

# Attitudes of Florida Family Practice Residents Concerning Obstetrics

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**Background.** The cost of liability insurance for obstetrical care and the fear of eventual litigation are reasons commonly cited by family physicians for not delivering babies.

**Methods.** Separate surveys were mailed to residency directors and third-year residents in Florida family practice residency programs to determine the attitude and practice plans of recently trained family physicians in regard to obstetrics.

**Results.** Three hundred twenty residents completed civilian family practice residency programs in Florida from 1986 through 1990. Only nine (2.8%) delivered babies the first year after residency. The major reasons that third-year residents gave for not planning to de-

liver babies included fear of being sued and the cost of malpractice insurance. Residents' estimates of first-year insurance costs were 350% higher than actual premiums. Furthermore, residents believed that the risk of being sued for the obstetrics portion of their practice would exceed the risk for the nonobstetric portion.

**Conclusions.** Residents' estimates of the cost of malpractice insurance and their malpractice risk for delivering babies appear to be greatly exaggerated. These views are primarily obtained from nonresidency sources.

**Key words.** Obstetrics; liability insurance; internship and residency; education, graduate. (*J Fam Pract* 1993; 36:534-538)

The cost of liability insurance and the fear or threat of eventual litigation are the reasons most cited by family physicians or family practice residents for not delivering babies or for discontinuing provision of obstetric care.<sup>1-13</sup> Personal and professional lifestyle issues are mentioned as additional concerns.<sup>2,7,12,14-16</sup> The number of family practice residents planning to include obstetrics in their practices remains low<sup>13</sup> and the number of practicing family physicians who have stopped providing obstetric care continues to increase.<sup>2,3,7,9,10,12,17-20</sup> The tragedy of this decline is that it parallels a growing crisis in access to maternity care in the United States, especially

for rural, inner-city, and economically disadvantaged women.<sup>9,10,12,17,18,21-25</sup>

The Southeast United States is suffering an especially critical shortage of maternity care.<sup>19-21,24,26</sup> In Florida, it is currently estimated that 26 of 67 counties (39%) have no physician in residence delivering babies.<sup>27</sup> Although Florida family physicians serve 65 of 67 counties, only 64 (3.6%) of the 1762 active members of the Florida Academy of Family Physicians provide prenatal care, and only 31 (2%) deliver babies. Furthermore, only 16 (1%) of these family physicians are in full-time private practice.<sup>20</sup> In 1990, more than 21% of pregnant women in Florida did not receive adequate prenatal care.<sup>27,28</sup>

Since one of the traditional mandates of family practice has been to advocate for and care for the primary care needs of patients,<sup>29-31</sup> and since the growing need for maternity care is not being met by the family physicians in Florida, this study was undertaken to determine the attitudes about obstetrics of recent family practice graduates trained in Florida.

Submitted, revised, November 5, 1992.

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## Methods

In April 1991, a 16-item questionnaire was mailed to third-year residents in civilian family practice residency programs in Florida. A follow-up mailing was made to nonrespondents in May 1991. The questionnaires, to be completed anonymously, queried the practice plans, attitudes toward obstetric care, and timing of the decision of whether to provide obstetric care. Additional questions explored the residents' estimate of the cost of practice liability insurance to deliver babies in the first year of practice and the perceived risk of being sued for malpractice in providing obstetric care.

In addition, each residency director filled out a mailed survey questionnaire asking for the number of residents graduated over the previous 5 academic years (1985–1990), the number of residents delivering babies during the first year in practice, and the number of family physician faculty delivering babies.

The four companies in Florida providing insurance for family physicians who deliver babies provided current (1991) premium estimates for both first-year and mature (fifth-year) policies for family physicians who do and do not provide obstetric care.

## Results

Thirty-six (88%) of the forty-one responses received from third-year residents were from five of the eight residency programs. Since two of the residencies (with 17 third-year residents combined) had only one response each, these responses were excluded from the data analysis. The 39 remaining responses represented 81% of the third-year residents at the six residency programs. All respondents possessed medical doctorate degrees; 76% were men, and 69% planned to practice in Florida. The majority of the physicians planned to practice in suburban (38%) or urban (35%) locations. Only 22% were planning to practice in rural locations.

