

rest is perhaps made a little more bearable by the use of amylobarbitone: while awaiting the time for induction of labour or, more rarely, caesarean section.

### Negligible Infection Risk of Telephone

*Can the use of the telephone transmit disease and if so are any sterilizing procedures of any value?*

Several years ago the Central Public Health Laboratory carried out thorough bacteriological examinations of 153 public telephones in offices and kiosks. This showed that the risk of trans-

mitting infection by means of a telephone handset was negligible. Recent experiments in New York which deliberately attempted to make the instrument as infectious as possible failed completely. I am not aware of a single authenticated case to incriminate the telephone as a transmitter of infectious disease. Disinfection or sterilization of telephones, therefore, is unnecessary. Post Office advice is that the instrument should be kept reasonably clean and this can be done by periodically wiping the mouldings with a soft clean cloth or chamois, either of which should be slightly moistened with water. Exceptionally, where mouthpieces are particularly dirty they may be cleaned with a soft cloth slightly moistened with a solution containing not more than 0.2% aqueous solution of cetrimide.

## Letter from . . . Chicago

### Malpractice and the State of the Nation

GEORGE DUNEA

*British Medical Journal*, 1975, 1, 621-622

#### Malpractice Increase

In recent years malpractice lawyers have become increasingly active and successful. This was not always the case, and I remember an episode several years ago when one of my residents attempted a peritoneal dialysis on a young man admitted in a confusional state. Unfortunately the patient suddenly sat up during the procedure and the trochar went right through the superior mesenteric artery, resulting in the patient's death and a year later in a law suit against local government. In those days, however, one might just as well have sued the Sublime Porte, so the incident was soon forgotten.

Nowadays malpractice suits are considerably more troublesome, as highlighted by the case reported under the pseudonym of Margaret Baker, the attractive heroine of the story in *Medical Economics*. Mrs. Baker, who had her ureter cut during a complicated radical hysterectomy, was left with a disagreeable ureterovaginal fistula. She sued for half a million dollars. The doctor refused to settle out of court, contested her claim at the cost of "countless hours of anxiety" and won his case, he says, because of an "unusual combination of an impartial judge, the ablest of attorneys, a jury that could understand, and a helluva lot of luck."

Not only has the incidence of malpractice cases greatly increased but the courts have apparently adopted the Code of Hammurabi, since they are making astronomical awards for damages. In 1974 a record \$2.5 million was awarded in Illinois, and California topped that with \$4 million. As a result insurance companies found it necessary to increase premiums, and some withdrew from the market when their requests for higher insurance rates were turned down by the insurance commissioner. Doctors in at least seven states now face the prospect of being unable to renew their malpractice insurance, and according to

the Health Education and Welfare Secretary, Mr. Caspar Weiberger, the situation has reached "crisis proportions."

#### Exodus from New York

The crisis has been most evident in the state of New York, where rising insurance premiums have forced doctors into early retirement, prevented some from starting practice, and caused others to move into neighbouring states where rates are lower. In Maryland the major insurance company will cease to provide malpractice coverage after 30 April, while a Michigan company has stopped covering 2000 so called "high risk" doctors. At present many doctors are able to obtain coverage only at exorbitant rates. Some surgeons reportedly pay \$20,000 per year, and one high-risk specialist is insured by Lloyd's of London for a premium of \$60,000 per year.

Hospitals have also been forced to increase their coverage, and as usual have passed the extra expense on to the patients, in amounts up to \$3 per day. To these costs must be added the consequences of what has been called "defensive medicine." In fact, Ralph Nader has estimated the yearly cost of x-ray treatment ordered because of fear of litigation at \$1.4 billion.

It is clear, then, that changes will have to be made. Suggested remedies have included new legislation, non-punitive no-fault insurance, malpractice mediation panels, or one-shot single risk malpractice coverage—perhaps issued from a slot machine such as the insurance one buys before flights at the airport. A plan was also discussed to link inexpensive professional liability coverage to national health insurance; and inevitably some have viewed this as a Government health planners' ploy to split the unity of the medical profession.

Meanwhile, this trend has ruffled relations between doctors and lawyers: and one Illinois plastic surgeon has put forth a plan to countersue malpractice lawyers on grounds of barratry, meaning "vexatious litigation or incitement to it, malicious abuse of the due process of law and intent to make frivolous use of the courts." His suit, he says, would be for \$1 million, "a nice, round figure," and he has concluded that whether he won or lost it would still make a good story, because local newspapers love a "dog bites man" story.

Cook County Hospital, Chicago, U.S.A.

GEORGE DUNEA, M.B., M.R.C.P., Professor of Medicine

## Economic Gloom

Problems with malpractice, however, pale into insignificance before the general state of the economy, and this winter the mood of the country is grim, with "double digit" inflation, recession, and a soaring crime rate. The cost of living in 1974 rose by 11.6%, and the price of sugar has gone up in one year from 18c. to as much as 70c. a pound. The average national unemployment rate is 7%, six million workers are unemployed, and another million are expected to lose their jobs by the summer. Car sales have declined by 50%, the car industry is closing plants and laying off workers, there is continuing talk of another energy crisis, and President Ford has proposed new taxes on oil in an effort to reduce the nation's dependence on overseas supplies. In Minnesota, farmers have registered their protest against low livestock market profits by shooting and burying their calves in front of television cameras, a gesture interpreted by one newspaper reporter as symptomatic of the decline of our civilization.

