10 Lessons from 2025:

Medical Negligence Insights, Claims Triage Realities and Conversations with More Than Eight Thousand Doctors

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The doctor sat across from me, visibly shaken, holding the letter of demand in trembling hands. "I have cared for her for years," she said quietly. "I followed up with her regularly. I knew her grandchildren's names. And now this." Her voice broke. "After thirty years of purely caring for my patients, I am wondering if I need to change. Maybe I must become more defensive now to avoid these heartbreaking moments."

I hear this more often than I should. In 2025, after standing on sixty stages and speaking with eight thousand doctors across the region, combined with reviewing hundreds of medical negligence claims, I've seen this crisis of faith repeat itself with heartbreaking frequency. Good doctors. Deep relationships. Devastating outcomes.

But here's what I told that doctor, and what I've come to understand through hundreds of real cases: You don't need to become more defensive. You need to become more deliberate.

The difference is everything. Defensive medicine means ordering unnecessary tests, avoiding complex cases, treating patients as potential litigants. Deliberate medicine means documenting your care as thoroughly as you deliver it, communicating risks as clearly as you explain treatments, and protecting yourself not because you're doing something wrong, but because you're doing something important.What follows are ten important lessons drawn from real cases, sincere conversations and the growing complexity of patient expectations.

1. Doctors Are Human

Doctors carry extraordinary responsibility, and patients often place immense trust in them. This trust can create expectations that are almost superhuman. When outcomes fall short, even if no negligence occurs, the emotional disappointment can be significant. The gap between human limitations and patient hopes often becomes the foundation of dissatisfaction. A useful reminder for all of us is that the higher the trust, the deeper the hurt.

2. Communication Failures Are a Major Source of Disputes

Many claims this year arose not because of negligent treatment but because patients felt they were not fully informed or did not understand the risks. This issue was especially common among elderly patients, children and those who were not fluent in the doctor's language. Consent is not a signature. It is a meaningful conversation that ensures comprehension. When expectations are unclear or patients feel blindsided by outcomes, disputes become far more likely. Better communication would have prevented a large number of claims this year.

3. Poor Documentation Weakens Even the Strongest Defence

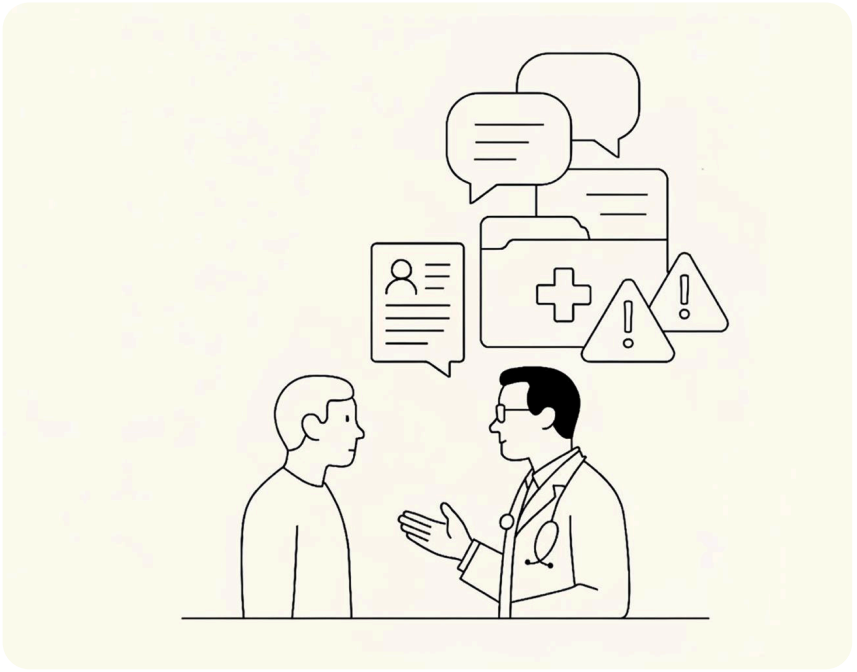
A recurring theme in the claims we reviewed was incomplete or missing documentation. Doctors often insisted that the notes were incomplete only for that one case, but unfortunately it is always that case which costs your sleep. Lawyers defend based on written records, not recollection or intention. Without proper documentation, a defensible case becomes vulnerable, and insurers may be forced to settle simply because the defence appears weak. Documentation is not administrative burden. It is a safety tool.

4. Claims Are Increasing and New Risks Are Emerging

Based on our data and industry experience, it is likely that more than one thousand medical negligence claims emerged nationwide this year. General practitioners and general dentists continue to see the highest number of claims due to their patient volumes, while specialists face fewer claims but much higher claim values. In addition to common issues such as misdiagnosis and unsatisfactory outcomes, new concerns arose involving unlicensed locums, expired vaccines and the use of medical devices without proper certification. The risk landscape is expanding and requires greater awareness.

5. Locum Work Is Creating Serious Exposure for Both Doctors and Clinics

One of the most significant lessons from 2025 is the exposure caused by locum arrangements. Many government doctors take locum assignments yet most of them do not insure themselves because they feel the premiums reduce their earnings. When a locum becomes involved in a claim, the clinic almost always gets named. Many clinic owners are unaware that their clinic is a separate legal entity and therefore requires its own indemnity coverage. A doctor's personal indemnity does not extend to the clinic. Several clinics this year faced substantial legal costs because this distinction was not understood. Proper verification and clinic level protection are essential.



