

Public Citizen



NEWS RELEASE

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**STATES, FEDS GIVE UNFIT PHYSICIANS 'SLAPS ON THE WRIST,'
SAYS GROUP'S REPORT ON 10,289 QUESTIONABLE DOCTORS**

WASHINGTON, D.C. -- Fewer than one-third of U.S. physicians cited by state medical boards or the federal government for substandard care, criminal conviction, misprescribing or overprescribing drugs, or drug and alcohol abuse are given disciplinary actions that prevent them from practicing medicine, even temporarily, a new report shows.

The report lists by name 10,289 doctors who were disciplined by the states and federal government between 1986 and Jan. 31, 1993. Of the 14,574 disciplinary actions taken against these doctors, only 32.6 percent resulted in even a temporary revocation, suspension or surrender of a doctor's license.

In cases of negligent, substandard or incompetent care, for example, 69.9 percent of physicians were given disciplinary actions which did not stop them from practicing and about which most of their patients are probably unaware.

The report, 10,289 Questionable Doctors, is the third edition of a survey by the Public Citizen Health Research Group, and includes an additional 3,453 doctors since the 1991 edition. The authors compiled the list from disciplinary actions taken by

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state medical boards and the federal Drug Enforcement Agency, Food and Drug Administration and Medicare program.

Among the offenses cited are 1,346 criminal convictions, 1,130 instances of overprescribing or misprescribing drugs, 1,070 cases of substandard care or negligence, 817 instances of alcohol or drug abuse, and 173 instances of sexual abuse of or sexual misconduct with a patient, including rape.

The report also cites the failure of states and the federal government to catch unfit doctors. Those in the report who face any serious state sanctions each year represent less than one-half of 1 percent of the nation's doctors. The report described the 1,974 serious actions taken in 1992 as a "pittance" compared to an estimated 150,000 to 300,000 Americans who are injured or killed each year in hospitals alone.

"Government agencies catch too few bad doctors, and too many of the ones they do catch are getting away with slaps on the wrist," said Dr. Sidney Wolfe, Director of the Public Citizen Health Research Group. "The government agencies chartered to protect us from those no longer fit to practice medicine have fallen down on the job."

The report also includes the 1992 ranking of medical licensing boards in the 50 states and the District of Columbia according to serious actions taken per 1,000 doctors. The top five states were Oklahoma, Iowa, West Virginia, Wyoming and North Dakota. The states with the five worst rates, New Hampshire,

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Pennsylvania, Tennessee, Hawaii and Delaware, disciplined as many as 12 times fewer doctors per 1,000 than the top five.

Among the recommendations made in the report:

- * States need to strengthen their medical practice statutes, restructure their medical boards, and dramatically increase both funding and staffing.

- * Congress should require routine cooperation and data-sharing between state medical boards, Medical Peer Review Organizations, state Medicaid agencies, and the DEA.

- * The National Practitioner Data Bank, which began collecting information on questionable doctors in September 1990, should be opened to the public.

- * State medical boards should be required to make public promptly all their disciplinary actions and distribute lists of actions to consumers and the media.

- * Policy makers should shift the focus of the medical malpractice problem away from "tort reform," which punishes the victims, and toward repairing the seriously flawed system of disciplining doctors. The system must be greatly improved in order to prevent malpractice from occurring.

Copies of the complete two-volume 10,289 Questionable Doctors are available for \$200; the price for individual state listings is \$15 each. Send a check or money order made out to Public Citizen to: Public Citizen, Publications Department, 2000 P St. NW, Suite 600, Washington, DC 20036.

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Public Citizen is a nonprofit consumer advocacy organization with over 150,000 members. The Public Citizen Health Research Group was founded by Dr. Sidney Wolfe and Ralph Nader in 1971.

**STATEMENT BY SIDNEY M. WOLFE, M.D.
DIRECTOR, PUBLIC CITIZEN'S HEALTH RESEARCH GROUP
CONCERNING 10,289 QUESTIONABLE DOCTORS
OCTOBER 20, 1993**

A major cause of preventable death and injury occurs when patients go to doctors who, despite a proven record of incompetence or other serious problems which interfere with their practice of medicine, are still practicing, unrestricted by their state licensing boards and unknown to their patients.

This health-threatening condition, which endangers millions of American patients, occurs because:

- * In most states there is a grossly inadequate amount of discipline of doctors, the best states disciplining 10 to 20 times more physicians (per 1000 doctors) than the worst states.
- * Those doctors who are disciplined for serious offenses are often slapped on the wrist with fines or reprimands instead of at least being put on serious restrictive probation if not having their licenses suspended or revoked.
- * Most of these doctors who have committed serious offenses are still practicing and for all of the serious offenses other than sexual abuse the majority of doctors were never stopped from practicing. Poor coordination exists between federal agencies and the states wherein months or years can elapse between a serious action in one jurisdiction and action by the other.
- * Aside from inadequacies in the amount and severity of disciplinary actions, millions of American patients go to the thousands of doctors who have committed very serious offenses but are still practicing. Almost all of these patients are completely unaware that their doctor has been disciplined and what the action was for.

Findings in 10,289 Questionable Doctors

Too little discipline is still being done. Fewer than one-half of 1% of the nation's doctors face any serious state sanctions each year. 1,974 total serious disciplinary actions a year, the number state medical boards took in 1992,¹ is a pittance compared to the volume of injury and death negligence by doctors causes patients. We estimate that between 150,000 and 300,000 Americans are injured or killed each year as a result of doctors' negligence based on the results of 3 studies:

1) Harvard researchers found that 1% of a representative sample of patients treated in New York state hospitals in 1984 were injured, and one-quarter of those died, because of medical negligence.² Nationwide, that translates into 234,000 injuries and 80,000 deaths

in 1988 from negligence in American hospitals.

2) A similar study conducted in California in 1974 found that 0.8% of hospital patients had either been injured by negligence in the hospital or had been hospitalized because of negligent care.³ Extrapolation of those findings yields an estimate of 249,000 injuries and deaths from malpractice in 1988.¹⁷

3) In 1976 the HEW Malpractice Commission estimated similarly that one-half of 1% of all patients entering hospitals are injured there due to negligence. That estimate would indicate 156,000 injuries and deaths resulted from doctor negligence in 1988.⁴

In Table 1 on page 9, based on data from the Federation of State Medical Boards, states are ranked in order from highest rate of disciplinary actions to lowest. A difference greater than 20-fold exists between Oklahoma, the state with the highest rate (12.14), and Indiana, with the lowest, (0.59).

