New York's Dangerous – *and Undisciplined* – Doctors

Congress Watch
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Acknowledgments

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Executive Summary

The American Medical Association – and its counterpart, the Medical Society of the State of New York – have declared New York to be a "crisis" state when it comes to the malpractice liability system. Their concern: "skyrocketing liability exposure," which threatens to limit patient access to care.

The real malpractice "crisis" – and the greatest threat to care – faced by New Yorkers is the negligent medical care being delivered by a relatively small proportion of doctors – a problem that health-care providers and state officials have not adequately addressed. This Public Citizen report, which relies on government statistics and other reputable sources, has found:

- **Preventable medical errors cost thousands of lives in New York every year.** Between 2,967 and 6,608 people die annually in New York State hospitals due to errors that are *preventable*. This doesn't count the many more thousands of injuries due to malpractice that occur each year or those deaths that occur outside the hospital setting. By comparison, 3,800 people in New York die annually from AIDs (2,299) and auto accidents (1,501) *combined*.

- **The cost of malpractice to New York patients and consumers is considerable.** The cost of preventable medical errors to patients, their families and society at large is between $1.1 and $1.9 billion a year. That is much more than the costs of malpractice premiums paid by New York's doctors, which amount to $873 million a year.

- **As a group, New York doctors' malpractice premiums have effectively *declined* since 1992.** According to the National Association of Insurance Commissioners (NAIC), the total amount that New York doctors paid in malpractice insurance premiums in 2001 was $873 million, compared with $821 million in 1992. This is an increase of only 6 percent over nine years. Adjusting for medical inflation and the growing number of physicians in the state, the amounts of premiums paid have declined significantly when measured in actual dollars.

- **A small portion of New York doctors are responsible for the bulk of malpractice payouts.** According to the federal government's National Practitioner Data Bank (NPDB), just 7 percent of New York's doctors are responsible for two-thirds (68 percent) of all medical malpractice payouts. Even more distressing, just 1 percent of New York's doctors are responsible for 22 percent of all medical malpractice payouts.

- **"Repeat-offender" doctors suffer few consequences in New York.** The state agency that regulates New York doctors is failing its citizens. Only 10 percent of New York doctors who made three or more malpractice payouts have ever been disciplined. And only 28 percent of New York doctors who made 10 or more malpractice payouts have ever been disciplined.

- **New York has 5 of the country's 10 most dangerous – and undisciplined – doctors, based on the number of malpractice payouts listed in the data bank.** These doctors have made at least 17 medical malpractice payments worth at least $2.75 million. One doctor has made 33 payments totaling $4.9 million as a result of lawsuits alleging improper performance of surgery. Another surgeon made 18 payments totaling $3.8 million as a result of lawsuits alleging improper performance of surgery, foreign objects left in patients and a failure to properly monitor patients. Their names are not available to the public because Congress has refused to authorize public access to the data bank

- **Strong discipline against repeat offender doctors could dramatically reduce malpractice payouts.** By disciplining doctors with two or more malpractice payouts and preventing them from becoming "repeat offenders" with three or more payouts, the state board could eliminate 45 percent of the total number of medical malpractice payouts. If the state board could prevent doctors with three payments from having to pay a fourth one, nearly one third of malpractice payouts would be eliminated.

Introduction

The medical and insurance lobbies argue that medical malpractice litigation constitutes a giant "lottery," in which lawsuits are purely random events bearing no relationship to the care given by a physician. If the tort system is a lottery, it is clearly a rigged one, because some numbers come up more often than others – a small percentage of doctors are responsible for much of the malpractice in New York.

Rather than clean up their profession by strongly disciplining the small percentage of doctors – the most dangerous doctors – who cause the bulk of medical malpractice, physicians instead want to blame victims and their lawyers for bringing "frivolous suits." They have declared a liability "crisis" in order to wage a wholesale attack on patients' rights and patient safety.

