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**Medical-Legal Partnerships: A Step Toward Interdisciplinary Care and the Reduction of Wasteful Treatment**

**I. Introduction**

It seems as if there has always been tension between lawyers and doctors. With the prevalence of medical malpractice suits in the United States, law and medicine seem to be in direct opposition of one another. But the reality is that an interdisciplinary approach to health care that involves both legal and medical professionals could benefit the health system as a whole. Joint health care approaches, such as Medical-Legal Partnerships, bring attorneys and doctors together to work toward a common goal of increasing quality of care for patients. With lawyers working in this capacity, patients’ social determinants of health can be more adequately addressed and doctors can implement more preventive care into their practice. This in turn would reduce wasteful and unnecessary medical interventions that are provided for defensive medicine purposes.

**II. Preventive Medicine**

The American health care system is increasingly focusing on preventive care as opposed to treatment. The Centers for Disease Control and Prevention (CDC) has stated that preventive care “will help improve America's health, quality of life and prosperity.”[[1]](#footnote-1) Rather than simply treating illness, doctors are encouraged to employ the public health model of tackling social determinants of health such as healthy eating and reduction in sedentary lifestyles.[[2]](#footnote-2) Social determinants of health are “the conditions in which people are born, grow, work, live, and age.”[[3]](#footnote-3) This is a model unlike traditional medicine. Doctors are mainly taught to treat viruses and infections, not an individual’s social conditions.

The introduction of the public health model into medicine seeks to bridge this gap. Public health professionals make a careful distinction between “medical care”—which is the set of clinical services provided—and “health care,” which holistically addresses all factors which attribute to a person’s health.[[4]](#footnote-4) There are limits to medical care. Medical care does not address the mortality increase among people of lower socioeconomic statuses.[[5]](#footnote-5) Higher spending for medical care in the United States has not positively impacted either life expectancy or infant mortality rates.[[6]](#footnote-6) Modern medical care has even been criticized as palliative, a mere reduction in pain or severity, rather than a solution for the underlying cause.[[7]](#footnote-7) The key to addressing these limitations in medical care is to shift toward a health care model and focus on health promotion and primary prevention so that there is a reduction in tertiary care.[[8]](#footnote-8)

One of the most positive and efficient outcomes of this shift is a reduction in unnecessary and wasteful medical interventions. In 2006, the United States spent $650 billion more in health care spending than other developed countries.[[9]](#footnote-9) About thirty percent of medical care costs could be eliminated without adverse effects to patients.[[10]](#footnote-10) It is believed that this excess is caused by several different categories of waste, but one prevalent category is that of overtreatment.[[11]](#footnote-11) Overtreatment “added between $158 billion and $226 billion in wasteful spending in 2011.”[[12]](#footnote-12) While prevention is a often factor examined when analyzing failed medical care delivery,[[13]](#footnote-13) doctors who use preventive medicine could also be less inclined to over treat.

**III. Noncommunicable Diseases**

The argument for preventive medicine is especially salient in light of the increase in noncommunicable, or chronic, illnesses. Chronic illness accounts for seven out of ten deaths yearly.[[14]](#footnote-14) Additionally, eighty-six percent of United States health care costs go to treating chronic illnesses.[[15]](#footnote-15) The medical community is not the only one to notice these alarming trends. The National Association of Chronic Disease Directors reports survey results that show eighty-four percent of Americans favor increased funding for prevention programs.[[16]](#footnote-16) Heart disease, diabetes, obesity, and respiratory diseases are all examples of chronic conditions that greatly affect Americans.[[17]](#footnote-17) All of these illnesses benefit more from preventive care rather than subsequent treatment.

Treatment of preventable illnesses is a form of waste. Obesity alone caused health care spending to increase by twelve percent from 1987 to 2001.[[18]](#footnote-18) The costs add up at an exponential rate, and with the additional growth in comorbidities, doctors will only be forced to treat more. Further, chronic diseases are also the most easily preventable illnesses.[[19]](#footnote-19) It is more efficient to encourage a lifestyle change rather than write a prescription. Health care agencies nationwide are challenging communities with a call to action to increase health promotion and prevention. Yet, medical care is still hesitant to go all in when it comes to prevention.

