

## Medicolegal Forum: Malpractice

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The word "malpractice," when mentioned to a health-care professional, is still intimidating and anxiety-provoking. Absolute definitions vary, but basically, it is the "improper, unskilled, or negligent treatment by a physician, dentist, nurse, pharmacist, or other Health Care Professional." (1)

Are the allegations of negligence true? Is the standard-of-care violated? Lawyers believe that this is an important protection to compensate victims and to monitor and police the medical profession.

It is not a simple road to travel when proving that there was negligence. Who determines, and what is the standard-of-care? Are there physical consequences or in today's world consideration of "emotional injury"? Legislation has put a cap on non-economic damages. Finger pointing ..... Finger pointing ..... Finger pointing. On the other hand, what about the health-care-professional (as most are) who practices well, has good results and no allegations of "negligence"? Is there an inherent "value" to this individual?. Should we substitute a "VAL" for a "MAL"? Can we devise a "point system" where value is added for better judgment; improved outcomes ( morbidity and mortality); parent satisfaction and some of the lesser known quality indicators.

Progress notes today, once an important factor in communication between health-care professionals is less of a concern since computerization is commonplace. Penmanship is no longer an issue. But, repetitive progress notes which are routinely re-populated on a daily basis is occurring. I remember well a note which stated for three consecutive weeks, "baby is comfortable in mother's arms." The baby might be comfortable, but what about the mother's arms? So what would happen if physicians were offered "Valpractice Points" for better care? In some practices, physicians are compensated by the number of RVUs generated. In other situations reimbursement is determined by an "executive committee" type panel within the practice. There are tiers to this system and contracts vary as do situations.

Once a point system was determined and a panel chosen to delve out these points, physicians would want to work more and be held to higher standards as competition will be pervasive.

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Physicians spent more time with families, nurses routinely worked double shifts, and hospital libraries were overwhelmed with literature requests. Instead of taking Malpractice insurance, Physicians were asking for Valpractice policies. Malpractice was no longer defined as "poor care" and if an error occurred it was described as of "lesser value".

Is the above far fetched? Should we dismiss value in practice? Systems change, compensation ideas need to be both generalized and individualized. A baseball player the other day received a 10 year 30 million dollar contract. I am not dismissing the importance of the abilities of this player. But, as I hover over an 850 gram baby, attempting to put in a UA line, I know I

have value both in the short and hopefully the long run. I hope to watch this baby graduate from the NICU, enter kindergarten, graduate from higher education and become a productive member of society.

Damn ..... why doesn't this catheter thread up easily????????????

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**NT**

**NCfIH** National Coalition  
for Infant Health  
Protecting Access for Premature Infants through Age Two

A collaborative of professional, clinical, community health, and family support organizations improving the lives of premature infants and their families through education and advocacy.



### The National Coalition for Infant Health advocates for:

- **Access to an exclusive human milk diet** for premature infants
- **Increased emotional support resources** for parents and caregivers suffering from PTSD/PPD
- **Access to RSV preventive treatment** for all premature infants as indicated on the FDA label
- **Clear, science-based nutrition guidelines** for pregnant and breastfeeding mothers
- **Safe, accurate medical devices** and products designed for the special needs of NICU patients

[www.infanthealth.org](http://www.infanthealth.org)

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## Survey Says: RSV

**RESPIRATORY SYNCYTIAL VIRUS, or RSV,** is a dangerous virus that can lead to:

- Hospitalization
- Lifelong health complications
- Death for infants and young children

**ACCORDING TO A NATIONAL SURVEY, Specialty Health Care Providers say:**

- 80% They treat RSV as a priority, "often" or "always" evaluating their patients
- 77% RSV is the "most serious and dangerous" illness for children under four
- 77% Barriers to access and denials from insurance companies limit patients' ability to get preventive RSV treatment

**But Parents are Unprepared.**

- 18% Only 18% know "a lot" about RSV
- 22% Only 22% consider themselves "very well" prepared to prevent RSV

**RSV EDUCATION & AWARENESS CAN HELP**

After parents learned more about RSV, they were:

- 65% "More concerned" about their child contracting the disease
- 67% Likely to ask their doctor about RSV

**NCJIH** National Coalition for Infant Health  
Preventing Serious Illnesses Through Early Care

Learn More about RSV at [www.infanthealth.org/RSV](http://www.infanthealth.org/RSV)