Without a strong legal system to act as a deterrent against medical negligence, we will see many more people killed than the 44,000 to 98,000 who currently die nationwide in hospitals each year due to *preventable* medical errors. And unless policymakers stop a small number of doctors from being repeat offenders, there is little hope for reducing liability insurance rates over the long-term.

A Vanderbilt University study found that doctors with past records of malpractice claims can be expected to have "appreciably worse claims experience" than other doctors in future years.[1] Despite the fact that claims history predicts future claims, neither state medical licensing boards nor the insurance market have been effective in reducing malpractice.

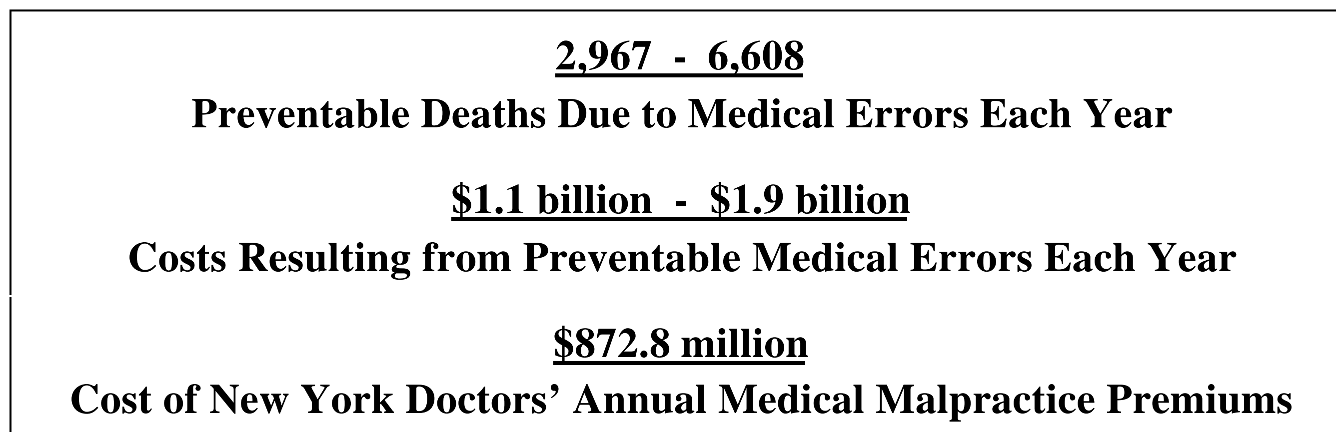
By calling for caps on damages and other measures that reduce patients' ability to hold a few error-prone physicians fully accountable, the doctors' lobby proposes to shift the costs of injuries onto individuals, their families, voluntary organizations and taxpayers. This is unfortunate because doctors, nurses and patients should be allies on this issue – not be pitted against each other. Doctors should join with consumers and patients in reforming the business practices of the insurance industry, rather than blaming the victims and their lawyers, and to better police the very small number of their profession who commit most of the state's malpractice.

The Costs of Medical Malpractice to New York's Patients & Consumers vs. New York's Doctors

In 2000, the Institute of Medicine (IOM) estimated that from 44,000 to 98,000 Americans die in hospitals every year from *preventable* medical errors.[2] The IOM also estimated the costs to individuals, their families and society at large for these medical errors at $17 billion to $29 billion a year. These costs include disability and health-care costs, lost income, lost household production and the personal costs of care.

The true impact of medical malpractice in New York should be measured by the cost to patients and consumers, not the premiums paid by doctors to their insurance companies. Extrapolating from the IOM findings, we estimate that there are 2,967 to 6,608 deaths in New York each year that are due to preventable medical errors. By comparison, 3,800 people in New York die annually from AIDS (2,299) and auto accidents (1,501) *combined*. Costs resulting from preventable medical errors to New York's residents, families and communities is estimated at $1.1 billion to $1.9 billion each year. But the cost of medical malpractice insurance to New York's doctors is $872.8 million a year.[3] [See Figure 1]

Figure 1



<u>2,967 - 6,608</u>

Preventable Deaths Due to Medical Errors Each Year

<u>$1.1 billion - $1.9 billion</u>

Costs Resulting from Preventable Medical Errors Each Year

<u>$872.8 million</u>

Cost of New York Doctors' Annual Medical Malpractice Premiums

Sources: Preventable deaths and costs are prorated based on population and based on estimates in *To Err Is Human*, Institute of Medicine, November 2000. Malpractice premiums are based on "Medical Malpractice Net Premium and Incurred Loss Summary," National Association of Insurance Commissioners, July 18, 2001.