The total number of serious state disciplinary actions against physicians decreased 3 percent from 2,013 reported for 1991 to 1,974 reported for 1992. This decrease occurred in spite of an increase in the number of licensed physicians not in federal service. Data reported by the American Medical Association (AMA) indicate that the number of non-federal physicians has increased 6.6 percent from 584,921 in 1990 to 623,378 in 1992. (Figures on actions involving federally employed doctors, who are not subject to state licensing board jurisdiction, were not available.)

The rate of serious actions per 1,000 physicians for each state is calculated by taking the number of "serious actions" as reported by the Federation and dividing by the number of non-federal physicians in that state in 1992 as reported by the AMA. The result, in all cases a decimal fraction far smaller than 1, is then multiplied by 1,000 to get the rate per 1,000 physicians.

State medical boards should be able to discipline at least as many doctors as malpractice carriers, since many boards now have the same information on claims and payments. A 1989 Tufts University study found that physician-owned malpractice insurers sanctioned 13.6 of every 1,000 doctors they covered. The insurers terminated policies of 6.6 of every 1,000 policyholders in 1985 because of negligence-prone behavior, and they restricted the practice or imposed other sanctions on another 7 of every 1,000 doctors whose care was found to be substandard.⁵

If this combined rate of malpractice insurance terminations by physician-owned insurance companies, 6.6 actions per 1,000 physicians, were applied to all physicians in the U.S., this rate would be more than twice as high as the actual 1992 average rate of serious disciplinary actions by state medical boards of 3.17 per 1000 physicians (see Table 1, p. 9) and would affect a total of approximately 2,137 additional. This rate is higher than the serious disciplinary action rates of all but 9 medical boards.

Description of Tables 2 Through 9

The following tables provide a statistical national look at the disciplinary actions in this report. Please note that the period of years covered in our database varies from state to state - e.g. we may have received disciplinary materials covering 5 years for one state but only 2 years for another state. Therefore, our statistics should not be viewed as nationally representative for a specific time period.

Table 2, Disciplinary Actions Each State or Federal Agency Reported to Public Citizen, page 17 shows that of the 14,574 different disciplinary actions (representing actions against 10,289 different doctors) detailed in the state by state listings of our report, 654 or 4.5%, were DEA sanctions in contested and uncontested cases, 1,300 or 8.9% were fines and exclusions from the Medicare program, 21 were restrictions placed on a physician's eligibility to participate in FDA experiments, and the remaining 12,599 or 86% were disciplinary actions provided us by 48 states and the District of Columbia. Two states (Arkansas and South Dakota) failed to provide us with any disciplinary actions for our listings. A description and statistical breakdown of the actions provided us by each state can be found in our State by State Listings.

It is interesting and worrisome that a computer analysis of the 644 doctors who were the subject of the 654 DEA actions, showed 345 or 53.6% were not the subject of any state disciplinary action even though their Federal narcotics license had been revoked or restricted.

Similarly, of the 1,284 Medicare doctors who were the subject of the 1,300 Medicare actions, 572 or 44.6% were not disciplined by their state boards even though most (1,272 actions) had been exclusions from Medicare.

Thus, many states are not acting promptly, if at all, against physicians about whom a Federal agency has already compiled sufficient information to discipline them.

Table 3, Types of Disciplinary Actions Reported to Public Citizen, page 18, shows that the most common type of state disciplinary action of those submitted to us was probation. States imposed probation 19.7% of the time when they disciplined practitioners. They revoked licenses 11.9% of the time, suspended licenses 11.8% of the time, and accepted a doctor's surrender of his or her license 8.9% of the time. Cumulatively, as shown in table 3, only 32.6% of the actions against doctors listed in this report resulted in at least a temporary loss of ability to practice medicine (revocation, suspension and surrender).

Table 4, Offenses for Which Doctors Were Disciplined, page 19, shows that the most common single reason for which states disciplined doctors (among those

actions for which specific reasons were reported) were the 1,346 instances (19.6% of all 6,878 actions for which an offense was stated) in which there was a **criminal conviction**, plea of nolo contendere, guilty plea or no contest.

Disciplinary actions taken because of **misprescribing or overprescribing drugs** accounted for an additional 1,130 or 16.4% of offenses.

Substandard care, incompetence or negligence, the third largest category accounted for 1,070 or 15.6% of offenses.

Drug or alcohol abuse formed the basis for an additional 817 or 11.9% of offenses for which doctors were disciplined.

Sexual abuse of or sexual misconduct with a patient accounted for 173 disciplinary actions or 2.5% of the total.

The five offenses listed above, all extremely serious, accounted for 66% or approximately two-thirds of all disciplinary actions

Table 5, Disciplinary Actions Taken Against Doctors Cited for Sexual Abuse of or Sexual Misconduct with a Patient, page 20, shows that although 67.6% of these doctors had actions (revocation, suspension, surrender or emergency suspension) which took them, at least for a while, out of the practice of medicine, 32.4% or almost a third were allowed to continue practicing, their behavior probably unknown to most of their patients.

Tables 6 through 9, the similar analyses for Substandard Care, Criminal Conviction, Misprescribing or Overprescribing of Drugs, and Drug or Alcohol Abuse (pages 21 to 24) show that a large proportion of physicians (69.9%, 61.6%, 69.2% and 67% for these four categories, respectively) were given disciplinary actions which did not stop them from practicing and about which most of their patients are probably unaware.

Table 10, Reasons Why Named Doctors Were Sanctioned, page 25, lists by offense, then alphabetically within their state, physicians who have been sanctioned for these five serious offenses.

Table 11, Doctors Sanctioned By DEA or Medicare and Not by a State, page 60, lists the physicians who have been sanctioned by the Drug Enforcement Administration or Medicare who have not been sanctioned by an individual state. Use their address in the table to find out which state listing has information on them.