6. A Strong Professional Indemnity Policy Is Essential

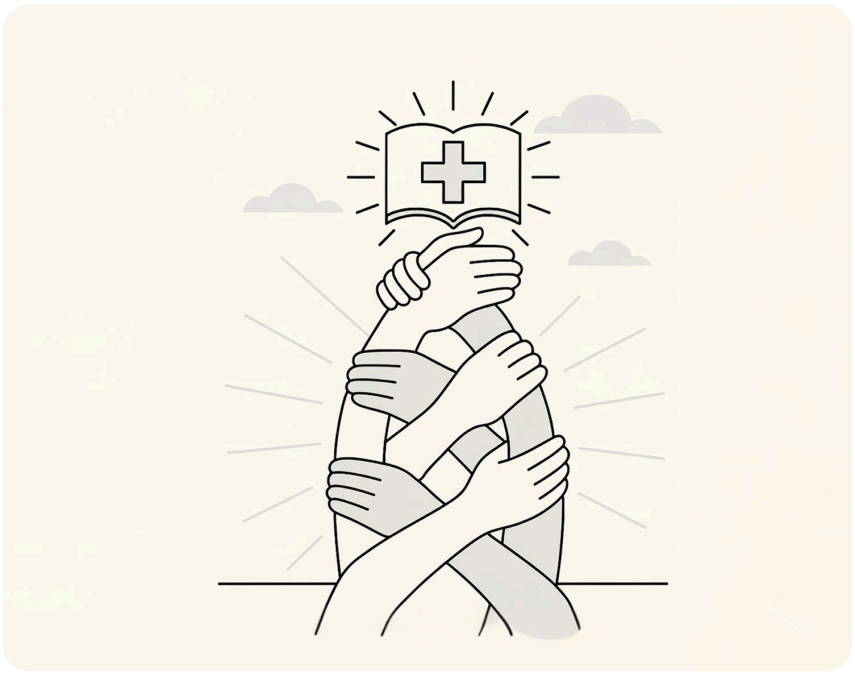
This year made it clear that professional indemnity coverage is not a formality. It is an essential part of medical practice. A well-designed policy provides not only financial protection but access to experienced legal support, early intervention and guidance through emotionally stressful situations. Many doctors only realise the value of a strong policy after they receive a complaint. The difference between a smooth resolution and a prolonged dispute often lies in the quality of the indemnity support.

7. Waiting for a Letter of Demand Before Responding Is Too Late

A major weakness in many traditional indemnity insurance policies is that they only activate when a formal letter of demand is received. By that stage, the opportunity for early resolution has often passed. Early involvement, at the first sign of dissatisfaction, gives insurers and lawyers the chance to understand concerns, respond appropriately and prevent escalation. Early triage is significantly more effective than waiting for formal legal action. The sooner the engagement, the better the outcome.

8. Doctors Should Have a Say in Selecting Their Lawyer

Defending a complaint is emotionally demanding, and the relationship between doctor and lawyer must be grounded in trust, comfort and clear communication. Many doctors have shared their frustration with lawyers who were difficult to reach, slow to respond or unable to communicate in a way that offered assurance. When a doctor feels disconnected from their lawyer, the entire defence process becomes more stressful and often less effective. For this reason, it is strongly advisable for doctors to choose indemnity coverage that allows them a meaningful say in the selection of their legal representative. A lawyer whom the doctor trusts and feels confident with can significantly influence both the experience and the outcome of the case.



9. Reviewing Coverage Annually Is a Professional Responsibility

Doctors often remain with their insurer out of familiarity, but indemnity coverage evolves over time. Benefits, premiums and claims handling philosophies vary greatly. Doctors should review their coverage each year to ensure it remains relevant and competitive. Staying with an insurer solely out of habit can result in outdated protection. Regular review is not a formality. It is a professional duty.

10. Unlimited Retroactive Cover and Run Off Protection Are Crucial for Long Term Safety

Two features stood out as essential this year. Unlimited retroactive coverage ensures that doctors are protected for claims arising from any point in their career, provided they were not already aware of the issue. Run-off protection becomes critical during retirement because claims can arise years after treatment. Without run-off coverage, a single claim during retirement can cause severe financial impact. These features provide long term safety and protect the personal assets doctors have spent a lifetime building.

Conclusion: The Future of Medicine Depends on Trust

The most important lesson from 2025 is that modern healthcare is shaped as much by communication and expectations as it is by clinical ability. Patients today are more informed, more exposed to external opinions and influenced by information from many different sources. This environment requires doctors to communicate with greater clarity, document more thoroughly and maintain an approach that is both professional and empathetic.

When concerns or disputes arise, the objective should not be to prevail in a confrontation, but to understand the issue, address it early and work towards a fair and practical resolution. Patients who feel heard and supported are less likely to escalate disagreements and more likely to maintain confidence in their practitioners. Doctors who communicate clearly and consistently contribute to a safer clinical environment, and insurers who intervene early help reduce unnecessary conflict. These observations reflect the reality of the medico legal landscape today, and they underscore the importance of collaboration, transparency and timely engagement as the healthcare sector continues to evolve.