

Citation

Cheney FW: Professional Liability Committee maps strategies to confront crisis. *ASA Newsletter* 49(1):6, 1985.

Full Text

During the upcoming year, the Professional Liability Committee will initiate several programs in an attempt to help meet the growing medical liability crisis.

The first priority will be to collect closed-claim data from the physician-owned insurance companies. At a recent meeting convened by the Council of Medical Specialty Societies to address the medical liability crisis, Dr. James Todd, President of the Physician Insurers Association of America, made two relevant points.

First, liability action starts because of patient injury; therefore, the key element in combating the crisis is to reduce the incident of patient injury to the absolute minimum. Secondly, 90% of all dollars paid out by insurers is said to be for actual malpractice of care below the acceptable standard.

The intent of reviewing closed-claims data is to identify the major areas of loss due to anesthetic mishaps, and the contribution of substandard care to these mishaps. Then strategies may be devised in conjunction with the Committee on Patient Safety and Risk Management to reduce the risk of patient injury. The 30 physician-owned insurance companies will be asked to make their closed-claim data relevant to anesthesia available to members of the Committee for review. A form for data collection has been developed by Richard Ward, which will provide more meaningful information as to the causality of anesthetic injury than has been available from insurance companies in the past.

Since the information needed can, in all probability, only be extracted from review of individual records by an anesthesiologist, the Committee may need the assistance of ASA members who would be willing to assist in this endeavor.

Another major project is an analysis of the regional rate structure for professional liability insurance for anesthesiologists and nurse anesthetists. Perusal of the 1984 District Directors' report suggests a wide geographic diversity of malpractice climate, ranging from "no problem" (or not mentioned) in several districts, to "burning" (Florida). The Committee is interested in whether differential liability rates exist for various members of the anesthesia care team, and if the definition of "no problem" with medical liability correlates with low insurance rates.

Other plans include presentation of a workshop on patient Safety and Professional Liability on May 18 and 19, 1985 in Washington, D.C., and development of a professional liability information pamphlet which can be made available to members if medical liability action is initiated against them.

Finally, the committee plans frequent contributions to the NEWSLETTER on various facets of the medical liability crisis in order to increase the awareness of the membership about the problem.

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