



Buyers Up • Congress Watch • Critical Mass • Global Trade Watch • Health Research Group • Litigation Group
Joan Claybrook, President

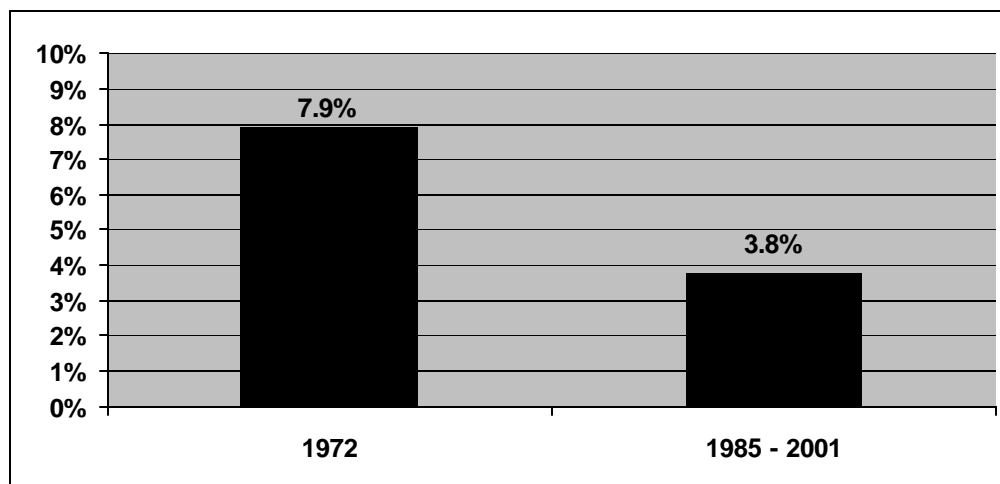
Anesthesiologists' Experience Shows Patient Safety Efforts Do More than Damage Caps to Reduce Lawsuits and Insurance Premiums

Generally speaking, doctors and their political organizations have resisted courts' findings of negligent medical care, choosing to fight the system rather than learn from mistakes. But an exception was the American Society of Anesthesiologists (ASA), which in 1985 initiated an effort to study malpractice claims. ASA established a Closed Claims Project at the University of Washington Medical School and gathered claims files from 35 different insurers. The outcome of this Manhattan Project-like commitment was the issuance of standards and procedures to avoid injuries that resulted in savings beyond the wildest dreams of any "tort reformer."

- The number and severity of claims dropped dramatically. In 1972, anesthesiologists were the target of 7.9 percent of all medical malpractice claims, double their proportion among physicians. But from 1985 to 2001, they were targets of only 3.8 percent of claims. [See Figure 1]
- In the 1970s, 64 percent of anesthesiology claims involved permanent disability or death; by the 1990s, only 41 percent did. [See Figure 2]

Figure 1

Percent of Malpractice Claims Involving Anesthesiologists



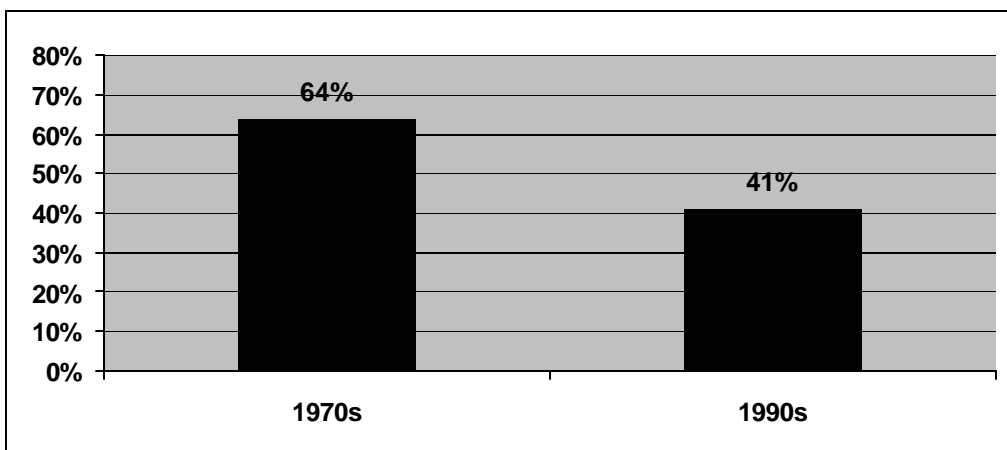
Sources: U.S. Department of Health, Education and Welfare, Secretary's Commission on Medical Malpractice, 1973; Physician Insurers Association of America, Cumulative Data Sharing Report, January 1, 1985 – December 31, 2001.