Hospitals have experienced a shortage of injectable ampicillin, possibly because the raw materials were being diverted to make the more profitable cephalosporins. Heparin is in short supply, because of rising demands, a new way of making sausage casings, and competition with dog food manufacturers for dwindling supplies of hog mucosa; in fact, the high price of food has led needy people to eat dog food, and undesirable practice since the lead content of some brands is dangerously high for man, though apparently acceptable for man's best friend.

Another friend, newly discovered and long the butt of jokes, is the goat. It seems that the country is in the midst of a goat boom, and this is reflected in the "goat index" which according to the *Wall Street Journal* (16 January, 1975) varies inversely with the severity of the recession; meaning that in lean times people take to raising goats for milk and meat, which is their way of trying to buck the inflation, at least according to the *Wall Street Journal* reporter who claims he is not kidding.

A more painful problem, however, is the prospect of a shortage of various opiate drugs. It is reported that morphine and codeine are becoming scarce and may have to be rationed later this year, ostensibly because of a poor poppy crop in India, and because of an earlier agreement with Turkey to halt opium production, to help with the serious problem of drug addiction and the crime that goes with it.

## Appalling Crime Rate

Crime and violence are on the upswing, and in many North American cities it has become increasingly dangerous to walk about at night, or even during the day. In 1974 970 people were murdered in Chicago, almost three times as many as in 1960, and there were 28 murders per 100 000 inhabitants compared with 4.9 in 1943, and 10.2 in the days of the prohibition and gang warfare of the thirties. The crime rate is highest in the ghetto, and the black magazine *Ebony* in an article entitled, "Why Black Men Die Younger" pointed out that murder among black people has become "an emerging way of life," and that most of the victims—and offenders—are young black males between 15 and 24 years of age.

As for the causes of crime, some blame the economy, some the leniency of the courts, and others the constant depicting of violence on television. But the police, themselves the victims of a series of fatal shootings, are increasingly concerned about the availability of hand guns. Statistics show that Chicago (with a population of 3.2 million) has 1.5 million handguns, and that these account for two-thirds of the city's murders. Effective gun control, however, would require federal rather than local legislation. *Time Magazine* recently mimicked the cancer warnings on packages of cigarettes by publishing a series of letters under the title "Guns Are Dangerous to Your Health" yet not everybody agrees; the gun lobby is strong, and one gentleman has expounded the curious theory that banning of firearms in countries such as Cuba, Spain, the U.S.S.R., and

Chile has facilitated the trampling of more basic freedoms. Undoubtedly gun control will eventually become necessary, but meanwhile the loss of lives continues unabated, and each of America's 10 largest cities had a higher homicide rate than Northern Ireland in 1973.

## Liberal Democracy

In the November election the Democrats won a significant victory, and now control the Senate by 60 to 40 (formerly 57 to 43) and the House of Representatives by 290 to 145 (formerly 248 to 187). Their victory reflects the dissatisfaction of the electorate with Watergate, with the economy, and perhaps with politicians in general. It remains to be seen, however, whether the new liberal Congress and the Republican administration can work together to turn things around. Liberal Democrats in Congress have already begun to flex their muscles. They have restructured several committees and have appointed 12 new Democrats—mostly liberal—to the House Ways and Means Committee, which also handles national health insurance legislation. Mr. Wilbur Mills has resigned as Chairman of the Committee because of ill-health, alcoholism, and in the wake of a highly publicized involvement with a night-club stripper. Last year he had failed to steer through the Committee a compromise National Health Bill, but health insurance remains an item of high priority with the Democratic majority. Its nature and extent, however, remain conjectural and subject to the difficult financial situation, and, in fact, President Ford in his State of the Union address has recommended that Congress enact no new spending programmes this year.

Nevertheless, considerable dissatisfaction prevails about some aspects of American medicine, especially the rising costs. Health is now the country's third largest industry, with expenditures in excess of \$100 billion and employment of about 4.4 million people; and consumer advocate Ralph Nader claims there is "too much hospitalization, too much surgery, too much prescribing, too much specialization, too much profiteering by health insurance companies, too much surplussage and waste in fee-for-service, compared to pre-payment." Some believe with Hippocrates that "extreme remedies are very appropriate for extreme disease" but such remedies would have to be applied by the new 94th Congress. The 93rd Congress recessed its final session before Christmas, and on the final day before adjournment passed the new National Health Planning and Resources Development Act of 1974. This eliminates earlier planning agencies (such as Regional Medical Programmes, and Comprehensive Health Planning) and sets up a National Council on Health Planning and Development to co-ordinate services, raise quality, and avoid unnecessary duplication. There will be area wide planning and periodic review of the "appropriateness" of existing facilities. The final regulations, however, will not be written for a long time, and the long-term implications of the bill are as yet unclear.

In the meantime other changes are taking place, resulting in what some have termed the invasion of medicine's territory by government. Hospital committees are now busily preparing the criteria for hospitalization, investigation, and discharge required by the Professional Standards Review Organizations Law (P.S.R.O.); the Federal Register has announced the final regulations for hospital utilization review; and by 1 February every hospital should develop and implement its own utilization plan. The requirement that all admissions to hospitals be pre-certified was dropped, and instead all cases must be reviewed within 48 hours, and again two days after the discharge deadline. The programme is expected to save millions and was lauded by the *Chicago Tribune* as "saving money and patients," but sceptics believe it will only increase red tape. It is comforting to think, however, that the review will not be handled by the Central Intelligence Agency, now itself under investigation for allegations of illegal spying on American citizens. And since things have already gone too far, this would seem to be a good time to stop.