As a Group, New York Doctors Have Seen a Virtual Decrease in Malpractice Insurance Premiums

According to the National Association of Insurance Commissioners (NAIC), the total amount that New York doctors paid in malpractice insurance premiums in 2001 was $872.8 million, compared with $821.5 million in 1992.[4] [See Figure 2] This is an increase of only 6 percent over nine years, or less than 1 percent a year – which does not come close to the rate of general inflation. Moreover, during this same period, costs of medical care increased 47 percent nationwide, an average of 5.2 percent a year.[5] Adjusting for medical inflation and the growing number of physicians in the state, the amounts of medical malpractice premiums paid have declined significantly when measured in actual dollars.

Figure 2

Medical Malpractice Premiums Earned in New York, 1992-2001

Year	Direct Premiums Earned
1992	$821,511,320
1993	838,641,815
1994	878,424,830
1995	918,666,713
1996	844,080,610
1997	844,511,842
1998	896,109,900
1999	867,779,336
2000	857,141,583
2001	872,828,656

Source: NAIC's "Medical Malpractice Insurance Net Premium and Incurred Loss Summary," July 2002

Repeat Offender Doctors Are Responsible for the Bulk of Medical Malpractice

The federal government's National Practitioner Data Bank (NPDB), maintained by the Department of Health and Human Services, is the most comprehensive source of data that exists on medical malpractice payouts (malpractice judgments and settlements) made on behalf of doctors. The data, which covers September 1990 to September 2002, reveals the following about New York State doctors:[6]

- 82.2 percent of New York's doctors have never made a malpractice payout throughout the life of the National Practitioner Data Bank.

- 7.1 percent of New York's doctors (4,996), each of whom has paid at least two malpractice claims, are responsible for 67.7 percent – more than two-thirds – of all payouts. [See Figure 3] Overall, these doctors have paid out nearly $4.1 billion in 12 years.

- 3.4 percent of New York's doctors (2,373), each of whom has paid at least three malpractice claims, are responsible for 45.4 percent of all payouts. The value of those payouts exceeds $2.7 billion over 12 years.

- 1 percent of New York's doctors (698), each of whom has paid at least five malpractice claims, are responsible for 21.9 percent of all payouts. The value of those payouts exceeds $1.2 billion over 12 years.

- 78 New York doctors (0.1 percent) have paid 10 or more malpractice claims. They are responsible for 5.6 percent of all payouts, which total more than $235 million.

Figure 3

Number of Medical Malpractice Payouts and Amounts Paid by New York Doctors, 1990 – 2002

Number of Payment Reports	Number of Doctors that Made Payouts	Percent/Total Doctors (70,751)	Total Number of Payouts	Total Amount of Payouts	Percent of Total Number of Payouts
All	12,588	17.8%	23,530	$5,905,265,150	100.00%
1	7,592	10.7%	7,592	$1,821,569,000	32.3%
2 or More	4,996	7.1%	15,938	$4,083,696,150	67.7%
3 or More	2,373	3.4%	10,692	$2,745,155,600	45.4%
4 or More	1,222	1.7%	7,239	$1,843,661,600	30.8%
5 or More	698	1.0%	5,143	$1,283,499,350	21.9%
10 or More	78	0.1%	1,325	$235,469,250	5.6%

Source: National Practitioner Data Bank Annual Reports, Sept. 1, 1990-Sept. 30, 2002 (For these calculations, Public Citizen employs American Medical Association statistics from 1995, midway through the time period, for the total of non-federal, licensed doctors in New York.)[7]

