

Patient safety is a complex issue for which there is no “magic bullet,” but the solution is not, as Mr. Moore and Mr. Cohen claim (“When Bad Doctors Happen to Good Patients,” Aug 31), to encourage more litigation. In fact, the very Institute of Medicine study they cite found no correlation between litigation and actual negligence, and concluded that fear of litigation discourages the voluntary reporting of errors.¹

Lawmakers did not advance legislation to expand medical liability because supporters offer no convincing evidence that it would improve patient safety. Passing such legislation would destabilize our medical liability system, which already accounts for almost 20% of all payouts in the entire nation.²

If New York is to adopt such a dramatic expansion of medical liability, it must be paired with common-sense liability reform to ensure that healthcare remains affordable and available to all.

¹ <http://iom.nationalacademies.org/~media/Files/Report%20Files/1999/To-Err-is-Human/To%20Err%20is%20Human%201999%20%20report%20brief.pdf> “To foster participation in voluntary systems, Congress should enact laws to protect the confidentiality of certain information collected. Without such legislation, health care organizations and providers may be discouraged from participating in voluntary reporting systems out of worry that the information they provide might ultimately be subpoenaed and used in lawsuits.”

² <http://www.diederichhealthcare.com/the-standard/2015-medical-malpractice-payout-analysis/>

New York payouts in 2014 were \$713,890,000. Total US payouts were \$3,891,743,050