**IV. Fears of Medical Malpractice**

It is no secret that medical practitioners can get caught in the throes of lengthy and harsh medical malpractice suits. Physicians are not only required to be licensed and knowledgeable; malpractice insurance is also necessary for a medical professional. Doctors insure themselves with malpractice insurance policies that have six-figure premiums.[[20]](#footnote-20) These policies may seem steep, but the average damages award in medical malpractice suits is $485,000.[[21]](#footnote-21) The payout is not the only cost. Doctors also find that lawsuits take up much of their time as the average suit takes 27.5 months to resolve.[[22]](#footnote-22) This is the case whether the parties choose to settle or the case goes to a jury for a verdict.[[23]](#footnote-23)

The prevalence of these lawsuits leads many doctors to practice defensive medicine. Defensive medicine is when a doctor departs “from normal medical practice as a safeguard from litigation.”[[24]](#footnote-24) There are two main issues with defensive medicine. First, it can be harmful to the patients.[[25]](#footnote-25) Not only may patients be exposed to unnecessary treatment, but doctors may also avoid giving risky, but necessary, treatments for fear of subsequent lawsuits.[[26]](#footnote-26) Second, unnecessary treatment means unnecessary costs.[[27]](#footnote-27) A study among 800 Pennsylvania physicians found that 92 percent of doctors ordered diagnostic tests purely to protect themselves from litigation.[[28]](#footnote-28) Defensive medicine is not isolated to one area of medicine; the majority of doctors across specialties tend to practice defensive medicine.[[29]](#footnote-29)

Even with the lawsuits, doctors have medical malpractice insurance. It is also true that physicians do not tend to lose professional status as a result of being sued.[[30]](#footnote-30) So it would seem that physicians would not be as worried about litigation. But this is not the case. “[S]ome physicians show symptoms of anxiety, depression, behavior or personality changes due to reputational consequences that might undermine their professional career and respect.”[[31]](#footnote-31) Therefore, it is not just about money. Medical professionals also need peace of mind. It is no wonder that a doctor would do everything she can to prevent a lawsuit when there is so much anxiety surrounding this type of legal action.[[32]](#footnote-32)

**V. The Medical-Legal Partnership Model**

It is hard to imagine a way for doctors to be able to address public health’s concern of social determinants of health while also feeling assured that they will not be caught in a medical malpractice claim. But Medical-Legal Partnerships (MLPs) are helping to pave the path toward reconciliation. MLPs provide interdisciplinary care in four ways:

(1) Train health care, public health and legal teams to work collaboratively and identify health-harming social conditions; (2) treat individual patients’ existing health‐harming social conditions with assistance ranging from triage and consultations to legal representation; (3) transform clinic practice and institutional policies to better respond to patients’ health‐harming social conditions; (4) and prevent health‐harming social conditions broadly by detecting patterns and improving policies and regulations that have an impact on population health.[[33]](#footnote-33)

The MLP model arose from findings that sixty percent of health is determined by social factors.[[34]](#footnote-34) Those social factors are often influenced greatly by the law. For example, lack of healthy housing or denial of disability benefits can cause an individual to have recurrent health issues.[[35]](#footnote-35) But these are not issues that a doctor can address alone. For instance, a child with asthma can continue to receive nebulizer treatments at the hospital when he has an attack. But if the attacks are triggered by mold in substandard housing, that child will never fully recover, even with medical interventions, until the housing issue is resolved.

These MLPs relieve some of the pressure on doctors to implement wasteful and unnecessary treatments, because there is a team of multiple disciplines to help address the problem. It may also alleviate physicians’ legal concerns when they have an attorney on their team to provide support. The MLP model has also been shown to work financially. One example is an Illinois MLP which “demonstrate[d] a 319 percent return on the original investment of $116,250.”[[36]](#footnote-36) This benefit extended to patients who saw a $4 million reduction in their health care debt and a claim of $2 million in Social Security benefits.[[37]](#footnote-37)

This collaboration does more than empower patients; it empowers doctors as well. Just as attorneys can learn more about medicine directly from the professional, doctors can become more competent in legal matters. Clinical residents who receive training in facilities with an MLP are more confident in asking patients about their social history.[[38]](#footnote-38) The action becomes so second nature, that doctors naturally fall in line with methods of preventive medicine. Despite the increase in public health awareness, medical programs still lack in public health training for future physicians. Placing an MLP in a medical facility bridges this gap by providing a resource for doctors to learn more holistic methods to patient care. It is a win-win-win: for the lawyers, for the patients, and for the doctors.

**VI. Conclusion**

Medical-Legal Partnerships are just one example of how doctors and lawyers can come together to reduce unnecessary medical services. It is not, however, the only option. The key takeaway from Medical-Legal Partnerships is that an interdisciplinary approach can work cohesively in the medical setting. More so, patients derive a great benefit from having the underlying issues to their medical problems resolved. By creating more programs and settings where doctors can work with lawyers, the tension between the professions can decrease. Opening the lines of communication and creating a common goal can help doctors feel more secure and less inclined to defensively treat patients.

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