Only three of the residents (7%) planned to deliver babies, and two of these three had decided to leave the state to practice. Thirty-six (88%) had decided not to deliver babies and two (5%) were undecided. The reasons the residents gave for not delivering babies are shown in Table 1.

When asked to estimate the professional liability insurance cost for the first year of practice for a family physician delivering babies in Florida, the residents' answers ranged from \$2500 to \$40,000, with the average estimate being \$13,676 (Table 2). This average is more than 350% of the actual average cost quoted (\$3,890) by the four practice liability insurance carriers in Florida.

Table 1. Third-Year Residents' Reasons for Not Delivering Babies (N = 39)

Reason	% of Respondents
Fear of being sued	62
High cost of malpractice premiums	39
Personal or professional lifestyle issues	23
No interest in obstetrics	18
Lack of obstetric training	13
Other	23

NOTE: Percentages total greater than 100 because the 39 respondents could check more than one answer.

When asked to estimate the risk of being sued for the obstetric as compared with the nonobstetric portion of family practice by using an arbitrary scale of "high," "average," or "low" (Table 3), most residents (85%) believed that the malpractice risk for the nonobstetric portion of their practice would be average to low, and an even larger percentage (95%) believed that the malpractice risk for obstetrics in family practice would be average to high. The residents' mean score for estimated risk of being sued for providing obstetric care in family practice was 1.6 times higher than their score for estimated risk of being sued for nonobstetric care (Table 3).

The primary source of the residents' estimates of the cost of insurance and the malpractice risk was the media, ie, newspapers and television (34%); nonresidency non-family physicians (20%); "other," ie, family and friends (20%), residency nonfamily physician faculty (16%), or residency faculty (10%). The estimates for cost were nearly 50% higher if the residents' primary source of information was the media.

Even though the vast majority of the residents were not planning to deliver babies, only 26% had made that decision before entering their residency. Twenty-six percent decided during the first year of residency and 29% during the second year, and 20% waited to decide until the third year.

The mail survey of the residency directors revealed that of the 320 family practice residents who completed

Table 2. Residents' Estimates of a Florida Family Physician's First-Year Premium for Malpractice Insurance That Includes Low-Risk Maternity Care

Estimated Premium, \$*	No. (%)
2,500–5,000	7 (21)
5,001–10,000	11 (32)
10,001–20,000	11 (32)
20,001–40,000	5 (15)

\*Average estimate = \$13,676; average actual premium = \$3,890.

NOTE: Low-risk refers to births for which all diagnostic criteria indicate that only simple nonoperative procedures will be required for delivery.

Table 3. Third-Year Residents' Estimates of the Risk of Being Sued in Family Practice

Area of Practice	High Risk (%)	Average Risk (%)	Low Risk (%)	No Estimate (%)	Mean Risk Score*
Nonobstetric	3 (8)	20 (51)	13 (33)	3 (8)	1.72
Obstetric	27 (69)	10 (26)	—	2 (5)	2.73

\*Mean risk score =  $[(3 \times \# \text{ High Risk}) + (2 \times \# \text{ Average Risk}) + (1 \times \# \text{ Low Risk})] \div n$ , where  $n$  is number of third-year residents who gave estimates.

their family practice training at some point between 1986 and 1990 in Florida, only six delivered babies the first year after residency. Of the 57 family physician faculty, only seven (12%) deliver babies, and four (50%) of the programs have no family physician faculty delivering babies. Three of these four residencies have no full- or part-time obstetrics-gynecology faculty, and of 160 graduates, have produced only one family physician who provides obstetric care.

## Discussion

Family practice residency graduates in Florida are highly unlikely to deliver babies in practice. This study indicates that malpractice issues are their greatest concern. In some studies, professional and personal life disruptions are of more concern to residents than malpractice issues,<sup>14-16</sup> but only 23% of the Florida family practice residents list this as a reason they considered in deciding to not deliver babies.

