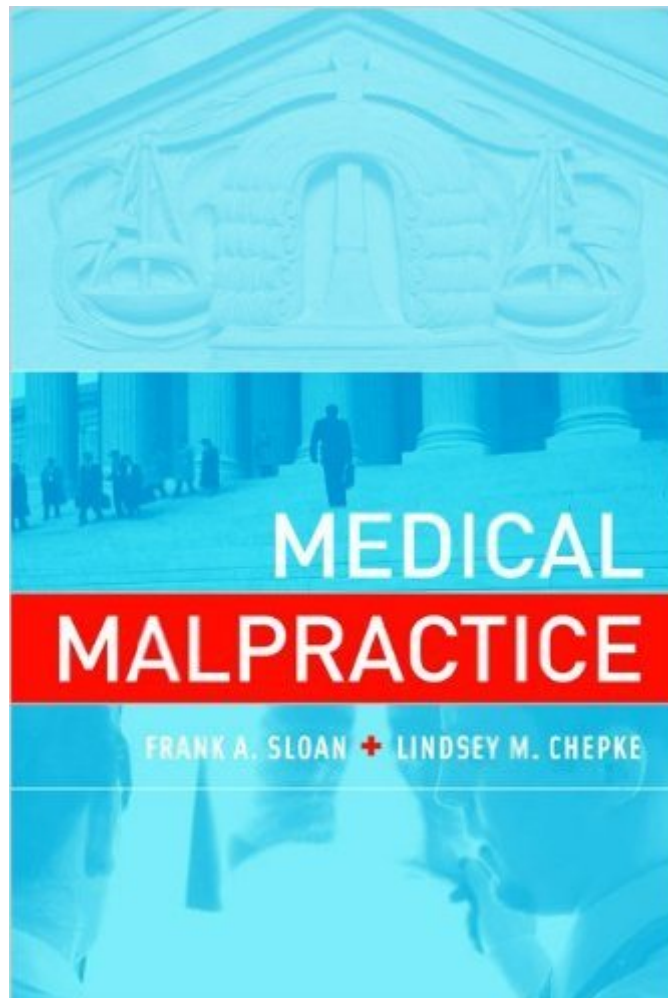


The book was found

Medical Malpractice (MIT Press)



Synopsis

Most experts would agree that the current medical malpractice system in the United States does not work effectively either to compensate victims fairly or prevent injuries caused by medical errors. Policy responses to a series of medical malpractice crises have not resulted in effective reform and have not altered the fundamental incentives of the stakeholders. In *Medical Malpractice*, economist Frank Sloan and lawyer Lindsey Chepke examine the U.S. medical malpractice process from legal, medical, economic, and insurance perspectives, analyze past efforts at reform, and offer realistic, achievable policy recommendations. They review the considerable empirical evidence in a balanced fashion and assess objectively what works in the current system and what does not. Sloan and Chepke argue that the complexity of medical malpractice stems largely from the interaction of the four discrete markets that determine outcomes -- legal, medical malpractice insurance, medical care, and government activity. After describing what the evidence shows about the functioning of medical malpractice, types of defensive medicine, and the effects of past reforms, they examine such topics as scheduling damages as an alternative to flat caps, jury behavior, health courts, incentives to prevent medical errors, insurance regulation, reinsurance, no-fault insurance, and suggestions for future reforms. *Medical Malpractice* is the most comprehensive treatment of malpractice available, integrating findings from several different areas of research and describing them accessibly in nontechnical language. It will be an essential reference for anyone interested in medical malpractice.

Book Information

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Customer Reviews

A good book on a contentious topic. Written by an experienced health care economist and an attorney, the authors attempt to provide a broad perspective on medical malpractice. Sloan and Chepke agree that there are serious problems with medical malpractice, but not the problems generally discussed in most public forums. The intermittent public attention paid to this issue is driven often by intermittent malpractice 'crises' in which insurers withdraw from markets, premiums escalate sharply, and there is fear of consequent physician withdrawal from states with sharply rising premiums. A common popular perception of these crises is that they are driven by excessive tort litigation and awards. In fact, there is little evidence for this explanation and recurrent malpractice insurance crises apparently have their roots in other phenomena, notably cyclical features of the insurance industry. Another common public point of discussion is that malpractice litigation is a significant contributor to rising health care costs. The available evidence, however, suggests that malpractice torts have at best a modest effect on health care costs. Where Sloan and Chepke see major problems with malpractice torts is their apparent failure to have an impact on the high rate of serious medical errors in the USA. In addition, the data cited by Sloan and Chepke indicates that the tort system does a poor and inefficient job of compensating individuals injured through negligence. Sloan and Chepke discuss the first generation of tort reforms which are mainly caps on awards. The major effects of these reforms has been indeed to reduce awards, claims, and insurance premiums with the primary beneficiaries being physicians and insurers.

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