

Philadelphia Medicine



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April 2003

Statewide emergency leadership meeting supports physicians' right to protest liability crisis

Citing fear of a worsening liability insurance crisis, nearly 50 medical organizations met on Saturday, March 1, 2003, to discuss ways to improve the liability climate in Pennsylvania. 160 attendees met in person and via video conference in Harrisburg, Erie, Pittsburgh and Philadelphia.

They received up-to-the-minute information on the current status of legislative actions in Harrisburg and Washington, DC, aimed at addressing the liability crisis, plans to achieve a constitutional amendment allowing for caps and the opportunity to hear from colleagues what plans and ideas they had to resolve the crisis.

The leaders discussed the Pennsylvania Medical Society Board of Trust-

A timetable of the last week in April and the first week in May was tentatively selected. Stay alert to communications from a variety of medical organizations including the Philadelphia County Medical Society for further information.

ees decision to support the right of Pennsylvania physicians to protest against state government inaction should Governor Rendell's recommended short-term relief not be enacted in a timely manner or reasonable progress is not made toward long term solutions.

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ther information. (See related Editorial on page 2.)

Leaders all agreed that the many medical organizations that are contributing to the tort reform effort should attempt to send the same message to legislators and the public. The Pennsylvania Medical Society offers the following principles in a document called [The Same Page](#):

1. The legal liability system is destroying medicine. We need real tort reform now. Real reform means (at least) effective caps on non-economic damage awards (\$250 K) and California-style limits on attorneys' contingency fees and limits on delay damages.
2. It will take three to four years for the reforms to work. We must have short and intermediate term financial relief from grotesque liability insurance premium payments. Real relief requires:
 - Forgiveness of the 2003 MCARE Fund payment for all doctors (\$300M) rather than the proposed stopgap that only gives half-relief to some (\$220M).
 - That we take billions of dollars of unfunded MCARE Fund liabilities off the backs of physicians.
3. Real reforms must reduce the frequency of meritless (not just frivolous) lawsuits.
4. We must get rid of pro-trial lawyer bias in the judicial system. This includes:
 - Better judicial selection.
 - Improved jury instructions.
 - Reformed evidentiary standards.
5. Even effective tort reform may not

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Monthly Luncheons

The PCMS Past Presidents Council continues its series of monthly luncheons open to all members and guests.

The speaker on Thursday, April 3, 2003, at 12 noon, will be **Paul J. Fink, MD**, Professor of Psychiatry, Temple University School of Medicine; Past President, American Psychiatric Association; Past President, The Philadelphia County Medical Society. Topic: "Public Health in Private Practice."

Lunch and parking are free; parking entrance is from 21st Street. RSVP on 215-563-5343, Ext. 102 or stat@philamedsoc.org so we may provide enough lunches.

The following have contributed to the Philadelphia County Medical Society Educational and Scientific Trust Fund. The Society expresses its appreciation for this generosity.

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PCMS Board of Directors invites you:

President's Ball & Awards Night

Sheila Moriber Katz, MD, MBA
will be installed as
the Society's 142nd President

Friday, June 20, 2003

Park Hyatt at the Bellevue
Broad & Walnut Streets

Reception: 6 PM.

Program, Dinner & Dancing: 7 PM

Guests Invited • Black Tie Preferred

Cost: \$90 per person;
residents and students \$50

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editorial

Tort reform: Let's have the courage to stand up for our convictions

By Stephen L. Schwartz, MD



Congress shall make no law abridging the freedom of speech or of the right of the people to assemble and to petition the government for a redress of grievances.

(Article 1, Bill of Rights, Constitution of the United States)

On Saturday, March 1, 2003, a statewide emergency leadership meeting of the Pennsylvania Medical Society, attended by over 150 members, was held in Harrisburg at PMS headquarters with satellite video conferencing in Philadelphia, Pittsburgh and Erie.

The first part of the meeting sought to bring everyone current on our efforts to achieve reform of the medical liability insurance system in all of its aspects and our success to date.

Our gains in tort reform regarding venue shopping, frivolous lawsuits, certificate of merit requirements, joint and several liability, while significant, promise long-term benefit but do little to alleviate the financial burden that is driving physicians to leave Pennsylvania, is deterring physicians from choosing Pennsylvania as a place to practice and even influencing medical school applicants to choose other states in which to matriculate.

At this time we are left with the Governor's sincere but unfulfilled promises, while the remedies which promise the greatest help, i.e., caps on non-economic damages, contingency fee limits and delay damage limits have not even attained the level of a promise.

The meeting then moved to a discussion of what actions we may take to convey to our government the state of medical emergency that hovers over and is about to descend on Pennsylvania.

It would appear that the only legal avenue open to us resides in the first amendment to our constitution. That is,

our right to assemble peaceably to petition the government for a redress of our grievances.