Repeat Offenders Suffer Few Consequences

The New York State government, through the New York State Board for Professional Medical Conduct (BPMC), and the state's health-care providers have done little to rein in those doctors who repeatedly commit negligence. According to the National Practitioner Data Bank, disciplinary actions (either a license suspension or revocation, or a limit on clinical privileges) have been few and far between for New York's repeat offender doctors:

- Only 7.8 percent (389 of 4,996) of New York doctors who made two or more malpractice payouts were disciplined by the BPMC. [See Figure 4]
- Only 10 percent (237 of 2,373) of New York doctors who made three or more malpractice payouts were disciplined by the BPMC.
- Only 14.5 percent (101 of 698) of New York doctors who made five or more malpractice payouts were disciplined by the BPMC.
- Only 28.2 percent (22 of 78) of New York doctors who made 10 or more malpractice payouts were disciplined by the BPMC.

Figure 4

Number of Doctors with Two or More Medical Malpractice Payouts Who Have Been Disciplined (Reportable Licensure Actions), 1990 – 2002

Number of Payout Reports	Number of Doctors that Made Payouts	Number of Doctors with One or More Reportable Licensure Actions	Percent of Doctors with One or More Reportable Licensure Actions
2 or More	4,996	389	7.8%
3 or More	2,373	237	10.0%
4 or More	1,222	159	13.0%
5 or More	698	101	14.5%
10 or More	78	22	28.2%

Source: National Practitioner Data Bank, Sept. 1, 1990 – Sept. 30, 2002

New York Has Five of the Country's Most Dangerous – and Undisciplined – Doctors

Public Citizen's examination of National Practitioner Data Bank records found numerous dangerous doctors who have inflicted repeated injuries on patients, yet they have never been disciplined.

Five of the 10 most dangerous and undisciplined physicians in the United States, based on the number of malpractice payouts listed in the data bank, worked or continue to work in New York State. They are so designated because they have made at least 17 or more medical malpractice payment reports throughout the life of the NPDB and made a minimum of $2.75 million in medical malpractice payouts since 1990. According to the NPDB, none of these physicians have been disciplined by the New York State Board for Professional Medical Conduct or have had their clinical privileges limited.

Among these undisciplined doctors, who are identified only by randomly generated numbers:

- **Physician Number 23777** made 33 payments including one lost malpractice judgment between 1992 and 2001 involving 23 surgery related problems, eight improper performances of surgery, improper performance of a treatment, and a monitoring related problem. The damages add up to $4,953,500.

- **Physician Number 28558** made 18 payments between 1991 and 2002 involving 13 surgery related problems, leaving a foreign body in a surgical patient, three improper performances of surgery, and failing to monitor a patient. The damages add up to $3,847,500.

- **Physician Number 58419** made 18 payments between 1994 and 2002 involving six improper performances of surgery, nine surgery related problems, improperly managing a surgical patient, and a treatment related problem. The damages add up to $2,853,750.

- **Physician Number 24573** made 17 payments between 1991 and 2002 involving two incidents of failure to diagnose a patient, six improperly performed surgeries, four surgery related problems, two incidents of unnecessary surgery, two incidents of failure to treat, two incidents of performing the wrong procedure, and four treatment related problems. (Five of these incidents took place in Florida.) The damages add up to $2,776,750.

- **Physician Number 25783** made 17 payments including one lost malpractice judgment between 1991 and 1999 involving seventeen surgery related problems and an improperly performed surgery. The damages add up to $2,750,000.

Additional Repeat Offenders Have Gone Undisciplined

In addition to five of the 10 most dangerous and undisciplined physicians in the United States, numerous other "repeat-offender" doctors have been permitted by the New York state government and the state's health-care providers to commit negligence without being disciplined:

- **Physician Number 27211** made 11 payments between 1992 and 2000 involving a diagnosis problem, a surgery related problem, an improperly performed surgery, two improperly managed labors, two incidents of improper choice of delivery method, improperly performed vaginal delivery, performing the wrong treatment, delay in delivery, a treatment related problem, and improper performance of a treatment. The damages add up to $7,652,500.