Ralph Nader, Founder

215 Pennsylvania Ave SE • Washington, DC 20003 • (202) 546-4996 • www.citizen.org

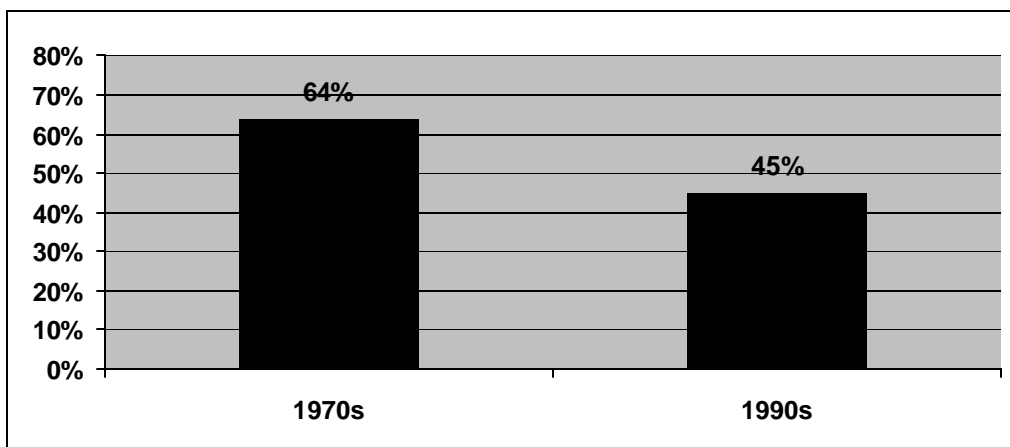
- The percent of anesthesia claims resulting in payments to plaintiffs dropped from 64 percent in the 1970s to 45 percent in the 1990s. [See Figure 3]
- The increased patient safety measures paid off in savings to doctors. Remarkably, the average anesthesiologist's liability premium remained unchanged from 1985 to 2002 at about \$18,000 (and, if adjusted for inflation, it would be a dramatic decline). [See Figure 4]
- The safety effort proved far superior to damage caps in holding down awards. For example, during the 1990s, the median malpractice award in California, home to the most stringent cap on non-economic damages, increased by 103 percent; the median anesthesiology malpractice award remained constant. [See Figure 5]

Figure 2
Anesthesia Claims Involving Permanent Disability or Death, 1970s and 1990s



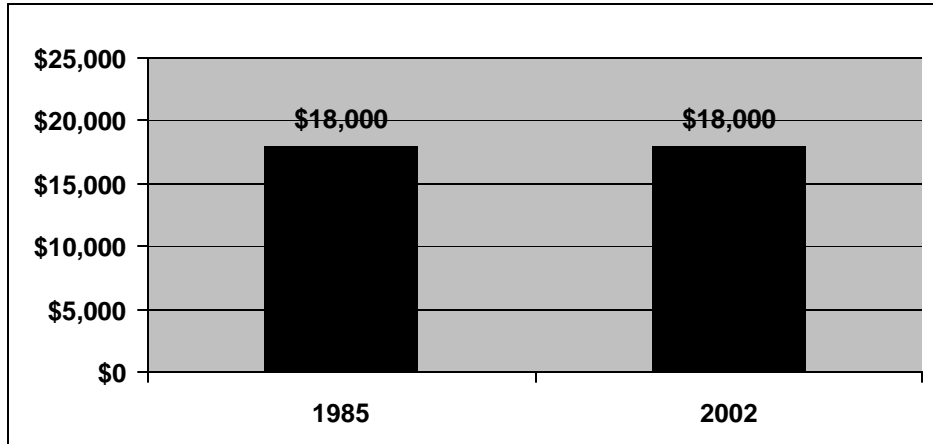
Source: American Society of Anesthesiologists, "Closed Claims Project Shows Safety Evolution," 2001.

Figure 3
Percent of Anesthesia Claims Closed with Payment, 1970s and 1990s



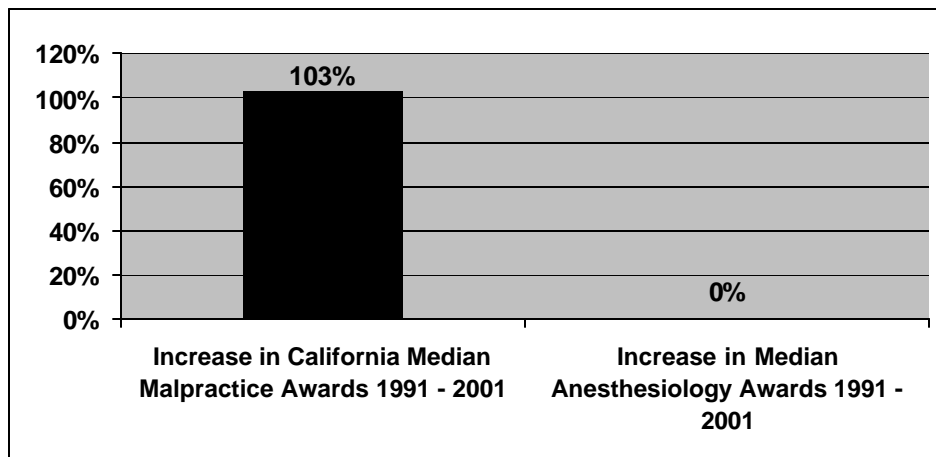
Source: American Society of Anesthesiologists, "Closed Claims Project Shows Safety Evolution," 2001.

Figure 4
Average Premium for Anesthesiologists,
1985 and 2002



Source: American Society of Anesthesiologists, "Another Malpractice Insurance Crisis Brewing for Anesthesiologists?" June 2002.

Figure 5
Effectiveness of Caps vs. Patient Safety in Reducing Awards



Sources: National Practitioner Data Bank, 2001 Annual Report; American Society of Anesthesiologists, "Closed Claims Project Shows Safety Evolution," 2001.