Editorial
Medical Indemnity: Are We Safe Yet?

A medical indemnity insurance policy called Medical Professional Indemnity (MPI) was successfully launched by the Hong Kong College of Obstetricians and Gynaecologists insurance advisor Aon to compete against the Medical Protection Society (MPS) in May 2016. In a few months, more than half of practising obstetricians in Hong Kong acquired their coverage from the new provider. Colleagues needing help have received the same support as that from MPS over the past year. Trainee recruitment rebounded from our historical trough of 2015. Colleagues who continued with MPS received a Christmas present in 2016, because MPS announced the availability of long-tail cover from a third party. Obstetricians in Hong Kong who stay with MPS, however, may notice that an apparent drop in fees, related to the change of basis, was followed by an annual increase of 20% over the past 2 years, rising from nearly HK$230,000 in 2015 to HK$330,000 in 2017.

We have been led into many interesting ideas by MPS over the past 3 decades. We never asked about the sustainability of an unregulated mutual fund because it has over a century of history, although the news teaches us that history and size do not matter. We are told that the financial books of each place are independent, and we believe in transparency, but we do not know of anyone in Hong Kong who has read these books. We have been misled from our student days that discretionary cover helps doctors best, and we are now facing the same fight against ourselves. We are taught by all school teachers, and the MPS, about the core values of medicine. We are now, however, instructed by the MPS that gynaecologists should shy away from helping colleagues in obstetric disasters. All of this might answer the challenge raised by an MPS representative: "at the end of the day, it is whether you still trust the MPS or not". The problem was not just a change in the indemnity basis, it was a unilateral change in a fundamental concept even before completion of a new mode of support. In fact, a discretionary decision justifies any future overnight change.

Doctors are all concerned with the sustainability of a new product such as MPI. There is no reason to belittle ourselves on our size as a market. Hong Kong is the third largest revenue centre of the MPS, after the UK and Ireland, but Ireland is losing money. Obstetrics and Gynaecology (O&G) represents one-fifth to one-fourth of the market. Yet volatility in O&G is high. One claim could take away years of subscription fees and dishearten an insurer. It is therefore important that there is balanced exposure. The year 2017 is another critical year for the insurance indemnity product of MPI. The broker company Aon, with support from the Hong Kong Academy of Medicine and active participation by some senior doctors and the author, tried to convince private hospitals to accept the product across specialties. Private hospitals are naturally anxious about change. It is only in the best interest of doctors that we plead for competition and fairness, and O&G doctors may contribute with active persuasion by the hospital administration. It is apparent to many people that claim-based indemnity poses no material risk to the hospitals under the present legal system. In addition, after accepting claim-based insurance for the highest-risk category, obstetrics, it seems reasonable that the same product may cover other specialties.

The author wrote previously that the future is in our hands[1]. It is reasonable to be slightly relaxed about the next few years. At most, indemnity premiums could fluctuate, but indemnity is still sustainable in the short term. We have been promised transparency and we are seeing such a development from the insurers.

For historical reference, the MPS subscription rate for occurrence-based O&G cover was nearly HK$6000 in 1994, about HK$55,000 in 2003, and just over HK$360,000 in 2014. From 1994 to 2014, the number of O&G subscribers also increased by 50%! Establishment of an indemnity competitor across specialties, and one that we may influence, is therefore only the first step. It may be inadequate even for the intermediate term.

It is important to keep O&G indemnity costs down, and multiple approaches are necessary. Genuine clinical risk management has been shown to reduce claims and costs overseas. Peer review and governance measures could be targeted against asphyxia and birth trauma. Continuing medical education based on local experience improves clinical communication. Documentation about proper care is our lifeline. Such documentation includes appropriately detailed clinical notes, as well as outcome measures. The author cannot understate the importance of objective proof against asphyxia, and used it routinely to protect fellow colleagues in one busy private unit for over 10 years. Public education and appropriate information

to clients manage expectations. There is also a need to manage support mechanisms through mobilisation of experts. Doctors should not talk against one another easily, individually, as a team, or across sectors.

Competition improves performance and we obstetricians and gynaecologists advocate competition. An independent competitor has been set up in Hong Kong recently and we shall have to learn more about the product. A provider previously concentrating on general practice is also considering cover for specialists. The overall service and effectiveness will determine acceptance. An interested doctor may begin consideration by professional vetting of the policies, which are written in the language of the insurers. Other factors of concern may be overall transparency and accountability, as well as track record.

We have suffered badly from lack of information. Colleagues in other specialties who may consider alternatives to MPS have the same problem. The author is establishing an independent portal of communication, open to all to provide information at <www.facebook.com/medicalindemnity>. A doctor can visit the page and 'like' it. Future information published on the page will be 'pushed' to the Facebook wall of the doctor. The effort merely tries to level slightly the information advantage with existing provider(s).

Please pray for Hong Kong, pray for our patients to continue having a viable dual-track health care system. Pray for our trainees and students that they have a future instead of a single employer. Together, we fight a war for survival and justice, of which we have made a glorious start. The author salutes every obstetrician in Hong Kong.

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Reference

1. Leung A. Changes to professional indemnity. *Hong Kong J Gynaecol Obstet Midwifery* 2015; 15:97-9.