**INFORMATION DISTRIBUTED AT
PRESS CONFERENCE
RELEASING
*10,289 QUESTIONABLE DOCTORS***

October 20, 1993

Public Citizen's Health Research Group

Table 1
Serious Disciplinary Actions By State Medical Licensing Boards 1992

Rank 1992	Rank 1991	State	Number of Serious Actions 1992	Total Number of Nonfederal Doctors 1992	Serious Actions Per 1,000 Doctors
1	2	Oklahoma	64	5274	12.14
2	3	Iowa	53	4890	10.84
3	8	West Virginia	37	3517	10.52
4	9	Wyoming	6	725	8.28
5	13	North Dakota	10	1260	7.94
6	6	Mississippi	30	3846	7.80
7	1	Alaska	6	797	7.53
8	17	Colorado	60	8189	7.33
9	4	Georgia	88	12849	6.85
10	19	Montana	10	1546	6.47
11	11	South Carolina	43	6689	6.43
12	7	Louisiana	53	9093	5.83
13	12	Missouri	64	11460	5.58
14	15	Indiana	56	10149	5.52
15	10	Vermont	9	1707	5.27
16	5	Kentucky	36	7175	5.02
17	24	Washington	56	12449	4.50
18	29	Arkansas	19	4232	4.49
19	23	Ohio	105	24708	4.25
20	25	Kansas	21	5057	4.15
21	27	Florida	137	33802	4.05
22	22	Arizona	35	8687	4.03
23	34/35	Idaho	6	1556	3.86
24	14	Oregon	27	7094	3.81
25	26	Nevada	8	2117	3.78
26	34/35	Wisconsin	40	10701	3.74
27	42/43	Maryland	66	17977	3.67
28	20	New Jersey	80	21975	3.64

Rank 1992	Rank 1991	State	Number of Serious Actions 1992	Total Number of Nonfederal Doctors 1992	Serious Actions Per 1,000 Doctors
29	21	Texas	119	33846	3.52
30	31	Alabama	24	7435	3.23
31	28	Minnesota	35	11299	3.10
32	50/51	South Dakota	3	1184	2.53
33	33	New Mexico	8	3340	2.40
34	42/43	North Carolina	34	14665	2.32
35	30	Connecticut	26	11335	2.29
36	36	Illinois	65	28467	2.28
37	32	Virginia	33	14638	2.25
38	39	Nebraska	7	3199	2.19
39	49	New York	126	64927	1.94
40	40	Michigan	37	19810	1.87
41	50/51	Rhode Island	5	2926	1.71
42	37	California	136	82254	1.65
43	18	Utah	6	3678	1.63
44	46	Maine	4	2678	1.49
45	45	District of C.	6	4168	1.44
46	48	Massachusetts	27	22746	1.19
47	44	New Hampshire	3	2625	1.14
48	47	Pennsylvania	32	32828	0.97
49	38	Tennessee	10	11209	0.89
50	41	Hawaii	2	3051	0.66
51	16	Delaware	1	1549	0.65
Totals			1,974	623,378	3.17

Table 2
Disciplinary Actions Each State or Federal Agency Reported to Public Citizen

Federal Agency	Number	Federal Agency	Number
DEA	654	FDA	21
MEDICARE	1300		
Total Actions	1,975		
States	Number	States	Number
ALABAMA	55	MONTANA	28
ALASKA	47	NEBRASKA	57
ARIZONA	167	NEVADA	51
CALIFORNIA	814	NEW HAMPSHIRE	24
COLORADO	124	NEW JERSEY	771
CONNECTICUT	96	NEW MEXICO	33
DELAWARE	9	NEW YORK	976
FLORIDA	944	NORTH CAROLINA	259
GEORGIA	556	NORTH DAKOTA	64
HAWAII	59	OHIO	623
IDAHO	6	OKLAHOMA	78
ILLINOIS	627	OREGON	194
INDIANA	270	PENNSYLVANIA	390
IOWA	284	RHODE ISLAND	61
KANSAS	136	SOUTH CAROLINA	197
KENTUCKY	271	TENNESSEE	287
LOUISIANA	163	TEXAS	665
MAINE	18	UTAH	163
MARYLAND	223	VERMONT	61
MASSACHUSETTS	413	VIRGINIA	382
MICHIGAN	362	WASHINGTON	162
MINNESOTA	420	WASHINGTON, D.C.	70
MISSISSIPPI	105	WEST VIRGINIA	201
MISSOURI	307	WISCONSIN	313
		WYOMING	13
Total State Actions	12,599	Tot St. & Fed. Act.	14,574

Table 3
Disciplinary Actions Reported to Public Citizen: A Breakdown of the Types of
Disciplinary Actions Contained In This Report

Disciplinary Action	Number	%	Cum %
Probation	2,867	19.7	19.7
Revocation	1,740	11.9	31.6
Suspension	1,712	11.8	43.4
Surrender	1,290	8.9	52.3
Medicare Exclusions	1,272	8.7	61.0
Fine	831	5.7	66.7
Reprimand	685	4.7	71.4
License Restriction	637	4.4	75.8
Surrender/Revoc'n/Susp'n Controlled Substance License	634	4.4	80.2
Restriction of Controlled Substance License	382	2.6	82.8
License Denials	297	2.0	84.8
License Reinstatements	207	1.4	86.2
Other Actions	2,020	13.9	100.1
Total Actions	14,574		

Table 4
Offenses for Which Doctors Were Disciplined

Frequencies and types of violations cited by states or Federal Government for disciplinary actions. Includes only those actions for which an offense was reported and for which we had a corresponding term in our database.

Offenses Cited	Number	%	Cum %
Criminal Conviction	1,346	19.6	19.6
Misprescribing or Overprescribing Drugs	1,130	16.4	36.0
Substandard Care, Incompetence or Negligence	1,070	15.6	51.6
Drug or Alcohol Abuse	817	11.9	63.5
Noncompliance with Board Order or Professional Rule	816	11.9	75.4
Professional Misconduct	633	9.2	84.6
Practicing without a License	315	4.6	89.2
Providing False Information to Medical Board	247	3.6	92.8
Mental or Physical Impairment	176	2.6	95.4
Sexual Abuse of or Sexual Misconduct with a Patient	173	2.5	97.9
Hospital Privilege Loss or Restriction	76	1.1	99.0
Insurance or Medicare/Medicaid Fraud	40	0.6	99.6
Falsifying Medical Records or Reports	21	0.3	99.9
Overcharging	15	0.2	100
Exceeding Professional Limitations	3	0.05	100
Total Actions with Offenses Listed	6,878		

Table 5
Disciplinary Actions Taken Against
Doctors Cited For Sexual Abuse of or Sexual Misconduct with a Patient

Disciplinary Action	Number	%	Cum %
Revocation	43	24.9	24.9
Suspension	38	22.0	46.9
License Surrender	15	8.7	55.6
Emergency Suspension	21	12.1	67.7
Probation	24	13.8	81.5
License Restriction	8	4.6	86.1
Fine or Reprimand	13	7.5	93.6
Controlled Substance License Action	7	4.0	97.6
Other Actions	4	2.3	99.9
Total Actions	173		

