

**Original Article**

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**Physicians' Perceived Burden on No-Fault  
Compensation**

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The implementation of a patient-centered no-fault compensation (NFC) system can help protect both patients and healthcare providers, fostering a more supportive and effective clinical environment. This study assessed the perceived burden of NFC on physicians. This study included 199 physicians (male:female, 150 [75%]:49 [25%]; mean age, 45.8 [ $\pm$  8.42]) from a city in South Korea. Participants completed a structured questionnaire on the perceived burden caused by NFC. Of the physicians, 72.4% conveyed that compensation judgments in no-fault medical accidents were unjust, and 44.7% reported that defensive practices increased healthcare costs by over 40%. A total of 26.9% responded that excessive explanations influenced more than half of their clinical encounters because of concerns about potential legal consequences. Furthermore, 46.7% reported that residents' training was disturbed by the fear of NFC, while 77.2% responded that student clerkship was disturbed. Most respondents indicated the need to implement a NFC (90.7%), and an autonomous licensing body (83.9%). The high perceived burden of NFC highlights the urgent need for institutional and legal reforms. A structured NFC system must be implemented to distinguish between unavoidable outcomes and genuine malpractice. Proper compensation is critical for sustaining the healthcare system, ensuring quality of care, and enabling ethical patient-centered practices.

**Keywords:** No-fault compensation, Patient safety, Perceived burden

**Introduction**

No-fault medical accidents involve adverse medical outcomes that occur without gross negligence or intentional misconduct by physicians. Given the inherent uncertainties and limitations of medical practice, such incidents are, to some extent, unavoidable. In South Korea, the high rate of criminal charges against physicians poses a substantial threat to workforce stability and deters physicians from entering high-risk or essential specialties. To address this issue, legal protections, and institutional safeguards must be strengthened, thereby enabling physicians to fulfill their clinical responsibilities without undue fear of legal reprisal. This is essential not only for protecting healthcare professionals but also for restoring trust and morale within the medical community [1].

Poor medical outcomes are inevitable even when lawful and appropriate treatments are provided. Holding physicians personally liable for such outcomes in no-fault cases contributes to the deterioration of essential healthcare services and encourages defensive medicine, which increases medical costs and compromises quality [2].

Compared to other countries, such as Japan, the United Kingdom, and Germany, South Korea has a disproportionately high rate of criminal sentencing for

medical incidents. This punitive atmosphere has led to the avoidance of high-risk treatments and a growing tendency toward defensive medical practices. Furthermore, the increasing burden of legal risk has led to a decline in the number of medical trainees in high-risk departments [3].

This study assessed the perceived burden of no-fault compensation on physicians. For the healthcare system to remain sustainable and continuously improve quality, it is critical to consider and address this burden. The implementation of a patient-centered, no-fault compensation system could help protect both patients and healthcare providers, fostering a more supportive and effective clinical environment.

## Methods

This study surveyed 199 physicians (male:female, 150 [75%]:49 [25%]; mean age, 45.8 [ $\pm$  8.42]) from a city in South Korea using a structured questionnaire on the perceived burden caused by no-fault compensation. Of these, 190 (94.5%) were board-certified physicians and 9 (4.52%) were general practitioners (Table 1). Statistical analyses were performed us-

ing SPSS, version 29.0 (IBM Co.). Statistical significance was defined as a two-sided p-value of less than 0.05.

## Results

### Perceive burden in practice

A total of 72.4% of physicians conveyed that more than 40% of compensation judgments in no-fault medical accidents were unjust, and 44.7% reported that defensive practices increased healthcare costs by over 40%. A total of 26.9% of the respondents stated that excessive explanations of side effects and complications influenced more than half of their clinical encounters, primarily due to concerns about potential legal consequences. Additionally, over one-fifth of the respondents indicated that defensive practice made up more than half (40%) of their clinical duties (21.6%), and more than half of their clinical time was used for explanations (26.9%; Table 2, Fig. 1).

### Perceived burden in education

Physicians also reported that residents' training (46.7%) and medical student clerkship (77.2%) were disturbed due to the

