

Appendix E:

Detailed Results of the OTA Clinical Scenario Surveys

The main features of the results of the Office of Technology Assessment (OTA) clinical scenario surveys¹ are highlighted in chapter 3. This appendix contains:

- for each clinical option in each “case” scenario, weighted frequencies and percentages of responses using six different definitions of defensive medicine (tables E-1 through E-8); and
- a comparison of attitude scale scores between respondents who cited malpractice concerns as the primary reason for choosing procedures and those who did not (table E-9).

The following additional results are presented in a technical appendix available from OTA upon request:

- unweighed frequencies and percentages of respondents who single-checked or double-

checked malpractice concerns for each clinical option;

- detailed comparisons of results for case and control versions of the scenarios, showing unadjusted as well as adjusted odds ratios and confidence intervals;
- weighted crosstabulations between each of the demographic items and our primary measure of defensive medicine (see appendix D);
- descriptive measures of our attitude scales for malpractice concern, cost consciousness, and discomfort with clinical uncertainty (see appendix D); and
- detailed results of comparison of the proportion of respondents who chose clinical actions in the open- and closed-ended versions of the scenario surveys of the American College of Surgeons.

¹These results were compiled in collaboration with Dr. Russell Localio of Pennsylvania State University.

TABLE E-1: Percentage of Respondents Who Chose a Clinical Action for Malpractice Concerns, Cardiologists^a

Scenario ^b / clinical action	% of respondents who chose the clinical action	Percent of respondents who chose the clinical action for malpractice concerns					
		Most restrictive definition			Least restrictive definition		
		Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Syncope (N=346)							
Admit	66.3%	0.6%	0.6%	7.2%	8.3%	15.6%	37.9%
Exercise ECG	29.8	0.0	0.3	2.1	2.4	4.8	8.3
Stress thallium	10.7	0.0	0.0	0.3	0.3	1.2	3.3
2 D/M mode	83.0	0.0	0.0	0.9	0.9	5.4	20.6
Doppler	67.0	0.2	0.2	1.4	1.4	3.5	14.5
Color flow doppler	56.2	0.6	0.6	1.8	1.8	3.8	10.8
Transesophageal echo	0.8	0.0	0.0	0.0	0.0	0.0	0.2
Holter monitor	83.5	0.3	0.8	2.8	3.5	9.0	22.7
Tilt table	39.6	0.0	0.0	0.0	0.3	1.7	3.7
Carotid doppler	26.5	0.9	1.9	3.6	4.3	7.0	10.5
EEG	23.1	1.7	2.0	3.4	3.8	6.9	11.3
Brain MRI	7.6	0.7	1.0	1.5	2.2	2.8	4.0
Chest pain (N=162)							
Discharge home w/NSAID	67.8	0.0	0.0	0.0	0.0	2.5	8.8
Admit and observe	8.8	0.0	0.0	0.8	0.8	1.2	4.9
Admit and obtain enzymes	21.5	0.5	1.1	3.0	4.9	6.5	13.4
Admit and obtain ECG	22.4	0.5	1.1	4.4	5.8	8.1	14.0
Exercise ECG	50.2	2.5	2.5	8.6	1.1	14.0	23.9
Stress thallium	8.5	0.0	0.0	0.8	0.8	1.5	2.6
2 D/M mode	18.8	0.0	0.0	1.4	1.4	2.7	7.4
Doppler	7.8	0.7	0.7	1.4	1.4	2.1	2.7
Color flow doppler	8.4	0.0	0.0	0.8	0.8	1.4	2.0
Transesophageal echo	0.6	0.0	0.0	0.0	0.0	0.0	0.0
Angiogram	0.6	0.0	0.0	0.0	0.0	0.0	0.6

^a Results are weighted to reflect the total population of professional society members on which the survey sample was based (see appendix D for details)^b Results shown for "case" versions only (see appendix D for explanation)

KEY: 2 D/M = 2 dimensional/time-motion mode; ECG = electrocardiogram; EEG = electroencephalogram; NSAID = nonsteroidal anti-inflammatory drug

