

**Michele Nuzzi**

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**From:** Liz Dears <ldears@mssny.org>  
**Sent:** Thursday, September 03, 2015 11:04 AM  
**To:** 'Philip Schuh'  
**Cc:** Michele Nuzzi  
**Subject:** Joint Letter to the NY Times editor

Below please find a copy of the joint letter from MSSNY and GNYHA sent yesterday to the Editor of the NY Times to respond to an Op Ed on Lavern's Law.

To the Editor:

Re "When Bad Doctors Happen to Good Patients" (op-ed, August 31): narrowing medical malpractice down to "bad doctors" and "good patients" ignores the comprehensive reforms that New York's medical malpractice system needs.

The authors note that many states allow patients to file suit based on when they discover that there was a medical error, but unlike New York, most of those states also have caps on damages and other laws that balance the effects of wider discovery rules. Pegging New York's statute of limitations to a patient's subjective knowledge will potentially lead to far more claims and greater financial exposure for the state's doctors and hospitals.

Despite scoring high on various quality indicators, New York's hospitals and doctors have the highest medical malpractice costs in the United States. With most insurance carriers unwilling to write malpractice insurance in New York, many doctors logically conclude that the state is simply too hostile an environment to practice medicine.

Finally, the same study that the authors cite to blame hospitals and doctors (*To Err is Human*) emphasizes that improving patient safety requires a shift *away* from a culture of blame. Other studies have concluded that the drivers of malpractice liability are varied and not necessarily related to the quality of care.

Medical malpractice is a complex issue that deserves thoughtful discourse. As the tragic case of Lavern Wilkinson reminds us, no system can address every possible scenario. Only through comprehensive reform—not narrow, piecemeal legislation—can we achieve appropriate balance and minimize inequities.

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