreasonable harm, you may terminate and stop the interview. Please take some time to carefully read the statements provided below.

a. Privacy - all information you present in this interview may be recorded and safeguarded. If you do not want the information recorded, you need to let the interviewer know.

b. Anonymity - all names in this study will be kept anonymous unless the participant chooses otherwise.

c. Confidentiality - all names will remain completely confidential and fully protected by the interviewer. By signing below, you give the interviewer full responsibility to up-

hold this contract and its contents. The interviewer will also sign a copy of this contract and give it to the participant.

Participant's name printed

Participant's signature and date

Interviewer's name printed

Interviewer's signature and date

