

**Statement by Sidney M. Wolfe M.D.  
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Before the District of Columbia Control Board  
February 18, 1998**

As a physician, I have always thought that the remedy to whatever problem/crisis has ever arisen concerning medical malpractice must deal with the cause of the malpractice, the negligence by the physician which results in injury or death. In a number of states where such studies have been done, it is always found that a relatively small fraction of physicians account for a disproportionate amount of malpractice litigation payouts, raising the question as to why these repeat offenders are allowed to continually practice.

The concept of prevention of negligent deaths and injuries is grossly underdeveloped in practice in the District of Columbia, where the medical disciplinary board is so under funded and understaffed that it is not surprising that so little discipline of doctors occurs here. In the last six years, in an annual ranking of state medical boards which we have done--based on the rate of serious disciplinary actions per 1000 licensed physicians--DC ranked 45th in 1991, 45th in 1992, 51st in 1993, 51st in 1994, 50th in 1995 and, the best in a long time, 36th in 1996. There is no specific budget allocated to the board, there is not even one full-time employee, its Executive Director Jim Granger, spends only an estimated 75% of his time on physician licensing and discipline and it gets worse. There is the equivalent of, at best, one full-time investigator (different people at different times) to investigate all cases of problematic physicians among the more than 4000 physicians licensed in DC, the equivalent of only four to five full time staff of any kind, and the equivalent of only 1/10th to 2/10ths of an attorney to do the legal work. As a result of the shortage of lawyers, there is currently what has to be described as a dangerous backlog of an estimated 10 to 12 serious disciplinary actions against DC physicians, ready to be meted out but on hold until the lawyers process the orders necessary to do the discipline.

One of the sources of the problem of inadequate staff is that the majority of the fees paid by DC physicians does not go for board activities but into the general treasury. Most of the better boards--those with much higher rates of discipline--have more control over the licensing fees and can therefore have more adequate staffing.

In summary, serious risks occur every day for patients of those District of Columbia physicians whose licenses should have been revoked or severely restricted because of the poor quality of their medical practices. Because of the grossly inadequate performance of the under funded and understaffed DC Medical Board, doctors who would not be allowed to practice at all or without restrictions in such states as Iowa, Ohio, West Virginia, Colorado or many other states in which a much higher percentage of doctors are seriously disciplined each year are currently practicing in the District of Columbia. As long as this continues, preventable deaths and injuries to patients will occur and the malpractice problem will not have been seriously addressed.