**Table 1.** Baseline characteristics

Variable	Non member (n = 153)	Board member (n = 46)	Total (n = 199)
Age	45.4 $\pm$ 8.62	47.5 $\pm$ 7.59	45.8 $\pm$ 8.42
Sex (M/F)	111/42	39/7	150/49
Specialty			
Family medicine	2 (7.84)	3 (6.52)	15 (7.54)
Internal medicine	3 (15.03)	5 (10.87)	28 (14.07)
Anesthesiology	4 (2.61)	0 (0.00)	4 (2.01)
OB GY	4 (2.61)	2 (4.35)	6 (3.02)
Plastic surgery	3 (1.96)	1 (2.17)	4 (2.01)
Pediatrics	9 (5.88)	2 (4.35)	11 (5.53)
Neurology	8 (5.23)	4 (8.70)	12 (6.03)
Cardiothoracic surgery	1 (0.65)	1 (2.17)	2 (1.01)
Ophthalmology	4 (2.61)	2 (4.35)	6 (3.02)
Radiology	6 (3.92)	2 (4.35)	8 (4.02)
Preventive medicine	2 (1.31)	1 (2.17)	3 (1.51)
General surgery	9 (5.88)	4 (8.70)	13 (6.53)
Emergency medicine	9 (5.88)	4 (8.70)	13 (6.53)
ENT	6 (3.92)	2 (4.35)	8 (4.02)
Rehabilitation medicine	34 (22.22)	3 (6.52)	37 (18.59)
Psychiatry	5 (3.27)	1 (2.17)	6 (3.02)
Orthopedic surgery	6 (3.92)	4 (8.70)	10 (5.03)
Dermatology	3 (1.96)	1 (2.17)	4 (2.01)
GP & BMS	25 (16.3)	4 (8.70)	9 (4.52)

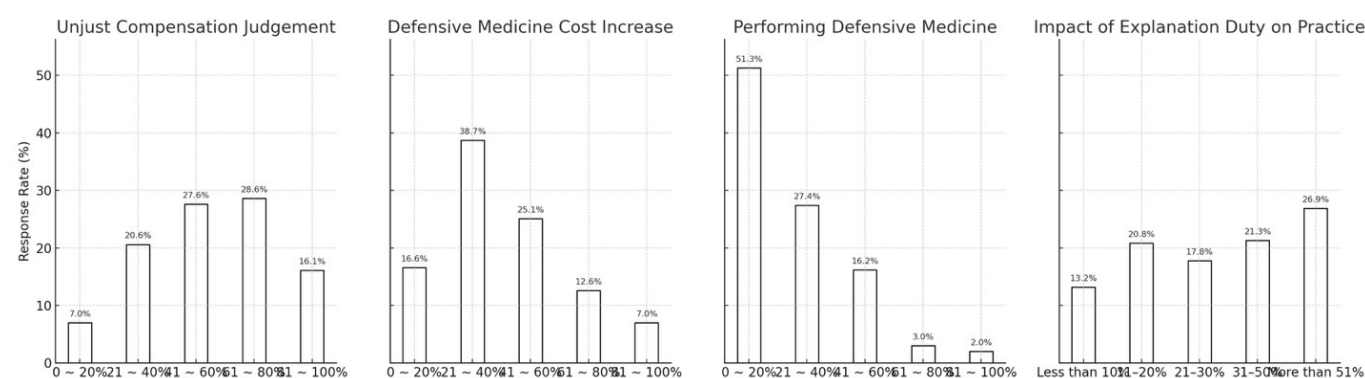
Values are presented as n, n (%), or mean  $\pm$  standard deviation.

M, male; F, female; OB GY, obstetrics & gynecology; ENT, otolaryngology; GP, general physician; BMS, basic medical science.

**Table 2.** Perceived burden about no-fault compensation

Variable	Non member (n = 153)	Board member (n = 46)	Total (n = 199)
Frequency of unjust compensation in no-fault medical accidents			
0%–20%	11 (7.19)	3 (6.52)	14 (7.04)
21%–40%	33 (21.57)	8 (17.39)	41 (20.60)
41%–60%	41 (26.80)	14 (30.43)	55 (27.64)
61%–80%	45 (29.41)	12 (26.09)	57 (28.64)
81%–100%	23 (15.03)	9 (19.57)	32 (16.08)
Cost increase due to defensive practice			
0%–20%	27 (17.65)	6 (13.04)	33 (16.58)
21%–40%	62 (40.52)	15 (32.61)	77 (38.69)
41%–60%	36 (23.53)	14 (30.43)	50 (25.13)
61%–80%	18 (11.76)	7 (15.22)	25 (12.56)
81%–100%	10 (6.54)	4 (8.70)	14 (7.04)
Frequency defensive practice			
0%–20%	77 (51.0)	22 (50.0)	99 (50.8)
21%–40%	41 (27.2)	13 (29.5)	54 (27.7)
41%–60%	23 (15.2)	9 (20.5)	32 (16.4)
61%–80%	6 (4.0)	0 (0.0)	6 (3.1)
81%–100%	4 (2.6)	0 (0.0)	4 (2.1)
Impact of explanation duty on practice			
0%–10%	20 (13.2)	6 (13.3)	26 (13.2)
11%–20%	31 (20.4)	10 (22.2)	41 (20.8)
21%–30%	29 (19.1)	6 (13.3)	35 (17.8)
31%–50%	32 (21.1)	10 (22.2)	42 (21.3)
51%–100%	40 (26.3)	13 (28.9)	53 (26.9)

Values are presented as n (%).