Table 6
Disciplinary Actions Taken Against
Doctors Cited For Substandard Care, Incompetence or Negligence

Disciplinary Action	Number	%	Cum %
Revocation	96	9.0	9.0
Suspension	121	11.3	20.3
License Surrender	65	6.1	26.4
Emergency Suspension	40	3.7	30.1
Probation	298	27.9	58.0
License Restriction	69	6.5	64.5
Exclusion from Medicare	100	9.4	73.9
Fine or Reprimand	206	19.3	93.2
Controlled Substance License Action	24	2.3	95.5
Other Actions	51	4.8	100.3
Total Actions	1,070		

Table 7
Disciplinary Actions Taken Against
Doctors Cited for Criminal Convictions

Disciplinary Action	Number	%	% Cum
Revocation	219	16.3	16.3
Suspension	212	15.8	32.1
License Surrender	55	4.1	36.2
Emergency Suspension	29	2.2	38.4
Probation	134	10.0	48.4
License Restriction	4	0.3	48.7
Exclusion from Medicare	494	36.7	85.4
Fine or Reprimand	33	2.5	87.9
Controlled Substance License Action	119	8.9	96.8
Other Actions	47	3.5	100.3
Total Actions	1,346		

Table 8
Disciplinary Actions Taken Against
Doctors Cited For Misprescribing or Overprescribing of Drugs

Disciplinary Action	Number	%	Cum %
Revocation	77	6.8	6.8
Suspension	142	12.6	19.4
License Surrender	81	7.2	26.6
Emergency Suspension	47	4.2	30.8
Probation	253	22.4	53.2
License Restriction	10	0.9	54.1
Fine or Reprimand	155	13.7	67.8
Controlled Substance License Action	317	28.1	95.9
Other Actions	48	4.3	100
Total Actions	1,130		

Table 9
Disciplinary Actions Taken Against
Doctors Cited For Drug or Alcohol Abuse

Disciplinary Action	Number	%	Cum %
Revocation	41	5.0	5.0
Suspension	117	14.3	19.3
License Surrender	37	4.5	23.8
Summary Suspension	75	9.2	33.0
Probation	317	38.8	71.8
License Restriction	28	3.4	75.2
Required to Enter an Impaired Physician Program or Drug or Alcohol Treatment	63	7.7	82.9
Fine or Reprimand	13	1.6	84.5
Controlled Substance License Action	60	7.4	91.9
Other Actions	66	8.1	100
Total Actions	817		

Recommendations For the Federal Government

1. **Create grants and standards.** Congress should create a small program of grants-in-aid to state medical boards. The grants should be tied to the boards' agreements to meet certain performance standards, which should be developed by the Public Health Service, as the Department of Health and Human Services Office of Inspector General recommended in 1990.³⁵

In developing these standards the Public Health Service should work with the Federation of State Medical Boards' Assessment Task Force. In September 1990 the FSMB received a federal contract for \$200,000 to undertake the development of a self-assessment instrument for state medical boards. The goal of the task force was to produce a sound and objective means by which boards could assess their performance over time and in comparison with other boards.³⁶ In April 1992 the Federation released its "Self-Assessment Instrument for State Medical Boards" and the accompanying handbook. The Instrument is a survey that each board can fill out regarding its own activities, enabling boards to eventually share information with each other and compare resources and performance.

The standards should include (but not be limited to) the following: processing complaints within a certain limited period of time; maintaining a certain level of staffing and having staff meet certain qualifications; disseminating disciplinary information to the public; having at least 30% of board members be consumer members; regularly publishing a newsletter that includes names of disciplined physicians and descriptions of the disciplinary actions taken against them; issuing an annual report that includes meaningful disciplinary statistics; and other standards.

2. **The Medicare Peer Review Organizations (PRO),** which have been practically moribund in disciplining physicians for substandard care, should become more aggressive. The PROs should hire investigators and advisers trained in law enforcement so that fewer of their sanctions will be overturned.

As a 1990 Institute of Medicine report noted, the PROs are not evaluated on their ability to detect and correct poor quality care.³⁷ The Department of Health and Human Services should change its evaluation procedures to place more emphasis on quality.

3. **Open the National Practitioner Data Bank.** In 1986 Congress passed the Health Care Quality Improvement Act. This act mandated the establishment of a data bank containing information on adverse professional review actions taken against doctors, and on doctors who had been sued for malpractice and on whose

behalf settlement or adjudicated payments had been made. Unfortunately, the law establishing the data bank also required that it be closed to the general public. Congress should pass legislation opening the data bank to consumers.

4. **The Drug Enforcement Administration** should release a monthly list of all practitioners whose controlled substance prescription licenses have been revoked, restricted, or denied. The list should be widely distributed to pharmacies, state pharmacy and medical boards, and the general public.

Far too many doctors continue to prescribe controlled substances after their DEA licenses have expired or have been revoked. The DEA should consider requiring pharmacies to subscribe to an on-line service with which they could check the validity of these DEA license numbers.

5. **Require doctor recertification.** Congress should consider legislation proposed by Rep. Pete Stark, D-Calif., to require physicians who accept Medicare patients to be periodically recertified for competency.

Recommendations For States

1. **Strengthen the statutes.** States that have not already done so should adopt a version of the Model Medical Practice Act developed by the Federation of State Medical Boards,³⁸ or, preferably, stronger laws.

2. **Restructure the boards.** States should sever any remaining formal links between state licensing boards and state medical societies. Members of medical boards (and separate disciplinary boards, where present) should be appointed by the governor, and the governor's choice of appointees should not be limited to a medical society's nominees.

At least 30% of the members of each state medical board and disciplinary board should be public members who have no ties to health care providers.

The governor should appoint members to the Medical Board whose top priority is protecting the public's health, not providing assistance to physicians.

3. **Inform the public.** Each state's Open Records Law and its Medical Practice Act should state that all formal disciplinary actions against licensed professionals are fully public records.

Each legislature should require widespread dissemination of final disciplinary orders. Lists of those disciplined and full disciplinary orders should be promptly available by mail to all requesting them.

Notices of disciplinary actions should be sent to the local news media and to all

hospitals, health maintenance organizations (HMOs), and other health care providers in the state, as well as to other state agencies, the federal Department of Health and Human Services, and the federal Drug Enforcement Administration. Federal law already requires that such information be reported to the National Practitioner Data Bank, which began operating on September 1, 1990.