- **Physician Number 24194** made 11 payments between 1994 and 2001 involving two delays in diagnosis, a diagnosis related problem, two incidents of improper management of medication regime, three obstetrics-related problems, improperly managing a labor, improperly performing a C-section, three treatment related problems, and three incidents of delay in treatment. The damages add up to $6,377,500.

- **Physician Number 24633** made 11 payments, including one lost malpractice judgment, between 1994 and 2001 involving failure to diagnose a patient, improperly using anesthesia equipment, three incidents of failure to manage pregnancy, delay in delivery, two improperly performed vaginal deliveries, improper choice of delivery method, delay in treatment of identified fetal distress, an obstetrics-related incident, performing the wrong treatment, and improperly performing a surgery. The damages add up to $3,947,500.

- **Physician Number 24764** made 11 payments between 1992 and 2001 involving four incidents of failure to diagnose a patient, three improperly performed surgeries, a surgery related problem, unnecessary surgery, improperly managing a surgical patient, improperly performing a treatment, failure to instruct patient on use of equipment, and two incidents of failure to treat. The damages add up to $3,912,500.

- **Physician Number 24645** made 11 payments between 1991 and 2002 involving two diagnosis-related problems, failure to diagnose a patient, two incidents of improperly managing a surgical patient, two surgery related problems, improperly performing a surgery, failure to obtain consent for surgery, a medication related error, and a treatment related problem. The damages add up to $3,138,000.

- **Physician Number 25800** made 13 payments between 1990 and 1998 involving nine surgery problems, an improperly performed surgery, unnecessary surgery, improperly managing a patient's medication regime, and two treatment related problems. The damages add up to $3,030,000.

- **Physician Number 28440** made 17 payments between 1991 and 2002 involving 10 surgery related problems, five improperly performed surgeries, improperly managing a surgical

patient, and improperly managing a patient's medication regime. The damages add up to $2,692,250.

- **Physician Number 50858** made 19 payments between 1991 and 2001 involving six surgery related problems, four improperly performed surgeries, seven treatment related problems, improperly performing a treatment, and delaying a treatment. The damages add up to $2,286,250.
- **Physician Number 120878** made 13 payments between 1998 and 2001 involving seven improperly performed surgeries, a surgery related problem, failure to perform surgery, and four improperly performed treatments. The damages add up to $1,951,250.
- **Physician Number 28297** made 15 payments between 1991 and 2002 involving five failures to diagnose patients, two anesthesia related problems, unnecessary surgery, two improperly performed surgeries, three incidents of delay in delivery, failure to manage pregnancy, two obstetrics-related problems, failure to seek consultation for treatment of patient, and delay in diagnosis. The damages add up to $1,737,250.

Solutions to Reduce Medical Errors and Long-term Insurance Rates

Doctors are claiming that "skyrocketing liability exposure" requires draconian reductions in peoples' legal rights, which are necessary to hold physicians accountable for negligence and to discourage physician carelessness.

They are demanding that New York's congressional delegation and the New York State legislature support, among other things, a $250,000 cap on so-called "non-economic" damages. This refers to awards for pain and suffering, lost child-bearing ability, or disfigurement. Such damages exceed $250,000 only in cases of permanent significant injuries. Thus, the cap will not affect patients with minor injuries nor reduce so-called "frivolous" lawsuits. Instead, it targets only victims of catastrophic injuries such as deafness, blindness, loss of limb or organ, paraplegia, or severe brain damage.