Could the residents' fear of being sued be excessive in light of available data? Not only is the incidence of injury at birth low,<sup>32</sup> but the percentage of families who file a malpractice claim after such an event is even lower,<sup>33,34</sup> and lower still when physician-patient communication is good.<sup>35</sup> Only about one in eight malpractice claims filed results in a malpractice suit.<sup>33</sup>

Rosenblatt and colleagues have extensively studied the effect of malpractice claims<sup>3,17,25,32,36</sup> and demonstrated that a family physician providing obstetric care is two to three times more likely to have a nonobstetric malpractice claim than an obstetric claim. Family physicians who deliver babies have similar nonobstetric claim rates when compared with family physicians who do not deliver babies.<sup>32,36</sup> A recent survey in Florida<sup>20</sup> indicates that the malpractice claim rate for the obstetric portion of a family physician's practice is less than one half of the nonobstetric portion for family physicians delivering babies in Florida.

Although the psychological burden of any malpractice action should not be minimized,<sup>21,37</sup> it would appear that the residents' fear of malpractice suit encountered

from practicing obstetrics is excessive. This malpractice fear has been demonstrated in other studies.<sup>2,4,5,7,11,13,22</sup>

The residents' estimate of the cost of malpractice insurance also appears to be excessive. The residents estimated that the first-year insurance cost for family physicians delivering babies is approximately \$13,700. This is more than 350% higher than the actual average cost. Of interest, Rosenblatt and Wright<sup>36</sup> have demonstrated that about 70% of family physicians would discontinue providing obstetrical services at an insurance premium of \$14,000.

That residents have a deficient knowledge base concerning malpractice insurance has been demonstrated by others<sup>38</sup>; however, what is most surprising is that the residents' opinion on the cost and risk for delivering babies appears to be based on misinformation derived primarily from the media or physicians outside the specialty. These data may suggest a failure on the part of family practice educators to provide their residents with accurate information.

In spite of the misinformation they have received and their fears of malpractice fees and risks, nearly one half of the residents hold off their decision not to deliver babies until their second or third year of residency, a phenomenon that has been demonstrated elsewhere.<sup>39</sup> This may be an indication that residents have an otherwise strong desire to include obstetrics in their practices. The perpetuation of this misinformation may be caused by several things: (1) only 50% of the family practice programs in Florida have family practice faculty who deliver babies; (2) only 12% of all full-time family practice faculty in Florida deliver babies; (3) none of the full-time family physician faculty who deliver babies have delivered babies in private practice; and (4) only one residency uses volunteer preceptors who deliver babies in private family practice. This paucity of family physician role models may be significant: others have demonstrated that family practice graduates are much less likely to deliver babies if they do not have adequate family physician role models who do so.<sup>11,39-41</sup>

Family practice educators in Florida need to be aware that nearly 80% of their residents significantly overestimate the cost of first-year premiums and overes-

estimate the risk of being sued for delivering babies. These overestimates (or misperceptions) appear to be the major reasons for deciding not to deliver babies and appear to be based on information received from sources outside family practice residency. Although there is no evidence that providing accurate information to residents about the cost of malpractice insurance and risk for delivering babies will change their decision-making process, it seems prudent for family physician educators to (1) provide accurate information on malpractice insurance costs to their residents, especially the cost of providing maternity care; (2) provide accurate information on premium structure to residents, especially the incremental increases in premiums from the first year until mature; (3) provide accurate information to their residents on the actual risk of malpractice suits for delivering babies as a family physician (not as an obstetrician); (4) provide full-time family practice faculty who can be role models for family practice maternity care; (5) provide the residents with exposure to volunteer community preceptors who are family physicians who deliver babies, and who can serve as role models and sources of accurate information concerning the risks and benefits of delivering babies in private practice; (6) provide information to residents concerning the potential advantages of providing maternity care in practice; including increased satisfaction, increased income, and increased practice diversity.<sup>12</sup>

Family practice educators and family physicians who deliver babies could work together to alleviate the apparent fear of being sued and cost phobias demonstrated in this and other studies.<sup>42,43</sup> Then residents would have accurate information on which to base the professionally and socially critical decision of whether to provide obstetric care.

#### Acknowledgment

Financial support was received from the Florida Academy of Family Physicians' Foundation.

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Nominees will be judged on size of practice setting, dedication to patients and community, continuity of care, and quality of care.

Nominations will be accepted through July 1, 1993, and may be submitted by health professionals as well as patients and relatives of the nominee. For more information, contact Staff Care at (800) 685-2272 or the Country Doctor Museum at (919) 235-4165.