



NEWS RELEASE

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For further information, contact:

Mary Mahon: (212) 606-3853 / mm@cmwf.org
cell phone (917) 225-2314
Bill Byrne: (212) 606-3826 / bkb@cmwf.org
Stu Kantor, Urban Institute:
(202) 261-5283 / skantor@ui.urban.org

MALPRACTICE REFORM MUST FOCUS ON REDUCING PATIENT INJURY, NOT JUST LIMITING AWARDS

Physicians Are Key to System-Wide Safety Improvements

New York City, January 5, 2004—Reducing medical injury is essential to solving the current medical malpractice crisis, and physicians must play an active role in developing and implementing systems to improve patient safety, according to an article published in the January 6th issue of *Annals of Internal Medicine*.

In "[Malpractice Reform Must Include Steps to Prevent Medical Injury](#)," Stephen C. Schoenbaum, M.D. of The Commonwealth Fund and Randall R. Bovbjerg of the Urban Institute say that focusing solely on capping malpractice awards—the solution most commonly promoted by physicians in the current debate—leaves out the largest problem: patient injury.

"Physicians must use their abilities to make care safer and injuries rarer, by developing, evaluating, and implementing safety improvements," said Schoenbaum, senior vice president at the Commonwealth Fund. "More active work on the part of physicians to improve care and reduce harm is clearly in the best interest of the public and physicians."

The current medical liability system works poorly for patients and physicians. Steep increases in malpractice premiums lead to physicians practicing "defensive medicine," which in turn contributes to rising health care costs, in addition to patients' enduring unnecessary medical procedures. Meanwhile, large numbers of Americans continue to suffer preventable medical injuries.

The authors point to reforms such as the highly successful effort of anesthesiologists in the mid-1980s, who adopted practice guidelines that reduced both patient deaths and insurance

premiums dramatically, as one of many physician-led models of safety improvement. The experience with such models has shown that system-wide reform, rather than blaming individual physicians, leads to more effective improvements in patient safety.

Legislative or regulatory efforts to motivate this type of change could include:

- Licensure requirements such as the risk management training required by the Massachusetts Board of Registration.
- Insurance regulators could provide premium discounts on malpractice insurance based on physicians' performance—an up-front investment in quality improvement that would reap savings in the long term.
- Tort reform could be contingent on reporting of errors, or implementing specific activities that increase patient safety.
- Health plans, Medicare, and Medicaid could provide partial subsidies of physicians' premiums in return for specific safety enhancements.
- Physicians should invest in tools such as electronic prescribing aids and automated systems for tracking of tests.
- Better information on patient safety is needed to facilitate safety improvement and physician involvement.

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