



Council for
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Dealing with Litigation Stress Syndrome

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You are stunned, bewildered, and disoriented. As with any traumatic event, the initial response of most people is disbelief and denial. You cannot believe it is happening to you! The experience of being sued is unexpected,

overwhelming, and difficult to process. And, it often cascades into a reaction known as *malpractice litigation stress syndrome*.

Certainly, all physicians and nurses know that they are vulnerable to malpractice claims, particularly those in very high-risk practices—gynecology, neurosurgery, and anesthesiology. Further, the American Medical Association reports that the biggest cost of litigation to the defendant is emotional injury. Accustomed to being in control, highly qualified practitioners find the vulnerability and emotional response to a lawsuit threatening to their personal and professional self-image. Accordingly, more than 95 percent of lawsuit defendants acknowledge some physical and/or emotional reaction.

A study concerning the emotional repercussions of litigation reported symptoms of isolation, negative self-image (in particular feeling misunderstood, defeated, or ashamed), development or exacerbation of physical illness, and subsequent depression. The prolonged nature of the

litigation fosters depression, a sense of not being in control, and the associated feeling of helplessness.

Accusations of professional negligence or incompetence are very personal and frightening. The unknown, the anticipated financial consequences, potential loss of one's career, and guilt and self-doubt have a major impact on the individual's ability to tolerate the stress of litigation.

The mix of emotions when one anticipates or experiences a loss has been likened to the stages of grieving outlined by Elisabeth Kübler-Ross. They are: 1) denial; 2) anger; 3) bargaining; 4) grief; 5) uncertainty; and, 6) if the outcome is favorable, renewal, rebuilding, and personal growth. If the outcome is unfavorable, denial, bargaining, depression, and other complications can result.

Understanding these reactions can help individuals cope with lawsuit stressors and potentially minimize the adverse effects on their personal lives.

Those who have gone through litigation also describe family suffering. Spouses and children experience a deep sense of loss, devastation, and social awkwardness. The threat further plays havoc with colleague relationships.

Practice can be affected as well and further promotes depression, anger, and anxiety. Some react by working longer hours or losing focus. Others develop burnout or physical illness. Fatigue and depression and emotional and physical isolation contribute to alcohol or other substance misuse.

Understanding the Emotional and Physical Responses

The reactions are related to the personality characteristics of the healthcare providers and their familiarity with tort law. Because of the stigma associated with a malpractice suit, feelings of intense shame and guilt, and the even a sense of victimization, become major threats to the practitioner's well-being. The persistent demands of establishing a no-fault resolution to the allegations exacerbate these feelings. Common symptoms include:

Isolation—feeling alone in efforts to vindicate oneself and fear of reaching out further, a sense of being shunned by colleagues, or feeling that there is nothing to look forward to in the future.

Negative self-image—a sense of defeat (grief, sadness and anger) and less self-confidence.

Massive emotional impact—anger, tension, increased negative moods, depression-like fatigue, frustration, and a sense of having been assaulted. Many reports suggest depressive disorders lasting longer than two weeks.

Anger syndromes—unexpected angry outbursts, irritability (with seemingly slight provocation), and frustration, as well as physical symptoms including gastrointestinal upset and chest pains.

Fatigue syndromes—changes in concentration, decreased libido, changes in appetite, apathy, and exhaustion.

Interestingly, some practitioners report no symptoms. While this may be a form of denial, further research is needed on this group of "resilient" practitioners to determine the factors (i.e., available peer support, shared disclosure by peers, previous claims, successful defense, etc.) that may offer protection against litigation stress syndrome.

Current studies on factors relating to post traumatic stress disorder (PTSD) indicate that trauma causes neurochemical brain changes that may have biological, psychological, and behavioral effects on health. Research shows that neurochemical changes may increase susceptibility to hypertension, atherosclerotic heart disease, infections, and immunologic disorders.

The psychological and behavioral effects of neurochemical changes can give rise to symptoms of depressive and anxiety disorders.



Depression also has been linked to cardiovascular disease in previously healthy people and to additional illness and mortality among patients with serious medical illness. While the evidence linking anxiety to cardiovascular morbidity and mortality is quite strong, the mechanisms are largely unknown.

Hostility (or anger) is also commonly associated with PTSD. Decades of research on the health risks associated with the “Type A” behavior patterns have isolated hostility as a crucial factor in cardiovascular disease. The relationship between PTSD and poor health also may be aggravated by behavioral risk factors for disease such as smoking, substance abuse, diet, and lack of exercise.

Use of Support and Self-help Groups

Too often, defendants overlook their emotional welfare, and there are few resources specific to litigation stress syndrome. The medical community is, however, coming to recognize a need to deal with and reduce the negative emotional consequences of litigation stressors. They have begun support groups that foster mutual aid, discussion in a safe environment, and true collegiality.

Support groups, although not widespread, may be found in local or state medical societies, individual residency programs, hospital wellness initiatives, Balint group programs (a small group of general practitioners who meet regularly to discuss their cases), or in employee assistance programs. Some insurance carriers provide access to counseling services as a component of malpractice coverage. Web-based resource links such as www.physicianlitigationstress.org can be found on the AANA Wellness pages. Self-help and structured support groups have been shown to provide some emotional security—even when the individual perceives their life to be falling apart. Often, successful role models offer valuable advice and insight, i.e., “I have been there and survived.”

Often, defendants take their lawyer’s advice about not discussing the suit with anyone quite literally. Consequently, the emotional impact of the event is not addressed, usually to the detriment of the individual’s emotional and physical health. Under the law, privileged (protected) communications are limited to spouses, clergy, lawyers, or therapists. However, support groups offer an opportunity to establish a new network of friends to replace those who either shun or have been advised not to speak with a defendant. The groups can provide an outlet to overcome negative feelings and promote a sense of sharing and belonging.

Successfully coping with significant stress requires practitioners to stretch beyond their usual boundaries and rely on their inherent strengths and judgment. It is important to recognize a need to accept help and support from others. Support groups may provide education and coaching on litigation, legal processes and their seemingly endless requirements, family stress, and individual coping skills. When family members are permitted and encouraged to attend, self-help groups offer support to all involved.

Being named in a medical malpractice suit can have other consequences that affect health and well-being. Any entity making payments in settlement of a malpractice claim must report the provider and case details to the National Practitioner Data Bank (NPDB). Credentialing bodies are required by law to query the NPDB when considering the

qualifications of an applicant.

Healthcare professionals are usually careful, responsible, and conscientious individuals with high expectations of themselves. Any legal allegation against their competence is threatening and causes enormous emotional disturbances. Just as a verdict for the plaintiff does not necessarily mean you were negligent, a dismissal does not necessarily remove the stigma or stress of being sued. Regardless of whether a case is settled, adjudicated, or dismissed, details of the claim will be requested with every future application for employment, insurance coverage, or licensure. Understanding the possibility for such outcomes is critical to your ability to cope with the experience.

Like your legal plan of action, it is important to actually make a plan for preserving your own health during a litigation crisis. Affirm your positive qualities and recognize that absolutely no one can take away your achievements. Learning to manage the many reactions, feelings, and challenges triggered by these stressful circumstances is difficult. However, despite the trauma, practitioners faced with a claim of malpractice can learn to withstand the pain and even to grow as a result of the experience. Too often overlooked, the need to balance the stressful demands of litigation with taking care of your own well-being is absolutely essential for personal and professional survival. ■

Every problem has a gift for you in its hands.

Richard Bach

Resources

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