NOTE: Starting with definition 1, the data are cumulative

- Definition 1: Malpractice Concerns double-checked with no checks for any other reason
- Definition 2: definition 1 plus Malpractice Concerns double-checked, no checks for Medical Indications, but single checks for other reasons allowed
- Definition 3: definition 2 plus Malpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed
- Definition 4: definition 3 plus Malpractice Concerns single-checked, no checks for Medical Indications, but single or double checks for other reasons allowed
- Definition 5: definition 4 plus Malpractice Concerns single-checked, Medical Indications single checked, and single or double checks allowed for other reasons
- Definition 6: definition 5 plus Malpractice Concerns single-checked, Medical Indications double checked, and single checks for other reasons allowed

SOURCE: Office of Technology Assessment, 1994. Data compiled in collaboration with Dr. Russell Localio of Pennsylvania State University

TABLE E-2: Percentage of Clinical Actions Chosen for Malpractice Concerns, Cardiologists^a

		Of clinical actions chosen, percent done for malpractice concerns					
Scenario ^b / clinical action	% of respondents who chose the clinical action	Most restrictive definition			Least restrictive definition		
		Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Syncope(N=346)							
Admit	66.3%	0.8%	0.8%	10.8%	12.5%	23.5%	57.2%
Exercise ECG	29.8	0.0	1.0	7.1	8.0	16.2	27.8
Stress thallium	10.7	0.0	0.0	2.3	2.3	11.4	31.0
2 D/M mode	83.0	0.0	0.0	1.1	1.1	6.5	24.9
Doppler	67.0	0.3	0.3	2.2	2.2	5.2	21.6
Color flow doppler	56.2	1.0	1.0	3.2	3.2	6.8	19.2
Transesophageal echo	0.8	0.0	0.0	0.0	0.0	0.0	29.9
Hotter monitor	83.5	0.4	1.0	3.3	4.2	10.8	27.2
Tilt table	39.6	0.0	0.0	0.0	0.6	4.4	9.4
Carotid doppler	26.5	3.5	7.1	13.7	16.2	26.4	39.8
EEG	23.1	7.2	8.7	14.9	16.3	29.7	48.9
Brain MRI	7.6	8.6	12.7	20.3	28.9	36.3	53.0
Chest pain (N=162)							
Discharge home w/NSAID	67.8	0.0	0.0	0.0	0.0	3.7	13.0
Admit and observe	8.8	0.0	0.0	8.7	8.7	13.8	55.6
Admit/obtain enzymes	21.5	2.1	5.1	13.9	23.0	30.2	62.3
Admit and obtain ECG	22.4	2.0	2.0	19.5	25.7	36.1	62.4
Exercise ECG	50.2	5.0	5.0	17.2	22.1	27.8	47.7
Stress thallium	8.5	0.0	0.0	9.0	9.0	17.9	30.7
2 D/M mode	18.8	0.0	0.0	7.6	7.6	14.5	39.1
Doppler	7.8	8.7	8.7	18.4	18.4	26.6	34.6
Color flow doppler	8.4	0.0	0.0	9.1	9.1	16.7	24.1
Transesophageal echo	0.6	0.0	0.0	0.0	0.0	0.0	0.0 "
Angioqram	0.6	0.0	0.0	0.0	0.0	0.0	100.0

^a Results are weighted to reflect the total population of professional society members on which the survey sample was based (see appendix D for details)

^b Results shown for "case" versions of scenarios only (see appendix D for explanation)

KEY 2 D/M = 2 dimensional/time-motion mode, ECG = electrocardiogram, EEG = electroencephalogram, NSAID = nonsteroidal anti-inflammatory drug

NOTE Starting with definition 1, the data are cumulative.

■ Definition 1 Malpractice Concerns double checked with no checks for any other reason

■ Definition 2 definition 1 *plus* Malpractice Concerns double-checked, no checks for Medical Indications, but single checks for other reasons allowed

■ Definition 3 definition 2 *plus* Malpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed

■ Definition 4 definition 3 *plus* Malpractice Concerns single-checked, no checks for Medical Indications, but single or double checks for other reasons allowed

■ Definition 5 definition 4 *plus* Malpractice Concerns single-checked, Medical Indications single-checked, and single or double checks allowed for other reasons

■ Definition 6 definition 5 *plus* Malpractice Concerns single-checked, Medical Indications double-checked, and single checks for other reasons allowed

SOURCE Office of Technology Assessment, 1994 Data compiled in collaboration with Dr Russell Localio of Pennsylvania State University

