

New Harvard Statistics

A recent study from the Harvard School of Public Health reaffirms what trial lawyers have been saying for the last five years. Fewer than 1 in 15 of the more than 750,000 patients who suffer injuries in the hospital each year ever file a lawsuit. Only about a quarter of the patients ever receive money.

Most lawyers turn away 49 or 50 out of every potential client they take because medical malpractice litigation is so time consuming and costly. The evidence must also be clear-cut. Even at that, doctors usually win cases that reach a jury. Physicians and their allies have proven far more adept at public relations than the trial Bar.

The Institute of Medicine reports that not only do as many as 98,000 Americans die each year, but another 1 million are injured as a result of preventable medical errors that cost the Nation an estimated \$29 billion. The IOM reports that 45.8% of 1,047 patients admitted in two intensive care units at a large teaching hospital were identified as being the victim of an inappropriate decision when an appropriate alternative could have been chosen. In another published study of 182 deaths caused by three conditions (heart attack, pneumonia, and CVA or stroke) in 12 hospitals, it was found that at least 14%, and perhaps as many as 27%, of the deaths might have been prevented. According to the IOM, a separate study of cardiac arrests at a teaching hospital found that half of the 14% that experienced a complication could have been prevented.

Little or nothing has been done to respond to the Institute of Medicine studies.

Other studies claim that 1 in 6 hospitalized patients suffered medical injuries that prolonged their hospital stays with annual costs associated with such injuries resulting from medical errors as high as \$200 billion. That would represent nearly \$1 out of every \$5 spent on health care in America. Preventable medical errors are particularly of concern for older people because there is evidence that they are injured at a substantially higher rate than patients in other age groups. Patients age 65 and older experience medical injury two to four times as often as patients in age groups under 45.

More recent studies indicate that medical injuries may be substantially more common than suggested by the Harvard study or the Institute of Medicine. Some experts have found that 17.7% of patients whose care was observed experienced at least one serious adverse event per hospitalization. Although 17.7% of patients experience medical injuries that prolong their

hospital stays, the same study found that only 1.2% filed claims for compensation for their injuries.

Drugs have been found to be among the most common causes of medical injury. In the Harvard study, 19.4% of the injuries detected were related to the use of drugs, and a later study determined that a 9.3% of injuries were medication related.

Many of the drug related adverse events are preventable. 1% of the drug related events were fatal, 12% were life threatening, 30% serious, and 57% significant. Of those that were determined to have been preventable, 20% were life threatening and 43% were serious. Overall, 28% of the adverse drug events were judged preventable, but of life threatening and serious adverse drug events, 42% were determined to have been preventable.

Adverse drug events added 1.91 days to the mean length of hospital stays and resulted in increased costs per stay of \$2,262. In another study, it was determined that an additional 2.2 days of hospitalization were required for patients experiencing adverse drug events, at an average cost of \$3,244. For preventable adverse drug events, patients stayed in the hospital an average of 4.6 extra days at an additional cost of \$5,857.

Most scholars and doctors who have looked at the problem, have found a lack of a culture of safety. The system is broken and a system approach to preventing medical errors has been suggested by a number of groups and patient safety advocacy experts.

Another problem, according to the medical experts, is that older doctors do not keep up with developments.

A growing body of literature indicates that patients and the public favor full disclosure of errors to the patients. While physicians say they support disclosure in theory, they often do not disclose errors. A recent study by the American Journal of Managed Care help prove that honest disclosure by physicians would reduce the already low rate of claims against doctors who err. Interestingly, the study found that men “reported more forgiving attitudes than women.” The physician authors of the study point out that forgiveness is an important step for all those involved. “Our findings suggest that patients are not likely to forgive a physician in circumstances in which they suspect incompetence, inattention, or a lack of caring on the part of the physician involved.”

Forgiveness of physicians is more likely to follow where competency is enhanced.

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