4. Strengthen board authority. Every medical board should have the authority to impose emergency suspensions pending formal hearing in cases where a doctor poses a potential danger to the public health. Boards should aggressively use this authority when they learn of a potentially dangerous doctor.

Medical boards should have the authority to accept the findings of other state boards and of the federal Department of Health and Human Services and the Drug Enforcement Administration. If a physician has been disciplined by another state, the second state's medical board should be required to impose sanctions at least as stringent as those imposed by the first state.

Each state should require physicians who have been licensed in other states and who seek licensure in a new state to submit affidavits that they are not under investigation elsewhere before being granted a new license. Physicians who are under investigation should not be permitted to practice until the board has heard the details of their case and can evaluate their competency.

Each legislature should grant its state medical licensing board the authority to examine physicians for physical, mental and professional competence and to test them for alcohol and drug use upon reason to believe that a problem exists in one of these areas.

5. Encourage complaints. Each legislature should provide for the protection of confidentiality and immunity to those who report violations of the Medical Practice Act to a board. Such protections should also be extended to board members, their staff, and consultants.

Each legislature should require all licensed health care practitioners to report Medical Practice Act violations by other practitioners to the medical board, with large civil penalties for failure to do so. Boards should aggressively use their authority to enforce the requirement that all health care providers report such violations. Each legislature should also require hospitals to report all revocations, restrictions, or voluntary surrenders of privileges.

Courts should be required to report all indictments and convictions of physicians to the medical disciplinary board. In addition, each legislature should require liability insurers to report all claims, payments, and policy cancellations to state medical disciplinary boards. It should request reports from other state agencies, Medicare, the DEA and other federal agencies. It should also require impaired

physicians' programs to report the names of doctors who fail to successfully complete their programs.

Medical boards should conduct random audits of institutions to check compliance with these reporting requirements, and should fine those who fail to comply. After a doctor is disciplined, a board should fine any other practitioners who knew of that doctor's offense, but failed to report it.

6. Keep the courts in check. Each legislature should pass laws that make clear their intent that the judgements of the medical board be given extreme deference, and that, barring extraordinary circumstances, disciplinary actions should take immediate effect pending appeal.

Each legislature should adopt the 'Preponderance of the Evidence' standard of proof in medical disciplinary cases, replacing the tougher-to-meet 'Clear and Convincing Evidence' standard now in effect in most states. According to the August 1990 report on state medical boards issued by the Office of the Inspector General, "The 'clear and convincing evidence' standard of proof is more rigorous than the 'preponderance of evidence' standard that is typically required to justify tort damages for negligence in civil cases. The more rigorous standard provides greater protection for physicians, but adds complexity to the investigative process and appears to make it less likely that a board will persevere on a case through a full evidentiary hearing."³⁹

Furthermore, the Project Work Panel of the Federation of State Medical Boards, in its August 1989 report *Elements of a Modern State Medical Board: A Proposal*, recommended that each state medical board "use preponderance of evidence as the standard of proof" and that they each have the power "to issue final decisions when acting as trier of fact in the performance of (their) adjudicatory duties".⁴⁰

7. Beef up funding and staffing. Each legislature should permit the medical board to spend all the revenue from medical licensing fees, rather than being forced to give part to the state Treasury. The medical boards should raise their fees to \$500 a year.

All boards could benefit from hiring new investigators and legal staff. Boards should employ adequate staff to process and investigate all complaints within 30 days, to review all malpractice claims filed with the board, to monitor and regularly visit doctors who have been disciplined to ensure their compliance with the sanctions imposed, and to ensure compliance with reporting requirements.

They should hire investigators to seek out errant doctors, through review of pharmacy records, consultation with medical examiners, and targeted office audits of those doctors practicing alone and suspected of poor care.

8. **Require risk prevention.** States should adopt a law, similar to one in Massachusetts, that requires all hospitals and other health care providers to have a meaningful, functioning risk prevention program designed to prevent injury to patients. Massachusetts also requires all adverse incidents occurring in hospitals or in doctors' offices to be reported to the medical board.

9. **Require periodic recertification of doctors** based on a written exam and audit of their patients' medical care records.

Recommendations To Consumers

1. **Complain.** File your complaints about poor medical care or medical misconduct with your state medical board and with the federal Department of Health and Human Services. If the offense occurred in a hospital, also file a complaint with the hospital peer review committee.

Your complaints are needed to protect others!

2. **Organize.** Form citizens' action or victims' rights groups to improve medical quality assurance in your area. The American Association of Retired Persons publishes a guide that can help you mobilize a group for reform.⁴¹ Try to get a representative of your group appointed to the state medical board or the Medicare Peer Review Organization for your state.

3. **Write to your Congressperson** and voice your support for the opening of the National Practitioner Data Bank to the general public. This is especially important since the American Medical Association not only is against public disclosure, but has, in the face of "threats" of public disclosure, voted the "dissolution" of the data bank.

Examples of Doctors Sanctioned More than 6 Times
From 10,289 Questionable Doctors, 1993

CARIN, SANTIAGO O MD, DATE OF BIRTH FEBRUARY 19, 1937, OF 141 YANKEE JIM COURT, VALLEJO, CA, WAS DISCIPLINED BY MEDICARE ON FEBRUARY 17, 1988.
DISCIPLINARY ACTION: 60-MONTH EXCLUSION FROM THE MEDICARE PROGRAM
OFFENSE: CRIMINAL CONVICTION OR PLEA OF GUILTY, NOLO CONTENDERE, OR NO CONTEST TO A CRIME
NOTES: PROGRAM-RELATED CONVICTION.

