

From my perspective

In this column, I bring you exciting news about the American College of Surgeons Professional Association's (ACSPA) latest effort aimed at helping to stop the professional liability crisis—becoming part of Doctors for Medical Liability Reform (DMLR). To raise the profile of this issue, the ACSPA has joined with a number of medical and surgical specialty societies to form a coalition of 230,000 specialty physicians who support federal medical liability reform.

This is a critically important issue that faces enormous legislative obstacles. Although these important reforms have passed the U.S. House of Representatives many times, the issue has failed to gain necessary support in the Senate. To overcome this roadblock, DMLR has launched a hard-hitting national media campaign targeted at states that are represented by Senators who oppose federal medical liability reform legislation.

DMLR launched this campaign in early February, starting first in Washington state and North Carolina. The patient-centered initiative seeks to educate and inform patients, business leaders, and legislators about the destructive effects that this crisis is having on our health care system and economy. As the campaign moves forward, this public education effort will be launched in a number of other crisis states.

As you well know, enormous medical liability insurance premiums, brought on by escalating jury awards and the high cost of defending against frivolous lawsuits, are forcing surgeons to limit the services they provide, retire early, or relocate their practices. According to the Washington State Medical Association, more than 500 physicians have left that state since 1998 as a result of this crisis. As this problem worsens state by state, the need for common sense federal reforms remains on the national stage.

DMLR's campaign features a 30-minute "Pro-



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tect Patients Now" television news magazine that highlights the crisis from the patient's perspective and urges citizens to call their Senators to voice their support for federal medical liability reform. In addition to airing the program in the states of Washington and North Carolina in early February, a full-page advertisement was placed in the national editions of *USA Today*, *The Wall Street Journal*, and *The Washington Post*.

Fellows can find all of DMLR's national and grassroots campaign initiatives online at www.ProtectPatientsNow.org, the coalition's official Web site. I encourage you to review the materials posted there and to discuss them with

your patients. The site contains a patient advocacy section to assist the general public in supporting the campaign.

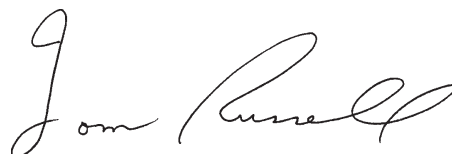
Similar to the patient brochures that ACSPA distributed to your offices last fall, the DMLR campaign focuses on patient education. To further complement this effort, the ACSPA will soon be distributing campaign buttons to our members that we hope will help stimulate conversation and so encourage surgeons and patients to discuss the crisis openly. Because of its many complexities and a considerable amount of misinformation that has accumulated over the years, the American public faces a steep learning curve with regard to this issue. It is our responsibility, as surgeons who care for many of the sickest and riskiest patients, to help inform the public about the impact the crisis is having on them and on their timely access to high-quality surgical care.

The ACSPA and the American College of Surgeons continue to work aggressively to enact federal medical liability reform. As always, we support a \$250,000 cap on noneconomic damages, along with limits on attorney's fees, statute of limitations reform, collateral source offsets, and abolition of joint and several liability.

Of course, the College is also mindful of the fact that meaningful reforms must include strong standards that determine the qualifications of physicians who serve as expert witnesses. At its February meeting, the Board of Regents approved a new expert witness affirmation statement that sets forth professional principles that should guide the physician or surgeon who acts as an expert for a plaintiff or defendant. The statement appears on page 22 of this issue of the *Bulletin*. Other specialty societies have found that similar affirmations often prove useful in either bolstering or calling into question the qualifications of physician experts during court proceedings.

Please join in our efforts to bring the facts about this crisis before the public. Patients need

access to high-quality surgical care everywhere—not just in a handful of states that have implemented effective reforms. The time to speak out is now.



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If you have comments or suggestions about this or other issues, please send them to Dr. Russell at fmp@facs.org.