

DR. RON VIRMANI

Unreal Medicine and Malpractice of U.S.

By Ron A. Virmani, M.D.

I spent the best years of my life in the medical school and residency training in obstetrics and gynecology. When my non-medical friends were dating, partying, marrying, having children and buying houses that would dramatically appreciate over the years; I was dissecting cadavers, listening to tapes of heart sounds and honing my medical skills.

I took up the career of medicine in order to care for people. I was idealistic, for sure. While in medical school, there was a heavy load of books. Then we were on call every fourth night in the hospital. Maybe we got a couple of hours of sleep. During the residency, the workweek was between 100 and 120 hours. On one night, I delivered 8 babies vaginally and performed 4 cesarean sections. Eight years of medical training had at least twice as many years of work compressed into it. I finished with two goals in mind – compassion and quality of care. The rest, I was told, would fall in place.

Then came the malpractice suits. In the world of lawyers and malpractice insurance companies, it did not matter one bit if I met the standard of care. The Plaintiff lawyers do not care about the truth. They simply want a shakedown, meaning get away with a good sum of money, by hook or by crook - after an adverse outcome. Although it is well known that most medical errors are system errors, meaning a series of minor events leading to the eventual adverse outcome; the lawyers may sue one doctor, who is considered most vulnerable, maybe because of his race, not the most responsible.

And the malpractice insurance companies have their own set of priorities. They don't care if I practice good medicine, they will settle or fight a case depending on economic and political considerations.

It has taken me years of intense training developing skills and judgment, studying statistics and interpreting lab tests in real life situations. The lawyers do not have the necessary background to appreciate many advanced and even basic concepts of medicine. Somehow I am supposed to be able to convince these lawyers that I did the right thing! And if they do not, the jury may well not either.

How am I going to win? In spite of practicing good medicine?

If I do not win, the public loses. I see about five thousand patients every year. Many of them are particularly technically challenging cases that my colleagues refer to me. Just by odds, some outcomes are not going to be good. For each malpractice suit I face, I shall divert hundreds of hours of time to defend myself. That means less time for my patients, my family and my children. Less time to keep up with medical advances. Seeing patients as potential litigants rather than human beings. Practicing defensive medicine, ordering more tests. Less access and less affordable healthcare for the public.

Today, even if I provide free care for a patient or charge him/her less out of kindness or skip ordering one test of dubious value because the patient can't pay, I can still be sued for a million dollars. This is completely contrary to common sense and keeps me from showing any compassion as a physician.

The medical malpractice has become a game, a lottery. In 2002, juries have awarded \$80, \$91 and \$94.5 million dollars in different obstetric cases. In 2001, the highest jury awards were \$100, \$108 and \$269 million dollars. The insurance costs for doctors and hospitals in 1983 were \$2.5 billion, now they are \$10 billion. My colleagues in Dade county, Florida are paying \$249,196 for annual malpractice premiums. Plaintiff lawyers are the real winners.

Some states have passed laws capping the non-economic damages to \$250,000 or some such amount. While this may provide some respite to the physicians paying high malpractice premiums, this can not be enough for all situations, such as in the recent case of double mastectomy by mistake.

Even such bills are likely to be Band-Aid measures. Arbitration may provide a better answer. But the larger fact is that the medicine grows more and more complex every day so errors are likely to increase. U.S. population is more difficult to treat each day, getting older and more obese by the minute. Public expectations keep shooting through the roof as if each person was somehow entitled to the best medicine on the planet just by their very existence. Ask the public to pay for this high quality of medicine, the public balks. The spoiled population of U.S. wants skilled nursing care, but they don't want to become nurses; they have to import nurses from third world countries.

It should be obvious to an astute observer that both the medical and legal systems in the U.S. are unreal and unsustainable in terms of their costs to the society. The U.S. medicine goes to inordinate lengths to save a life/treat a person and costs \$1.4 trillion per year. This cost to flora and fauna of the planet is simply exorbitant and will outrun the available resources in no time. Similarly, the legal system is extraordinarily expensive and lacks wisdom and foresight.

The U.S. national debt of \$6.4 trillion, which we shamelessly leave to our children, is a testimonial to the runaway nature of this society. Both our medical and legal systems need tough love. One day, the public and its leaders may see the sad truth. But it will be too late!

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