TABLE E-3: Percentage of Respondents Who Chose a Clinical Action for Malpractice Concerns, General Surgeons^a

Scenario ^{b/} clinical action	% of respondents who chose the clinical action	Percent of respondents who chose clinical action for malpractice concerns					
		Most restrictive definition			Least restrictive definition		
		Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Breast pain (N=1,412)							
Needle biopsy	13.3%	0.2%	0.3%	2.7%	3.0%	4.6%	9.7%
Open biopsy	8.4	0.2	0.5	2.1	2.1	3.0	6.3
Other	14.5	0.0	0.1	1.0	1.1	1.8	6.2
Rectal bleeding (N=738)							
Air contrast barium enema	19.2	0.0	0.5	2.3	2.4	4.8	11.5
Colonoscopy	26.2	0.6	1.3	5.0	5.0	7.1	16.5
Other	9.7	0.0	0.0	0.3	0.4	1.1	2.0

^a Results are weighted to reflect the total population of professional society members on which the survey sample was based (see appendix D for details).

^b Results shown for "case" versions of scenarios only (see appendix D for explanation).

NOTE Starting with Definition 1, the data are cumulative.

- Definition 1: Malpractice Concerns double-checked with no checks for any other reason
- Definition 2: definition 1 *plus* Malpractice Concerns double-checked, no checks for Medical Indications, but single checks for other reasons allowed
- Definition 3: definition 2 *plus* Malpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed
- Definition 4: definition 3 *plus* Malpractice Concerns single-checked, no checks for Medical Indications, but single or double checks for other reasons allowed
- Definition 5: definition 4 *plus* Malpractice Concerns single-checked, Medical Indications single-checked and single or double checks allowed for other reasons
- Definition 6: definition 5 *plus* Malpractice Concerns single-checked, Medical Indications double-checked and single checks for other reasons allowed

SOURCE: Office of Technology Assessment, 1994. Data compiled in collaboration with Dr. Russell Localio of Pennsylvania State University.

TABLE E-4: Percentage of Clinical Actions Chosen for Malpractice Concerns, General Surgeons^a

		Of clinical actions chosen, percent done for malpractice concerns					
Scenario ^{b/} clinical action	% of respondents who chose the clinical action	Most restrictive definition			Least restrictive definition		
		Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Breast pain (N=1,412)							
Needle biopsy	13.3%	1.7%	2.1%	20.3%	22.5%	34.7%	73.5%
Open biopsy	8.4	2.4	6.5	24.5	25.5	35.4	75.5
Other	14.5	0.0	0.4	6.6	7.6	12.2	42.6
Rectal bleeding (N=738)							
Air contrast barium enema	19.2	0.0	2.5	11.8	12.4	25.1	60.0
Colonoscopy	26.2	2.4	4.9	19.0	19.0	27.0	63.1
Other	9.7	0.0	0.0	2.8	3.8	11.8	20.7

^a Results are weighted to reflect the total population of professional society members on which the survey sample was based (see appendix D for details).

^b Results shown for "case" versions of scenarios only (see appendix D for explanation).

NOTE: Starting with definition 1, the data are cumulative.

- Definition 1: Malpractice Concerns double-checked with no checks for any other reason.
- Definition 2: definition 1 *plus* Malpractice Concerns double-checked, no checks for Medical Indications, but single checks for other reasons allowed.
- Definition 3: definition 2 *plus* Malpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed.
- Definition 4: definition 3 *plus* Malpractice Concerns single-checked, no checks for Medical Indications, but single or double checks for other reasons allowed.
- Definition 5: definition 4 *plus* Malpractice Concerns single-checked, Medical Indications single-checked, and single or double checks allowed for other reasons.
- Definition 6: definition 5 *plus* Malpractice Concerns single-checked, Medical Indications double-checked, and single checks for other reasons allowed.