Such measures will only result in more medical malpractice and more lives ruined by the physical and emotional scars that result from medical negligence. Instead, the focus of New York's elected representatives should be on improving patient safety. Public Citizen recommends the following patient safety reforms:

Federal Patient Safety Reforms

- **Open the National Practitioner Data Bank to Empower Consumers with Information About Their Doctors.**
  New York State is ahead of most states in that it provides consumers with on-line access to important information about their physicians – including a history of medical malpractice, a criminal history and a disciplinary record. Information about doctor discipline, including state sanctions, hospital disciplinary actions and medical malpractice awards is also contained in the National Practitioner Data Bank. HMOs, hospitals and medical boards can look at the National Practitioner Data Bank. Unfortunately, consumers cannot access the information because the names of physicians in the database are kept secret from the public. Congress should lift the veil of secrecy and allow the people who have the most to lose from questionable doctors to get the information they need to protect themselves and their families.

State Patient Safety Reforms

- **Improve Oversight of Physicians**
  Public Citizen has long sought greater consumer access to information about doctors, and there have been recent improvements in making that information available. Most state medical boards now provide some physician information on the Internet, but the information about disciplinary actions varies greatly, is often inadequate and can be difficult for people to access.[8]

For more than a decade, Public Citizen's Health Research Group has been carefully scrutinizing the performance of state medical boards. As reported in our *Questionable Doctors* publication,[9] too little discipline is being done. Too many state medical boards, despite their duty to protect the public, still believe their first responsibility is to rehabilitate "impaired physicians" and shield them from the public's prying eyes. Fewer than one-half of one percent of the nation's doctors face any serious state sanctions each year. 2,708 total serious disciplinary actions a year, the number state medical boards took in 2001, are a pittance given estimates that between 44,000 and 98,000 deaths of hospitalized patients are caused by medical errors annually.

State discipline rates ranged from 10.52 serious actions per 1,000 doctors (Arizona) to 0.73 actions per 1,000 physicians (District of Columbia), a 14.4-fold difference between the best and worst states. New York is ranked 14th among the 50 states and the District of Columbia for the number of serious actions taken per 1,000 physicians. (Note: Most of these actions are unrelated to medical malpractice and instead involve sanctions for substance abuse, sexual and criminal offenses.)

If all the boards did as good a job as the lowest of the top five boards, Kentucky's rate of 6.32 serious disciplinary actions per 1,000 physicians, it would amount to a total of 5,089 serious actions a year. That would be 2,381 more serious actions than the 2,708 that actually occurred in 2001. It is likely that patients are being injured or killed more often in states with poor doctor disciplinary records than in states with consistent top performances.

Negligent doctors are rarely disciplined with loss or suspension of their license for inferior care. Instead, state medical boards focus on more easily documentable offenses such as prescription drug violations and fraud convictions or disciplinary action in another state as potential indicators of substandard care. Congress could encourage better oversight through grants to state medical boards, tied to the boards' agreements to meet performance standards.

By disciplining doctors with two or more malpractice payouts and preventing them from becoming "repeat offenders" with three or more payouts, the state board could eliminate 45 percent of the total number of medical malpractice payouts. If the state board could prevent doctors with three payments from having to pay a fourth one, nearly one third of malpractice payouts would be eliminated.

The following state reforms would help protect patients:

- **Reform medical board governance.** States should sever any remaining formal, debilitating 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 50 percent of the members of each state medical board and disciplinary board should be well-informed and well-trained public members who have no ties to health care providers and who, preferably, have a history of advocacy on behalf of patients. The governor should appoint members to the Medical Board whose top

priority is protecting the public's health, not providing assistance to physicians who are trying to evade disciplinary actions.

- **Beef up medical board funding and staffing.** State legislatures should permit medical boards 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.

- **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.

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

Federal and State Patient Safety Reforms

- **Implement Patient Safety Measures Proposed by the Institute of Medicine**
  Public Citizen believes in personal responsibility and accountability for negligence as one of the principal methods for deterring medical errors. Nevertheless, we acknowledge that the "systems approach" to patient safety advocated by the Institute of Medicine shows considerable promise. We are disappointed that some three years after the release of its report, almost nothing has been done to establish mandatory nationwide error reporting systems, identify unsafe practices, or raise performance standards.