**Fig. 1.** Perceived clinical burden.

fear of no-fault compensation. The average frequency of disturbance among residents was 1.68 times per month. Additionally, more than 20% of resident clinical training time and 47.4% of medical clerkships were disturbed by the fear of no-fault compensation (Table 3).

### Need for a no-fault compensation system

Most of the respondents indicated the need to implement a no-fault compensation system (90.7%; immediate adoption: 46.5%; gradual adoption: 44.2%), and an autonomous licensing body (83.9%; immediate adoption: 35.2%; gradual adoption: 48.7%; Table 4).

**Table 3.** Educational burden in residents and medical clerkship to avoid no-fault compensation

Variable	Non member	Board member	Total
Experience of educational burden in residents			
Frequency/month	1.6 ± 2.51	2.2 ± 3.84	1.7 ± 2.83
Yes	73 (48.0)	19 (42.2)	92 (46.7)
No	79 (52.0)	26 (57.8)	105 (53.3)
Experience of educational burden in medical clerkship			
Yes	120 (78.9)	32 (71.1)	152 (77.2)
No	32 (21.1)	13 (28.9)	45 (22.8)
Frequency of education burden among medical clerkship			
0%–20%	66 (55.00)	14 (43.75)	80 (52.63)
21%–40%	27 (22.50)	11 (34.38)	38 (25.00)
41%–60%	21 (17.50)	6 (18.75)	27 (17.76)
61%–80%	3 (2.50)	0 (0.00)	3 (1.97)
81%–100%	3 (2.50)	1 (3.12)	4 (2.63)

Values are presented as mean ± standard deviation or n (%).

## Discussion

In South Korea, the high incidence of criminal charges against physicians poses a serious threat to workforce stability and deters many physicians from entering high-risk medical specialties. However, no-fault medical accidents are inevitable owing to the inherent uncertainties and limitations of medicine [4]. The current legal framework is disproportionately accountable to physicians. This not only undermines essential healthcare services but also increases healthcare costs through the widespread adoption of defensive medical practice [5].

The current crisis in the supply and distribution of medical personnel can be attributed to high medical-legal risks. This study showed that 72.4% of physicians indicated that more than 40% of compensation judgments in no-fault medical accidents were unjust, and 44.7% reported that defensive practices increased healthcare costs by over 40%. These findings indicate a widespread perception among physicians that the legal system imposes excessive liability, even in the absence of professional negligence. Consequently, physicians experience undue elevated psychological stress and develop defensive clinical behaviors, ultimately undermining both the quality and efficiency of care.

Legal pressure relating to the duty of informed consent has also been found to significantly affect clinical decision-making. A total of 26.9% of the respondents stated that excessive explanations of side effects and complications influenced more than half of their clinical encounters, primarily due to concerns of potential legal consequences. This demand discourages physicians from pursuing high-risk or innovative treat-

**Table 4.** Need for implementing no-fault compensation system

Need for implementing no-fault compensation system	
Immediate adoption	93 (46.5)
Gradual adoption	88 (44.2)
Not necessary	18 (9.3)
Need for autonomous licensing body	
Immediate adoption	70 (35.2)
Gradual adoption	57 (48.7)
Not necessary	32 (16.1)

Values are presented as n (%).

ments, hindering medical progress, and restricting patient access to optimal care. Furthermore, the demand for exhaustive explanations in every scenario, regardless of clinical urgency or context, places an undue burden on physicians and distorts the nature of shared decision-making.

The legal pressure extends beyond clinical practice into medical education and training. In this study, physicians reported that residents' training (46.7%) and medical student clerkship (77.2%) were disturbed due to the fear of no-fault compensation. The average frequency of disturbance among residents was 1.68 times per month. Additionally, more than 20% of resident clinical training time and 47.4% of medical clerkships were disturbed by the fear of no-fault compensation.

These findings suggest not only a distributional issue in teaching responsibilities but also structural tensions in the current training system. The legal anxieties surrounding medical accidents, explanatory obligations, and defensive practices may inadvertently affect the quality of medical education,

leading to excessive caution and emotional exhaustion among educators and trainees, thereby, reducing educational effectiveness.

Most physicians reported the need to implement a no-fault compensation system and an autonomous licensing body. These findings highlight the urgent need for institutional and legal reforms. A structured no-fault compensation system must be implemented to distinguish between unavoidable outcomes and genuine malpractice [6]. Furthermore, the physicians' duty to explain and the scope of necessary clinical explanations must be legally clarified in the context of no-fault cases [7]. These strategies are paramount for reducing the pressure on excessive legal self-protection, supporting ethical and patient-centered care, and contributing to a more stable and innovative healthcare system. Physicians deserve adequate compensation for their expertise, responsibility, and societal values. Proper remuneration is critical for sustaining the healthcare system, ensuring the quality of care, and enabling ethical, patient-centered practices. A delay in addressing the current situation, workforce shortages and declining medical service quality, are inevitable.

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## Conflict of interest

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