

Perspectives from the front lines: Readers weigh in on the professional liability crisis

TO THE EDITOR:

At the end of your informative editorial “What’s really at stake in the jackpot liability game?” [August 2003] you state that “when Ob/Gyns cannot afford professional liability insurance, they are forced to stop delivering babies.” As Joe Montedonico and I noted in a recent article for *Legal Times*, many Ob/Gyns in the District of Columbia are moving to neighboring jurisdictions where malpractice rates are much lower—due, at least in part, to the wise decision of the Maryland and Virginia legislatures to place caps on noneconomic damages.

Until federal legislation caps noneconomic damages in all jurisdictions, many doctors in high-risk practices simply will move to jurisdictions that do not play the litigation lottery, or as a drastic but understandable alternative, decide to leave the profession altogether.

MARK H. ALLENBAUGH, ESQ
WASHINGTON, DC

DR. BARBIERI RESPONDS: Mr. Allenbaugh raises an important aspect of the liability crisis. Just as businesses relocate to states with the best “business climate,” physicians may need to move to areas with the best “practice climate.”

TO THE EDITOR:

Our hospital is a referral center for all sorts of high-risk medical problems. We are the only center for 250 miles in every direction.

Recently, we were shut down from performing vaginal birth after cesarean (VBAC). The American College of Obstetricians and Gynecologists guideline states that the surgeon and anesthesiologist must be “immediately available” when a VBAC patient is in the hospital in labor. Our facility has interpreted that

to mean “in house.” The involved physicians refuse to stay in the hospital. Thus, we no longer offer VBACs. As a result, we will have approximately 100 more cesarean sections in the next year. A lot of people are quite upset about this event. We can thank the trial lawyers and their Democrat senators.

PAUL B. JONES, MD
GRAND JUNCTION, COLO

DR. BARBIERI RESPONDS: Dr. Jones offers an excellent example of the relationship between the professional liability crisis and the practice of “defensive medicine.” Rather than providing patients with optimal care, physicians and hospitals often need to follow guidelines that minimize the risk of a tort action. I appreciate Dr. Jones’ insight on how this crisis negatively impacts patients’ access to high-quality care.

TO THE EDITOR:

The liability crisis drove me out of obstetrics. My premium went from \$57,000 a year for 2002-2003 to \$191,000 for a renewal policy this year. Since 75% of our deliveries are Medicaid, which pays \$600 a delivery, it was financially impossible to continue. I recently ran for the Mississippi state legislature, primarily on the issue of tort reform—and won.

S. W. BONDURANT, MD, FACOG
GRENADA, MISS

DR. BARBIERI RESPONDS: I am very sorry that the liability crisis forced Dr. Bondurant from practice, but am thrilled he was elected to office and will fight to improve Mississippi’s practice environment. His state is at the center of the tort crisis and immediate action is necessary to protect the health of its citizens. ■