To protest effectively will require that most doctors leave their offices and assemble locally and in Harrisburg.

To protest effectively will require that our assemblage and our absence from our offices be of extended duration until relief is effectively enacted.

To protest effectively requires that our protest be in advance of the next round of insurance policy renewals.

The only legal avenue open to us resides in the first amendment to our constitution. That is, our right to assemble peaceably to petition the government for a redress of our grievances. To protest effectively will require that most doctors leave their offices and assemble locally and in Harrisburg.

Should this action prove necessary, a projected date for this petition of protest is May 1, 2003. The duration is undefined but would minimally require one week of concerted communication but could extend longer.

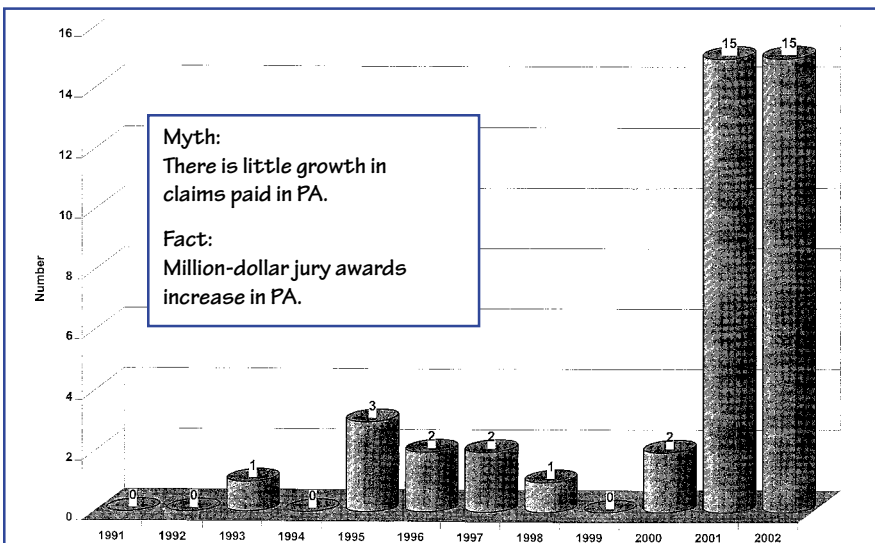
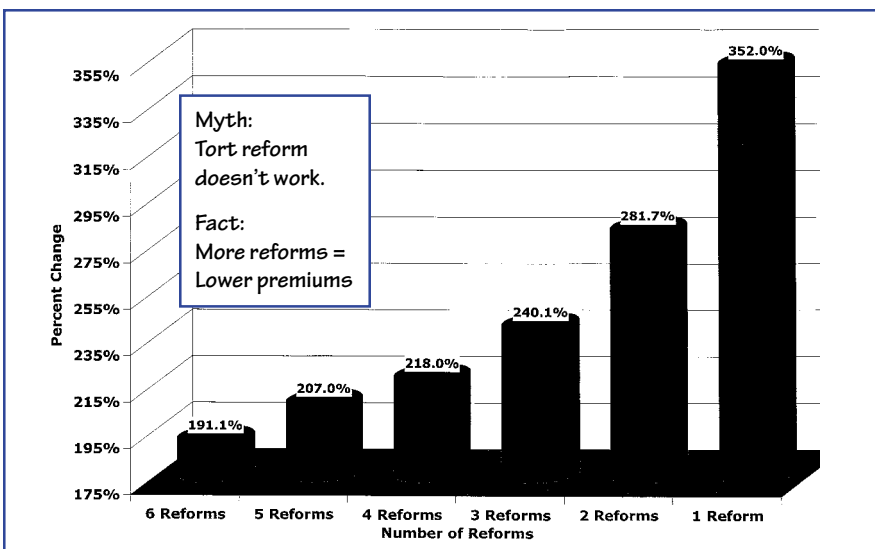
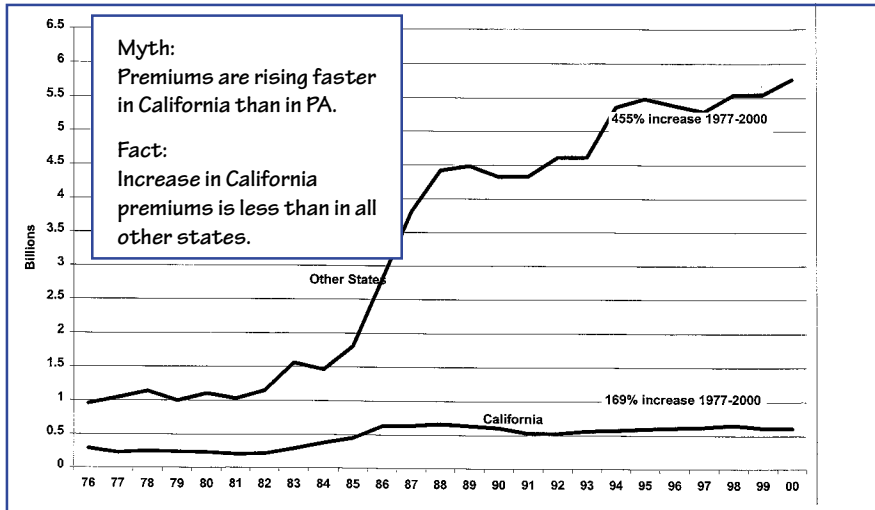
The meeting then moved to considerations of logistics, the provision of emergency medical services while the majority of doctors are engaged in this constitutional activity, communication with employers and health systems, and participation in "We Care" activities in our communities.