SOURCE: Office of Technology Assessment, 1994 Data compiled in collaboration with Dr Russell Localio of Pennsylvania State University

TABLE E-5: Percentage of Respondents Who Chose a Clinical Action for Malpractice Concerns, Neurosurgeons^a

Scenario ^{b/} clinical action	% of respondents who chose the clinical action	Percent of respondents who chose clinical action for malpractice concerns					
		Most restrictive definition			Least restrictive definition		
		Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Head trauma (N=503)							
Skull x-ray	33.7%	1.4%	3.5%	10.0%	10.3%	12.4%	22.6%
C-spine x-ray	21.2	2.4	3.1	11.2	11.4	13.0	17.5
CT of head	48.8	5.2	7.9	21.8	22.5	27.0	40.0
Other	3.9	0.4	0.4	0.4	0.4	0.4	1.3
Back pain (N=252)							
Lumbosacral x-ray	24.4	0.3	0.6	3.4	4.1	5.0	2.3
CT	3.4	0.0	0.0	1.0	1.2	1.2	1.7
MRI	12.6	0.7	0.7	2.0	2.0	4.3	6.6
Other	9.3	0.0	0.0	0.0	0.0	0.0	0.0

^a Results are weighted to reflect the total population of professional society members on which the survey sample was based (see appendix D for details)^b Results shown for "case" versions of scenarios only (see appendix D for explanation)

KEY: CT = computed tomography; C-spine = cervical spine; MRI = magnetic resonance image

NOTE: Starting with definition 1, the data are cumulative

- Definition 1: Malpractice Concerns double-checked with no checks for any other reason
- Definition 2: definition 1 plus Malpractice Concerns double-checked, no checks for Medical Indications, but single checks for other reasons allowed
- Definition 3: definition 2 plus Malpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed
- Definition 4: definition 3 plus Malpractice Concerns single-checked, no checks for Medical Indications, but single or double checks for other reasons allowed
- Definition 5: definition 4 plus Malpractice Concerns single-checked, Medical Indications single-checked, and single or double checks allowed for other reasons
- Definition 6: definition 5 plus Malpractice Concerns single-checked, Medical Indications double-checked, and single checks for other reasons allowed

SOURCE: Office of Technology Assessment, 1994. Data compiled in collaboration with Dr. Russell Localio of Pennsylvania State University

TABLE E-6: Percentage of Clinical Actions Chosen for Malpractice Concerns, Neurosurgeons^a

Scenario ^b / clinical action	% of respondents who chose the clinical action	Of clinical actions chosen, percent done for malpractice concerns					
		Most restrictive definition			Least restrictive definition		
		Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Head trauma (N=503)							
Skull x-ray	33.7%	4.3%	10.5%	29.6%	30.6%	36.8%	67.0%
C-spine x-ray	21.2	11.3	14.7	52.9	53.9	61.4	82.6
CT of head	48.8	10.7	16.1	44.7	46.0	55.3	81.8
Other	3.9	9.3	9.3	9.3	9.3	9.3	33.3
Back pain (N=252)							
Lumbosacral x-ray	24.4	1.2	2.4	13.9	16.9	20.4	50.3
CT	3.4	0.0	0.0	29.8	36.2	36.2	51.1
MRI	12.6	5.7	5.7	16.0	16.0	33.7	52.0
Other	9.3	0.0	0.0	0.0	0.0	0.0	0.0

^aResults are weighted to reflect the total population of professional society members on which the survey sample was based (see appendix D for details)

^bResults shown for "case" versions of scenarios only (see appendix D for explanation)

KEY: CT = computed tomography, MRI = magnetic resonance image

NOTE: Starting with Definition 1, the data are cumulative

• Definition 1: Malpractice Concerns double-checked with no checks for any other reason

■ Definition 2: definition 1 *plus* Malpractice Concerns double-checked, no checks for Medical Indications, but single checks for other reasons allowed

■ Definition 3: definition 2 *plus* Malpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed

■ Definition 4: definition 3 *plus* Malpractice Concerns single-checked, no checks for Medical Indications, but single or double checks for other reasons allowed

■ Definition 5: definition 4 *plus* Malpractice Concerns single-checked, Medical Indications single-checked, and single or double checks allowed for other reasons

• Definition 6: definition 5 *plus* Malpractice Concerns single-checked, Medical Indications double-checked, and single checks for other reasons allowed

SOURCE: Office of Technology Assessment, 1994 Data compiled in collaboration with Dr Russell Localio of Pennsylvania State University

TABLE E-7: Percentage of Respondents Who Chose a Clinical Action for Malpractice Concerns, Obstetricians and Gynecologists^a