CARIN, SANTIAGO O MD, LICENSE NUMBER 00E7574, OF VALLEJO, CA, WAS DISCIPLINED BY TEXAS ON SEPTEMBER 24, 1988.
DISCIPLINARY ACTION: VOLUNTARY SURRENDER OF LICENSE

CARIN, SANTIAGO O MD OF BENECIA, CA, WAS DISCIPLINED BY MISSOURI ON OCTOBER 28, 1988.
DISCIPLINARY ACTION: VOLUNTARY SURRENDER OF LICENSE
OFFENSE: CRIMINAL CONVICTION OR PLEA OF GUILTY, NOLO CONTENDERE, OR NO CONTEST TO A CRIME
NOTES: SUBSTANDARD CARE

CARIN, SANTIAGO O MD, LICENSE NUMBER 0106298, OF VENECIA, CA, WAS DISCIPLINED BY NEW YORK ON AUGUST 30, 1989.
DISCIPLINARY ACTION: 12-MONTH LICENSE SUSPENSION; 48-MONTH PROBATION
NOTES: SUSPENSION 5 YEARS, STAY LAST 4 YEARS

CARIN, SANTIAGO O MD, DATE OF BIRTH FEBRUARY 19, 1937, LICENSE NUMBER 0017051, OF 864 CAMDEN COURT, BENICIA, CA, WAS DISCIPLINED BY WISCONSIN ON NOVEMBER 15, 1990.
DISCIPLINARY ACTION: VOLUNTARY SURRENDER OF LICENSE
OFFENSE: DISCIPLINARY ACTION BY ANOTHER STATE OR AGENCY
NOTES: SURRENDERED LICENSE IN OKLAHOMA ON 9/11/87 FOLLOWING CONVICTION OF BLUE CROSS/SHIELD FRAUD AND BOARD CHARGES THAT HE OBTAINED LICENSE BY FRAUD OR MISREPRESENTATION. LICENSE SUBSEQUENTLY SURRENDERED IN MISSOURI ON 4/13/88.

CARIN, SANTIAGO O MD, LICENSE NUMBER C041005, OF BENICIA, CA, WAS DISCIPLINED BY CALIFORNIA ON APRIL 3, 1991.
DISCIPLINARY ACTION: 1-MONTH LICENSE SUSPENSION; 59-MONTH PROBATION
OFFENSE: DISCIPLINARY ACTION BY ANOTHER STATE OR AGENCY
NOTES: ACTION BASED ON DISCIPLINE BY OKLAHOMA BOARD, ALSO CRIMINAL CONVICTION, FOR RETENTION OF CHECK FROM BLUE CROSS THAT SHOULD HAVE BEEN DEPOSITED WITH THE U.S. GOVERNMENT. REVOCATION STAYED.

Examples of Doctors Sanctioned More than 6 Times
From 10,289 Questionable Doctors, 1993

CHERRY, LEO MD WAS DISCIPLINED BY VERMONT ON JANUARY 10, 1986.

DISCIPLINARY ACTION: EMERGENCY SUSPENSION

NOTES: ALL CONTROLLED SUBSTANCES IN DR. CHERRY'S POSSESSION, WHETHER IN HIS OFFICE, HOME OR OTHER PLACE, SHALL BE DELIVERED FORTHWITH INTO THE POSSESSION OF THE CHIEF OF THE BENNINGTON POLICE DEPARTMENT.

CHERRY, LEO MD OF BENNINGTON, VT, WAS DISCIPLINED BY VERMONT ON SEPTEMBER 10, 1986.

DISCIPLINARY ACTION: 2-MONTH LICENSE SUSPENSION
OFFENSE: PROFESSIONAL MISCONDUCT

NOTES: DURING A SOCIAL OCCASION AT HIS HOME ON DECEMBER 14, 1985, CHERRY BECAME INTOXICATED, MADE SEXUAL OVERTURES TO A FRIEND'S WIFE, AND THEN SPRINKLED CRUSHED VALIUM ON THE FRIEND'S SANDWICH. THE FRIEND NOTICED IT AND STOPPED EATING THE SANDWICH. CHERRY OFFERED THEM SEVERAL DRUGS, INCLUDING TRANXENE, AND THEN SUGGESTED THEY INJECT VALIUM. HE AND HIS FRIEND LATER GOT INTO A FIGHT WHICH RESULTED IN HIS FRIEND'S JAW BEING BROKEN. PREVIOUS SUSPENSION EXTENDED FOR 2 MONTHS UNTIL AT LEAST 10/20/86; AT THAT TIME MAY APPLY FOR REINSTATEMENT WHEN SUPPORTED BY 2 PSYCHIATRISTS WHO ATTEST THAT HE IS FIT TO RETURN TO PRACTICE

CHERRY, LEO MD WAS DISCIPLINED BY VERMONT ON DECEMBER 22, 1986.

DISCIPLINARY ACTION: MONITORING OF PHYSICIAN
OFFENSE: DRUG OR ALCOHOL ABUSE

NOTES: REINSTATEMENT BASED ON 1) SHALL CONSUME NO ALCOHOL AT ANY TIME; SHALL TAKE NO CONTROLLED SUBSTANCES EXCEPT ON PRESCRIPTION OF PHYSICIAN; SHALL CONTINUE PSYCHIATRIC THERAPY; SHALL PROVIDE URINE SAMPLES AS REQUESTED; PSYCHIATRIST WILL PROVIDE MONTHLY REPORTS. BOARD REINSTATED LICENSE ALTHOUGH IT SAID CHERRY HAD NO CONTROL OVER HIS ALCOHOL PROBLEM AND HAS AN EVASIVE AND NERVOUS Demeanor; HE ALSO HAS NO PLANS TO RETURN TO PRACTICE.

CHERRY, LEO MD WAS DISCIPLINED BY VERMONT ON MARCH 8, 1987.

DISCIPLINARY ACTION: 6-MONTH LICENSE SUSPENSION
OFFENSE: PHYSICALLY OR MENTALLY INCAPABLE OF PRACTICING

NOTES: FAILED TO SUBMIT REQUIRED MONTHLY REPORTS FROM PSYCHIATRIST. THE ONLY REPORT RECEIVED STATES HE IS UNFIT TO PRACTICE MEDICINE AT THIS TIME. MUST COMPLY WITH FOLLOWING CONDITIONS FOR REINSTATEMENT: (1) SUBMITS A WRITTEN EVALUATION FROM THERAPIST SHOWING HE IS ABLE TO RETURN TO PRACTICE. (2) SUBMITS A WRITTEN EVALUATION FORM THERAPIST SELECTED BY BOARD (3) DISCUSSES HIS

EMOTIONAL CONDITION AS IT AFFECTS HIS RETURN TO PRACTICE (4) SHOWS EVIDENCE THAT HE IS FREE OF DRUGS AND ALCOHOL.

CHERRY, LEO MD WAS DISCIPLINED BY VERMONT ON DECEMBER 18, 1987.