Andre Malraux once said of a policy of deGaulle's, "It will not be the first time in history that an army was marched full speed to the Rubicon only to be told to take out their fishing rods." Our fate is in our own hands if only we have the courage to stand up for our convictions.

—Dr. Schwartz is President of PCMS

Myths and facts about tort reform

The Pennsylvania Medical Society has put together corrections of tort reform myths propagated by plaintiffs' lawyers. Let the facts speak for themselves. Shown below are examples of facts responding to attorney myths. You may access this information in its entirety on the PMS website www.pamedsoc.org.



Statewide from page 1

work. We need to study ways to build a better system and we need to do it quickly.

- This includes an appropriately funded study with demonstration projects (directed by physicians and patients) of how a modified fault system might be implemented in Pennsylvania.
- The study must be completed by September 30, 2003, and the demonstration project by December 2005.

6. We are held hostage by a morass of redundant, ineffective, expensive, conflicting and intrusive patient safety and quality initiatives.

- These include licensing, board certification, hospital and insurer credentialing, peer review, quality assurance programs, mandatory liability insurance coverage, hospital accreditation, NCQA, Medicare and Medicaid conditions of participation, incident reporting, HIPPA and Act 13 patient reporting.
- The tort system adds little, if anything, to these initiatives. To the contrary, it reduces their effectiveness by interjecting secrecy and fear into the process.
- Real medical care quality reform must include provisions to reduce, eliminate and reconcile these initiatives and to reduce the negative impact of litigation in a way that encourages and requires physicians to continue to promote the highest quality medical care for their patients.

In Short

1. Real tort reform: Caps, contingency fee limits and delay damage limits.
2. MCARE Fund forgiveness.
3. Fewer meritless claims.
4. Less pro-trial lawyer bias in the judicial system.
5. A modified fault system study.
6. Getting 'tort' out of the quality/patient safety arena.

Change of address?
 Call 215-563-5343, Ext. 102 with any change of address, phone or fax number or e-mail address.

pcms people

Obituary

Brooke Roberts, MD



Brooke Roberts, MD, 85, was President of PCMS in 1973, and a vascular surgeon for 40 years at the Hospital of the University of Pennsylvania.

Dr. Roberts helped develop innovative surgical treatments for aortic aneurysms and obstructed femoral and carotid arteries and advocated the use of angioplasty as a less-invasive treatment for vascular disease. As a professor of surgery, he helped train two generations of medical students.

When he retired in 1983, Dr. Roberts was chief of the division of vascular surgery at HUP and was director of the University of Pennsylvania's fellowship in peripheral vascular surgery.

He continued to teach anatomy and worked in the hospital's surgery clinic for several years after his retirement. He served on the boards of Independence Blue Cross and of the Measey Foundation for the advancement of medical education until last year.

During World War II, he served in

the Army Medical Corps in the United States and in Germany.

In 1982 he received the Strittmatter Award from the Philadelphia County Medical Society for his contribution to medicine in Philadelphia.

He enjoyed traveling, reading American history, sailing, and spending time at his vacation homes in Maine and Honduras.

In addition to his three sons, he is survived by his wife of 58 years, Anna Ingersoll Roberts.



Joan E. Hurlock, MD, a family physician at Roxborough Memorial Hospital, has been named Physician of the Year by Samaritan Care Hos-

pice of Pennsylvania, where she serves as medical director.

A member of Roxborough Memorial's medical staff for more than 30 years and the current chief of family practice, Dr. Hurlock has also served as a member of the hospital's Board of Trustees for the past 15 years.

Deceased Members

10-31-02 to 3-01-03
 Grace A. Bastian, MD
 Joseph R. Bigley, MD
 Milton M. Cahn, MD
 Benjamin Calesnick, MD
 William J. Carroll, MD
 Elsie H. Chu, MD
 J. Wallace Davis, MD
 Ross S. Funch, MD
 Lawrence R. Goldbacher, MD
 Elmer L. Macht, Jr., MD
 Theodore W. Offner, MD
 Brooke Roberts, MD
 Sidney U. Wenger, MD

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