Scenario ^{b/} clinical action	% of respondents who chose the clinical action	Percent of respondents who chose clinical action for malpractice concerns					
		Most restrictive definition			Least restrictive definition		
		Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Breast lump (N=1,230)							
Breast sonography	23.6%	0.2%	0.4%	2.3%	2.5%	6.3%	13.1%
Mammography	45.6	0.2	0.8	5.6	6.3	11.4	28.8
Needle aspiration	24.6	0.2	0.2	1.1	1.2	2.5	9.5
Fine needle biopsy	7.0	0.2	0.2	0.5	0.5	0.6	2.9
Open biopsy	1.0	0.0	0.0	0.0	0.0	0.1	0.6
Refer to surgeon	29.2	1.8	2.4	6.3	6.7	9.5	20.1
Other	2.0	0.0	0.0	0.0	0.0	0.0	0.3
Complicated delivery (N=1,230)							
Continue pushing now	8.8	0.1	0.0	0.2	0.2	0.6	2.2
Rest for 30 minutes	8.1	0.1	0.1	0.2	0.2	0.8	1.4
Operative vaginal delivery	67.7	0.2	0.1	1.4	1.5	5.0	20.4
Caesarean section	23.8	0.4	0.2	6.0	6.0	8.6	18.0
Other	4.8	0.1	0.3	0.2	0.2	0.4	1.0
Perimenopausal bleeding (N=634)							
Hematocrit/hemoglobin	73.4	0.2	0.3	1.3	1.5	6.0	12.2
Pregnancy test	49.5	2.7	2.8	5.5	5.8	10.0	22.5
Endometrial sampling	85.4	0.0	0.1	1.6	2.0	6.4	35.2
Pelvic ultrasound	54.3	1.1	1.3	4.2	4.3	9.5	21.0
Hysteroscopy	14.3	0.1	0.1	0.6	0.6	0.9	4.0
D & C	4.2	0.0	0.0	0.5	0.5	1.0	2.0
Hysterectomy	0.2	0.0	0.0	0.0	0.0	0.2	0.2
Other	4.5	0.0	0.0	0.0	0.0	0.0	0.5

^a Results are weighted to reflect the total population of professional society members or which the survey sample was based (see appendix D for details)^b Results shown for "case" versions of scenarios only (see appendix D for explanation)

KEY: D & C = dilation and curettage

NOTE: Starting with Definition 1, the data are cumulative

- Definition 1: Malpractice Concerns double-checked with no checks for any other reason
- Definition 2: definition 1 *plus* Malpractice Concerns double-checked, no checks for Medical Indications, but single checks for other reasons allowed
- Definition 3: definition 2 *plus* Malpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed
- Definition 4: definition 3 *plus* Malpractice Concerns single-checked, no checks for Medical Indications, but single or double checks for other reasons allowed
- Definition 5: definition 4 *plus* Malpractice Concerns single-checked, Medical Indications single-checked, and single or double checks allowed for other reasons
- Definition 6: definition 5 *plus* Malpractice Concerns single-checked, Medical Indications double-checked, and single checks for other reasons allowed

SOURCE: Office of Technology Assessment, 1994. Data compiled in collaboration with Dr. Russell Localio of Pennsylvania State University

TABLE E-8: Percentage of Clinical Actions Chosen for Malpractice Concerns, Obstetricians and Gynecologists^a

		Of clinical actions chosen, percent done for malpractice concerns					
Scenario ^b / clinical action	% of respondents who chose the clinical action	Most restrictive definition			Least restrictive definition		
		Definition 1	Definition 2	Definition 3	Definition 4	Definition 5	Definition 6
Breast lump (N=1,230)							
Breast sonography	23.6%	0.7%	1.8%	9.7%	10.4%	26.9%	55.6%
Mammography	45.6	0.3	1.8	12.3	13.8	24.9	63.2
Needle aspiration	24.6	0.7	0.7	4.5	4.8	10.4	38.8
Fine needle biopsy	7.0	2.5	2.5	6.5	6.5	9.2	41.9
Open biopsy	1.0	0.0	0.0	0.0	0.0	8.1	57.4
Refer to surgeon	29.2	6.3	8.3	21.4	23.1	32.4	68.8
Other	2.0	0.0	0.0	0.0	0.0	0.0	16.7
Complicated delivery (N=1,230)							
Continue pushing now	8.8	0.9	1.9	1.9	1.9	7.1	24.5
Rest for 30 minutes	8.1	0.9	0.9	2.1	3.1	9.4	17.4
Operative vaginal delivery	67.7	0.3	0.4	2.0	2.2	7.5	30.1
Caesarean section	23.8	1.8	6.1	25.0	25.4	35.9	75.5
Other	4.8	2.0	2.0	3.7	3.9	9.0	20.0
Perimenopausal bleeding (N=634)							
Hematocrit/Hemoglobin	73.4	0.2	0.5	1.8	2.0	8.2	16.6
Pregnancy Test	49.5	5.4	5.7	11.1	11.7	20.2	45.4
Endometrial Sampling	85.4	0.0	0.2	1.9	2.3	7.5	41.2
Pelvic Ultrasound	54.3	2.0	2.3	7.6	8.0	17.6	38.7
Hysteroscopy	14.3	1.0	1.0	4.4	4.4	10.5	27.6
D & C	4.2	0.0	0.0	10.9	10.9	23.3	46.3
Hysterectomy	0.2	0.0	0.0	0.0	0.0	100.0	100.0
Other	4.5	0.0	0.0	0.0	0.0	0.0	10.9