  Medication errors are among the most common preventable mistakes, but safety systems have been put in place in very few hospitals. Although experts using the systems approach have identified a number of promising strategies to reduce malpractice, few have been implemented. Experts have estimated that more than 950,000 serious drug errors occur annually in hospitals alone.[10] Recent studies show that computer physician order entry (CPOE) systems can reduce error rates by 55 percent,[11] CPOE is an electronic prescribing system that intercepts errors where they most commonly occur – at the time medications are ordered. Physicians enter orders into a computer, rather than on paper. Orders are automatically checked for potential problems, such as drug interactions or allergies. CPOE also resolves problems associated with deciphering doctors' notoriously bad handwriting. But in spite of these benefits, fewer than three percent of hospitals have fully implemented CPOE.[12]

- **Evidence-based hospital referral could save 4,000 lives every year, but has not been implemented.**
  Evidence-based hospital referral means directing patients with high-risk conditions to hospitals with characteristics shown to be associated with better outcomes. Dr. Adams Dudley, a researcher at the University of San Francisco at California, identified 10 surgical procedures for which outcomes were strongly related to hospital volume. Using data from California hospitals, he estimated that using evidence-based hospital referral for those 10 procedures would prevent over 4,000 deaths across the U.S. each year.[13]

- **Surgery performed on the wrong part of the body, to the wrong patient, and performing the wrong procedure on a patient are all completely preventable, yet continue to occur.**
  Such mistakes should *never* happen, according to a special alert reissued December 5, 2001 by the Joint Commission on Accreditation of Healthcare Organizations.[14] To prevent these accidents, the JCAHO recommends the surgical site be marked with a permanent marker. Sometimes referred to as "signing your site," doctors place their initials on the surgical site with a permanent marking pen in a way that cannot be overlooked and then actually operate through or next to the initials. JCAHO also recommends orally verifying the surgery in the operating room just before starting the operation.[15] Nevertheless, during 2001 in Florida hospitals alone there were 54 surgeries on the wrong part of the body, 16 wrong procedures performed and nine wrong patient surgeries.[16] Had Florida mandated the JCAHO recommendations in 2000, these 79 incidents would not have occurred.

- **Limit Physicians' Workweek to Reduce Hazards Created by Fatigue**
  American medical residents work among the highest – if not the highest – number of hours in the professional world. They work up to 120 hours a week, including 36-hour shifts for several weeks at a time.[17] After 24 hours of wakefulness, cognitive function deteriorates to a level equivalent to having a 0. 10 percent blood alcohol level.[18] In other words, doctors who would be considered too unsafe to drive may still treat patients for 12 more hours. 41 percent of resident-physicians attribute their most serious mistake in the previous year to fatigue.[19] 45 percent of residents who sleep less than four hours per night report committing medical errors.[20] Working these extreme hours for years at a time also has ill-effects on doctors' own personal health and safety. Multiple studies in the medical literature demonstrate that sleep-deprived and overworked residents are at increased risk of being involved in motor vehicle collisions, suffering from depressed mood and depression, and giving birth to growth-retarded and/or premature infants.[21] If the maximum workweek for residents was limited to 80 hours it could considerably reduce mistakes due to fatigue and lack of supervision.

Endnotes

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[2] Institute of Medicine, To Err is Human, Building a Safer Health System, 2000.
[3] "Medical Malpractice Net Premium and Incurred Loss Summary," National Association of Insurance Commissioners, July 18, 2001.
[4] National Association of Insurance Commissioners, "Medical Malpractice Insurance Net Premium and Incurred Loss Summary", 7/18/02. Note: Each state decides which insurance companies must report earnings/losses to the NAIC. Generally, state-administered funds, surplus lines insurers, self-insured organizations or in some cases, single-state insurers, do not report their premiums/losses. Those companies reporting usually include most of the voluntary market (stock and mutual insurers) as well as most of the risk retention groups that are formed by doctors or hospitals.
[5] Bureau of Labor Statistics, Medical Services CPI.
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