

Defensive Medicine. Is it a Reality?

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Defensive practice in medicine is a reality in India, and evidence shows it is increasing—driven by fear of litigation, erosion of trust, and systemic gaps in regulation and insurance.

What defensive medicine means in the Indian context

Defensive medicine referse to tests, procedures, referrals, or avoidance of high-risk cases primarily to reduce medico-legal risk, not to improve patient outcomes. Globally, this is well-documented; in India, it is now clearly emerging as a significant behavioural trend among clinicians.

A 2022 review found that defensive practices occur in 6.7% to 99.8% of physicians worldwide, with two dominant patterns—assurance behaviour (ordering more tests, referrals) and avoidance behaviour (avoiding high-risk patients or procedures)¹.

Why defensive medicine is rising in India

Evidence from the GNLU economic analysis highlights several India-specific drivers

Increasing medico-legal litigation, especially under consumer protection frameworks, has shaken the doctor–patient relationship.

Expectation of liability beyond actual damages creates fear-driven decision-making.

Inefficient medical insurance markets with low penetration of indemnity insurance and high out-of-pocket ex-

penditure, push doctors to over-investigate to protect themselves.

Kickbacks, inflated billing, and commercial pressures in parts of the healthcare industry blur the line between defensive and profit-driven practices.

Weak enforcement of regulatory laws (NMC Act, State Medical Council Acts, Public Health Acts) allows quackery and unregulated practice, indirectly increasing pressure on qualified practitioners to over-document and over-investigate to avoid comparison with unregulated providers.

How defensive medicine manifests in India?

Based on available evidence and clinical observation, common patterns include:

Excessive diagnostic testing (CT/MRI, lab panels) even when not clinically indicated.

Multiple specialist referrals to avoid sole responsibility.

Over-documentation in case sheets and discharge summaries.

Avoidance of high-risk specialties (obstetrics, neurosurgery, emergency care).

Reluctance to treat medico-legal cases (RTA, poisoning) without exhaustive documentation.

These behaviours align with the global patterns of assurance and avoidance behaviours identified in the scoping review.

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Consequences for India's health system

The GNLU study notes that defensive medicine in India:

Increases healthcare costs without improving outcomes.

Reduces efficiency and delays care.

Erodes trust between patients and doctors.

Undermines the constitutional mandate of the Right to Health by diverting resources to unnecessary interventions.

What can reduce defensive practice in India?

The review identifies four broad strategies:

Structured medico-legal training for doctors.

Restoring doctor-patient relationships through communication and transparency.

Health-system reforms like standard treatment guidelines, audit systems, and rational pricing.

Liability system reform like clearer legal standards,

faster resolution, and protection for good-faith clinical decisions.

The bottom line is that defensive medicine is undeniably a reality in India, though less studied than in high-income countries. The combination of rising litigation, weak regulatory enforcement, commercialisation of healthcare, and poor insurance coverage has created an environment where clinicians increasingly practice safe medicine rather than sound medicine.

END NOTE

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REFERENCE

1. Kumar M, Mohan S. Defensive medicine and medical malpractices in India: an economic analysis. *GNLU J Law Econ.* 2022;5(2):18-39.