^aResults are weighted to reflect the total population of professional society members on which the survey sample was based (see appendix D for details)

^bResults shown for "case" versions of scenarios only (see appendix D for explanation)

KEY D & C = dilation and curettage

NOTE Starting with Definition 1, the data are cumulative

■ Definition 1 Malpractice Concerns double-checked with no checks for any other reason

■ Definition 2 definition 1 *plus* Malpractice Concerns double-checked, no checks for Medical Indications, but single checks for other reasons allowed

■ Definition 3 definition 2 *plus* Malpractice Concerns double-checked, a single check for Medical Indications, and single checks for other reasons allowed

■ Definition 4 definition 3 *plus* Malpractice Concerns single-checked, no checks for Medical Indications, but single or double checks for other reasons allowed

■ Definition 5 definition 4 *plus* Malpractice Concerns single-checked, Medical Indications single-checked, and single or double checks allowed for other reasons

■ Definition 6 definition 5 *plus* Malpractice Concerns single-checked, Medical Indications double-checked, and single checks for other reasons allowed

SOURCE Office of Technology Assessment, 1994 Data compiled in collaboration with Dr Russell Localio of Pennsylvania State University

TABLE E-9: Differences in Attitude Scale Scores in the OTA Clinical Scenario Surveys

Attitude scale/scenario	Mean attitude scale scores			
	Respondents citing malpractice concerns as primary reason for choosing "one or more clinical actions"	All other respondents	Difference	95% confidence limits
Malpractice concern				
(5 items, range 5-25)				
ACC syncope (N-339)	15.55	16.18	-0.63	(-1.39, 0.13)
ACS breast pain (N-1,377)	14.42	15.24	-0.82*	(-1.40, -0.24)
ACS head trauma (N-492)	17.74	15.61	2.13*	(1.51, 2.75)
ACOG breast lump (N-1,192)	14.03	15.17	-1.14*	(-1.62, -0.66)
Cost consciousness				
(6 items, range 6-30):				
ACC syncope (N-340)	18.41	18.90	-0.49	(-1.49, 0.51)
ACS breast pain (N - 1,369)	18.74	18.86	-0.12	(-0.72, 0.48)
ACS head trauma (N - 488)	21.91	22.63	-0.72	(-1.45, 0.03)
ACOG breast lump (N-1,185)	18.42	18.46	-0.04	(-0.52, 0.44)
Discomfort with clinical uncertainty				
(3 items, range 3-15)				
ACC syncope (N-330)	7.94	9.07	-1.13*	(-1.93, -0.33)
ACS breast pain (N - 1,368)	7.70	8.39	-0.69	(-1.41, 0.03)
ACS head trauma (N-486)	9.55	9.51	0.04	(-0.56, 0.64)

*Statistically significant at the p < .05 level

^a Excludes respondents who did not complete the attitude questionnaire^b Because the ACOG survey included only one item on discomfort with clinical uncertainty rather than three (see appendix D), ACOG attitude scale scores for discomfort with clinical uncertainty are not included in the comparison

KEY ACC = American College of Cardiologists ACOG = American College of Obstetricians and Gynecologists ACS = American College of Surgeons

SOURCE Office of Technology Assessment 1994 Data analyzed in collaboration with Dr Russell Localio of Pennsylvania State University