



## Medical Malpractice third leading cause of death in United States

The *Journal of the American Medical Association* reported in the **December 21, 1994 issue** that Medical Malpractice has become the third largest killer of Americans led only by heart disease and cancer.

Roughly 180,000 Americans die every year from something that happened to them while under medical care. These figures, gathered in a New York State study indicated that 4% of people who are admitted into hospitals suffer from iatrogenic (doctor induced) injury that results in a measurable disability. This translates into 98,000 people every year in New York state alone. Out of those 98,000, 14% (almost 14,000) died.

If these figures are applied to the number of hospital admissions in the rest of the country, in excess of 180,000 people are killed every year in this country by the health care system. ▲

## ■ Chiropractic malpractice: fewer claims than MDs

A study in the November 11, 1998 issue of the *Journal of the American Medical Association* reports that the number of malpractice claims made against chiropractors is much less than that of medical practitioners.

In 1990, there were **2.7 claims** for every 100 chiropractic malpractice policy holders in the United States. In that same year, there were **7.7 claims** for every 100 medical malpractice policy holders, a **285% higher rate** than chiropractic's rate.

The 1996 figures are even more out of balance. In 1996, there were **2.6 claims** for every 100 chiropractic policy holders, a slight decrease. There were **9.0 claims** for every 100 medical policy holders in that same year, a **333% higher rate** than chiropractic and a 1.3% higher rate than their 1990 figures. Overall in the 1990s, the chiropractic rate remained consistently between 2.2 and 3 claims per 100 policy holders and medicine's rate fluctuated between 7.7 and 9.8.

According of the authors of the study, "The best explanation for the relative infrequency and lower severity of claims against [wellness] practitioners concerns the nature of [wellness] therapies. **Since rates of medical injury increase with invasiveness of therapy, fewer bases for suit are likely to present in the largely noninvasive [wellness] setting.** Moreover, injuries that do occur may not be as severe." ▲

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## ■ Medical schools not preparing doctors

A study at the University of Pennsylvania School of Medicine and reported in the January, 1999 issue of the *Journal of Bone and Joint Surgery* reports that **82%** of a group of recent medical school graduates from around the country failed a basic knowledge and skills test of how to care for common problems such as fractures, low-back pain, sciatica and arthritis.

The authors conclude that the courses in medical school are too short for the essential information to be conveyed in a classroom setting and too narrowly focused on very specialized, inpatient problems rather than those seen in common day-to-day outpatient practice.

The test itself was evaluated for fairness and basic knowledge by 124 chairpersons of orthopedic residency programs from all around the United States. The students who failed the test were graduates of schools as diverse and prestigious as the College of Physicians and Surgeons of Columbia University; Cornell University Medical College; Jefferson Medical College; Harvard Medical School; and the Schools of Medicine of Johns Hopkins University, New York University, Pennsylvania State University, University of Chicago, University of Maryland, University of Pennsylvania, University of Pittsburgh, University of Virginia and Yale University. ▲

## ■ 80% Of Doctors Witness Mistakes

Reuters Health news service reported on January 26, 2005 that a recent survey finds that 80% of U.S. doctors and 50% of nurses said they had seen their co-workers make mistakes. Disturbingly, the survey also found that only 10% of them ever spoke up about it.

The study was conducted by Vitalsmarts, a consulting group of nursing experts. 1700 nurses, doctors and hospital administrators were surveyed for the study.

According to Joseph Grenny, president of VitalSmarts, the study also reported:

- “50% of nurses said they have colleagues who appear incompetent.”
- “84% of physicians and 62% of nurses and other clinical care providers have seen co-workers taking shortcuts that could be dangerous to patients.”
- 88% of doctors and 48% of nurses and other workers felt they worked with colleagues who showed poor clinical judgment.
- The 10% of workers who spoke up about the problems they saw felt good about it and were more satisfied with their workplace.
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A 1999 study by the Institute of Health estimated that 98,000 Americans die every year from medical errors that occurred in hospitals. Other estimates place that number closer to 195,000.

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## ■ “Defensive Medicine” Hurts Health Care

The June 1, 2005 issue of the Journal of the American Medical Association reports that doctors who practice “defensive medicine” by ordering unnecessary diagnostic tests or avoiding troublesome patients because of a fear of malpractice suits may be harming patients’ health as well as driving up health care costs.

In the study, 93 percent of 824 doctors questioned admitted to ordering unnecessary tests. 42 percent said they had referred patients elsewhere if they had a complex case or they thought that person might sue them.

Doctors practicing emergency medicine, general surgery, orthopedic surgery, neurosurgery, obstetrics & gynecology, and radiology were most likely to act defensively.

## ■ Doctors order excess tests because of malpractice fears

The July 13, 2005 online issue of the Annals of Emergency Medicine reports that doctors tend to order unnecessary tests and hospitalizations out of a fear of malpractice lawsuits, particularly when the patient is experiencing symptoms of a possible heart attack.

In the study, researchers developed a malpractice fear scale and used it to see if there was a relationship between a fear of malpractice lawsuits and the evaluation and treatment of symptoms suggestive of heart problems.

Patients of the doctors with the highest scores on the malpractice fear scale were significantly less likely to be discharged from the ER than patients of doctors with low scores.

Doctors with high scores were also more likely to admit patients for monitoring and order lab tests and chest X-rays.

The excess testing and monitoring continued even when only low-risk patients were included in the analysis.

Lead researcher Dr. David Katz of the University of Iowa, Iowa City said, "Concern about malpractice has a formidable effect on physician decision making." He goes on to say, "high-fear physicians are more likely to admit patients with symptoms of possible acute coronary syndrome (including low-risk patients) and to obtain more diagnostic tests in these patients suggest that the initial costs of care are quite a bit higher for this group of physicians, but this needs to be confirmed with a formal analysis of initial and follow-up medical costs."