DISCIPLINARY ACTION: RESTRICTION PLACED ON LICENSE
NOTES:

MET CONDITIONS OF MARCH 14, 1987 ORDER OF SUSPENSION; SUSPENSION LIFTED SUBJECT TO CONDITIONS; MAY PRACTICE IN A PATIENT CARE SETTING ONLY UNDER ANOTHER PHYSICIAN'S SUPERVISION APPROVED BY THE BOARD; SUPERVISOR WILL CONTINUE FOR AT LEAST 3 MONTHS AND 400 HOURS OF FULL TIME PRACTICE AND SUBMIT REPORTS TO THE BOARD; MAY PRACTICE IN A SETTING NOT INVOLVING PATIENT CARE WITHOUT A SUPERVISOR; CONTINUE TO COMPLY WITH CONDITIONS OF 12/22/86 ORDER; CONSUME NO ALCOHOL OR UNPRESCRIBED CONTROLLED SUBSTANCES, PROVIDE RANDOM BREATH OR URINE SAMPLES, CONTINUE PSYCHIATRIC THERAPY.

CHERRY, LEO MD WAS DISCIPLINED BY VERMONT ON SEPTEMBER 29, 1988.

DISCIPLINARY ACTION: LICENSE SUSPENSION
OFFENSE: FAILURE TO COMPLY WITH A PREVIOUS BOARD ORDER

NOTES: VIOLATED CONDITION OF 12/18/87 REINSTATEMENT ORDER THAT HE CONSUME NO ALCOHOL; ON JULY 22, 1988 CHERRY DROVE HIS CAR OFF A ROAD. THE ACCIDENT LEFT HIM UNCONSCIOUS, A BLOOD SAMPLE SHOWED .31 PERCENT ALCOHOL; BOARD WILL CONSIDER REINSTATEMENT UPON HIS ENTERING ALCOHOL TREATMENT PROGRAM APPROVED BY THE BOARD AND LASTING FOR 2 YEARS;

Examples of Doctors Sanctioned More than 6 Times
From 10,289 Questionable Doctors, 1993

KRANZ, ERIC MD WAS DISCIPLINED BY OHIO ON JUNE 18, 1987.

DISCIPLINARY ACTION: DENIAL OF NEW LICENSE

NOTES: PERMANENT DENIAL

KRANZ, ERIC MD, LICENSE NUMBER 0013367, OF 2924 JACKSON AVENUE, POINT PLEASANT, WV, WAS DISCIPLINED BY WEST VIRGINIA ON MARCH 26, 1988.
DISCIPLINARY ACTION: LICENSE REVOCATION
OFFENSE: DISCIPLINARY ACTION BY ANOTHER STATE OR AGENCY

NOTES: KRANZ WAS DENIED A LICENSE IN OHIO ON JUNE 19, 1987 BECAUSE HE LIED ON HIS APPLICATION AND HAD TRIED TO SELL ANSWERS TO TWO LICENSURE EXAMS. HE HAD PREVIOUSLY BEEN DENIED LICENSURE IN PENNSYLVANIA AND OKLAHOMA. HE LIED ABOUT ALL THESE DENIALS TO THE WEST VIRGINIA BOARD. KRANZ ALSO PLEADED NOLO CONTENDERE ON APRIL 10, 1987 TO MISDEMEANOR BATTERY CHARGES FOR VERBALLY ABUSING AND FONDLING A FEMALE EMPLOYEE OF PLEASANT VALLEY HOSPITAL. BOARD'S DECISION WAS AFFIRMED BY KANAWHACOUNT CIRCUIT COURT ON 3/28/90

JUNE 5, 1991.

DISCIPLINARY ACTION: LICENSE REVOCATION

OFFENSE: DISCIPLINARY ACTION BY ANOTHER STATE OR AGENCY

NOTES: ON 6/18/87 OHIO DENIED HIS LICENSE APPLICATION; ON 4/10/87 HE WAS CONVICTED OF A BATTERY MISDEMEANOR INVOLVING MAKING UNWANTED SEXUAL ADVANCES TO A FEMALE NURSE IN THE HOSPITAL WHERE HE WORKED; WEST VIRGINIA REVOKED HIS LICENSE ON 3/18/88; OKLAHOMA REVOKED HIS LICENSE ON 2/9/89. ON HIS 10/87 RENEWAL APPLICATION IN VERMONT HE ANSWERED NO TO QUESTIONS ASKING IF HE HAD ACTIONS AGAINST HIS LICENSE OR HAD ANY CONVICTIONS.

KRANZ, ERIC MD, LICENSE NUMBER 0023597, WAS DISCIPLINED BY WASHINGTON ON FEBRUARY 21, 1992.

NOTES: SUSPENSION, STAYED ON CONDITIONS THAT HE SHALL NOT PRACTICE IN WASHINGTON STATE WITHOUT PRIOR APPROVAL OF THE BOARD.

KRANZ, ERIC MD OF 614 G ST SE, WASHINGTON, DC, WAS DISCIPLINED BY VIRGINIA ON JULY 31, 1989.

DISCIPLINARY ACTION: DENIAL OF NEW LICENSE

OFFENSE: PROVIDING FALSE INFORMATION TO THE BOARD

NOTES: LICENSE DENIED FOR APPLICATION FRAUD AND UNPROFESSIONAL CONDUCT.

KRANZ, ERIC MD, LICENSE NUMBER 032661E, OF SCRANTON, PA, WAS DISCIPLINED BY PENNSYLVANIA ON MARCH 29, 1990.

DISCIPLINARY ACTION: FINE; REPRIMAND

OFFENSE: DISCIPLINARY ACTION BY ANOTHER STATE OR AGENCY

NOTES: DISCIPLINARY ACTION TAKEN AGAINST HIS LICENSE IN WEST VIRGINIA AND IN OKLAHOMA, BASED ON HIS PLEA OF NOLO CONTENDERE IN WEST VIRGINIA TO A MISDEMEANOR RELATING TO MEDICINE, AND IN OKLAHOMA, BASED ON THEIR FINDING HIM GUILTY OF THE COMMISSION OF ANY ACT WHICH IS A VIOLATION OF THE CRIMINAL LAW OF OKLAHOMA WHEN CONNECTED WITH THE PHYSICIAN'S PRACTICE OF MEDICINE.

KRANZ, ERIC MD, DATE OF BIRTH MARCH 18, 1946, OF 1616 DICKSON AVE, SCRANTON, PA, WAS DISCIPLINED BY MEDICARE ON SEPTEMBER 24, 1990.

DISCIPLINARY ACTION: EXCLUSION FROM THE MEDICARE PROGRAM

OFFENSE: DISCIPLINARY ACTION BY ANOTHER STATE OR AGENCY

NOTES: LICENSE REVOCATION OR SUSPENSION. NO LONGER LISTED AS EXCLUDED AS OF 9/30/92.

