INJURY TO PERSONS AND PROPERTY SECTION

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January 13, 1998

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SECTIONS
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Daniel A. Rezneck, Esq.
General Counsel
District of Columbia Financial Responsibility
and Management Assistance Authority
One Thomas Circle, N.W., #900
Washington, D.C. 20005

Dear Mr. Rezneck:

I am addressing this letter to you on behalf of the Injury to Persons and Property Section[1] of the D.C. Bar in response to a letter that you sent to Carolyn B. Lamm, President of the District of Columbia Bar dated December 4, 1997, which requested comments, if any, in reference to the Congressional concern regarding medical malpractice in the District of Columbia.

The Section believes that there is no need to enact medical malpractice reform. The present system in the District of Columbia does not appear to be in need of change. Research reflects that the present system in the District of Columbia has not affected the number of physicians per 100,000 residents and between the years 1986 and 1996, the number of physicians per 100,000 population in the District of Columbia went up 27.5%.[2]

Another indicator that reform is not required is the number of hospital beds in the District of Columbia available for patient care in 1995 was 1,130. In the State of Maryland, the comparable number of hospital beds available per 100,000

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[1] The views expressed herein represent only those of the Injury to Persons and Property Section of the District of Columbia Bar and not those of the D.C. Bar or its Board of Governors.

[2] Based upon data from the Statistical Abstract of the United States (1996 edition), and Physician Characteristics and Distribution in the U.S. (1997-1998 edition) from the American Medical Association.

residents was 389 while in Virginia it was 353 and in both of those jurisdictions, malpractice caps are in place.[3]

A third statistical indication that the lack of a malpractice cap has not prevented good medical treatment for District of Columbia residents is that in 1995 there were 221 surgical procedures performed per 1000 population in the District of Columbia as compared to 103 in the State of Maryland and 93 in the Commonwealth of Virginia.[4]

Thus the failure to install a cap has not deterred doctors from performing surgery where needed on their patients.

It is meaningless to compare the District of Columbia premium rates with those of entire states, particularly states that have primarily rural as opposed to urban population. A quick review of the premiums paid by an OB-GYN in the District of Columbia and Baltimore reflects that the District practitioner pays $6,729 less in premiums, ($77,619 for Baltimore compared to $70,890 for the District of Columbia).[5]

Since the Section is not completely sure what type of "reform" may be considered, the aforesaid information is provided to show that in the District of Columbia, doctors and hospital facilities are available to treat residents with medical problems. These facilities and practitioners are performing surgery and proper medicine within the city and have not been deterred by the absence of a cap on litigation recovery where the patient has been injured in a grievous manner. Protecting patients and deterring bad doctors and improper practice reduces medical costs and protects citizens of the District of Columbia. Such a procedure does not in any way deter a wrongdoer from further negligent conduct but merely allows the wrongdoer or his/her insurance carrier to preserve economic gain at the expense of a catastrophically

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[3] Based upon data from the Statistical Abstract of the United States (1989-1998 editions).

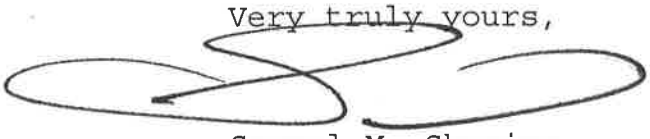
[4] Based upon data from the Statistical Abstract of the United States (1996 edition), and Health Care States Rankings from Morgan Quitno Press (1997 edition).

[5] General surgeons in the District for the 1997 year paid $34,403 in premiums compared to $34,530 for Baltimore.

injured person or persons. Such a system and such a result do not seem to be a step forward, which is what reform should consist of, but rather would seem to be a step backwards.

The Injury to Persons and Property Section therefore urges that in responding to the Congressional mandate, a report be filed reflecting that no malpractice reform is needed in the District of Columbia. The underlying premise that an increase in medical litigation in the District has driven up the cost and reduced the availability of health care to its residents is just not factually correct.

Very truly yours,



Samuel M. Shapiro,
Co-Chairperson, Injury to
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cc: Nona J. Bonanno, Esq.
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