KRANZ, ERIC MD, LICENSE NUMBER 0006384, OF BALTIMORE, MD, WAS DISCIPLINED BY VERMONT ON

Examples of Doctors Sanctioned More than 6 Times
From 10,289 Questionable Doctors, 1993

OTERO, HUMBERTO MD OF KENNER, LA, WAS
DISCIPLINED BY LOUISIANA ON JANUARY 24, 1987.
DISCIPLINARY ACTION: EMERGENCY SUSPENSION
OFFENSE: SUBSTANDARD CARE, INCOMPETENCE, OR
NEGLIGENCE

OTERO, HUMBERTO MD OF KENNER, LA, WAS
DISCIPLINED BY LOUISIANA ON JUNE 1, 1987.
DISCIPLINARY ACTION: PROBATION
OFFENSE: SUBSTANDARD CARE, INCOMPETENCE, OR
NEGLIGENCE

NOTES: INABILITY TO PRACTICE MEDICINE WITH
REASONABLE SKILL AND SAFETY OF PATIENTS.
PROBATION TERMS: COMPLIANCE WITH TERMS
OF AFERCARE TREATMENT CONTRACT;
PROFESSIONAL WORK HOURS RESTRICTED TO
SPECIFIC SCHEDULE; 50 HOURS OF
COMMUNITY MEDICAL EDUCATION
ANNUALLY.

OTERO, HUMBERTO MD OF 5620 N UTICA STREET,
METAIRIE, LA, WAS DISCIPLINED BY ILLINOIS ON AUGUST
1, 1988.

DISCIPLINARY ACTION: LICENSE SUSPENSION
OFFENSE: DISCIPLINARY ACTION BY ANOTHER STATE OR
AGENCY

NOTES: INDEFINITE SUSPENSION; LICENSE ON
PROBATION IN LOUISIANA FOR ALCOHOLISM.

OTERO, HUMBERTO MD OF KENNER, LA, WAS
DISCIPLINED BY LOUISIANA ON OCTOBER 20, 1989.
DISCIPLINARY ACTION: LICENSE REVOCATION
OFFENSE: FAILURE TO COMPLY WITH A PREVIOUS BOARD
ORDER

NOTES: ALCOHOL ABUSE, VIOLATION OF PREVIOUS
CONSENT ORDER

OTERO, HUMBERTO MD, DATE OF BIRTH AUGUST 6, 1940,
OF 3645 WILLIAMS BLVD #103, KENNER, LA, WAS
DISCIPLINED BY MEDICARE ON APRIL 24, 1990.
DISCIPLINARY ACTION: EXCLUSION FROM THE MEDICARE
PROGRAM

OFFENSE: DISCIPLINARY ACTION BY ANOTHER STATE OR
AGENCY

NOTES: LICENSE REVOCATION OR SUSPENSION.

OTERO, HUMBERTO MD, DATE OF BIRTH AUGUST 6, 1940,
LICENSE NUMBER 0006949, OF 76 GRANATA DRIVE,
KENNER, LA, WAS DISCIPLINED BY MISSISSIPPI ON MAY
17, 1990.

DISCIPLINARY ACTION: LICENSE REVOCATION
OFFENSE: DISCIPLINARY ACTION BY ANOTHER STATE OR
AGENCY

OTERO, HUMBERTO MD, LICENSE NUMBER 00E3079, OF
KENNER, LA, WAS DISCIPLINED BY TEXAS ON JULY 1,
1990.

DISCIPLINARY ACTION: LICENSE REVOCATION
OFFENSE: DISCIPLINARY ACTION BY ANOTHER STATE OR
AGENCY

NOTES: LOUISIANA LICENSE REVOKED.

NATIONAL PRACTITIONER DATA BANK STATISTICAL SUMMARY

As of Week Ending October 1, 1993

TABLE I.

REPORTS		
CATEGORY	NUMBER	PERCENT OF TOTAL REPORTS
ADVERSE ACTIONS	11,152	16.5
LICENSURE ¹	8,040	11.9
CLINICAL PRIVILEGES ²	2,977	4.4
PROFESSIONAL SOCIETY MEMBERSHIP ²	135	.2
MEDICAL MALPRACTICE PAYMENTS ²	56,281	83.5
TOTAL	67,433	100

TABLE II.

PRACTITIONERS WITH REPORTS	
ADVERSE ACTION REPORTS ONLY	7,068
MALPRACTICE PAYMENT REPORTS ONLY	45,437
ADVERSE ACTION REPORTS AND MALPRACTICE PAYMENT REPORTS	1,179
TOTAL	53,684

TABLE III.

TOTAL QUERIES - 2,750,564

TABLE IV.

TOTAL MATCHES - 103,325
(INDIVIDUAL PRACTITIONERS - 30,359)

Explanations:

- (1) Allopathic and osteopathic physicians and dentists.
- (2) Allopathic and osteopathic physicians, dentists, and other health care practitioners.



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**Statement of Pamela Gilbert
Director, Public Citizen's Congress Watch
on
QUESTIONABLE DOCTORS AND NATIONAL HEALTH CARE REFORM
NATIONAL PRESS CLUB
October 20, 1993**

Medical malpractice is the third leading cause of preventable death in the nation, killing over 80,000 patients a year. Tragically, the state agencies in charge of policing medical care are doing little or nothing to address this critical problem.

Reform of the nation's health care system presents a unique opportunity to address the epidemic of death and injury caused by substandard medicine. Incredibly, President Clinton's proposed health care reform makes almost no effort to prevent and punish medical malpractice. On the contrary, the bill panders to the medical lobby by shielding negligent doctors from being fully responsible to their victims.

Only one out of eight malpractice victims ever brings a claim to recover losses, and fewer than half of these recover any money. The problem is that the legal system is too difficult for injured victims to use, not too easy. Yet, the Clinton plan would erect even more barriers in the way of injured people seeking compensation.

At the same time that the Clinton plan restricts the rights of malpractice victims, it ignores the need to improve the performance of medical oversight boards and it scales back the regulation of clinical laboratories. In short, the plan does nothing to decrease the incidence of malpractice--although it does decrease the ability of victims to be compensated for their injuries.

The President and the Congress must not play politics with people's lives. They should reject the pleas of the medical lobby, and focus instead on the needs of health care consumers. Malpractice prevention, punishment, and consumer protection must be priorities of national health care reform.

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