The Malpractice Question—What is Being Done?

☐ In a dramatic way, the malpractice crisis of last year brought directly before the public questions about the quality of health care that those of us engaged in the functioning of the system have been concerned with for many years.

☐ Beyond the sound and fury surrounding malpractice is the patient who, ultimately, seeks and accepts or rejects the services of medicine, law, and the insurance industry. Conversely, the patient is the one who will pay the extra costs, endure the inconveniences, and personally share the successes or failures of the medical profession.

☐ The Health Resources Administration's National Center for Health Services Research has long been concerned with the issues of malpractice and their effect on the public. The Center has funded several efforts to investigate the malpractice phenomenon and the questions that surround it.

☐ Center-funded projects include an analysis of lawyers' views of malpractice; a view of malpractice in Michigan; a look at "insurance pools" for covering malpractice; a study of legal issues in health care; an analysis of how health disputes are resolved; and an investigation of discipline in the medical profession. The Center has a medical malpractice information center that provides lists of resources and research assistance. It also funds conference grants for the development and evaluation of research programs on medical malpractice.

☐ However, knowing the problem is only one side of the coin. Finding the cause and effect, as well as the solutions to the questions, is the other. We in the Health Resources Administration see the quality of health care and the public's perception of that quality as the real root cause of the current malpractice dilemma.

☐ The health industry is big business today. And, as the demand increases and the tempo quickens, we must constantly be concerned with methods and programs for monitoring, evaluating, and upgrading the systems of care that we use on a day-to-day basis.

☐ Sophisticated technology has much to offer in helping the physician to do a better and more thorough job and in assuring a certain level of quality for the patient. The Center has funded grants and contracts to investigate and develop computer-based information systems that can be invaluable as a method of monitoring and auditing patient care. Properly designed computer systems can also help physicians in making diagnostic and therapeutic decisions. At the same time, these systems can be used as a tool to help patients understand their treatment, which is essential for self-care patients such as diabetics.

☐ Self-care is a new direction in health care that will have the corollary effect of reducing the number of malpractice complaints. The more involved patients become in their own diagnoses and treatment, the more likely it is that they will understand their particular treatment and its limitations.

☐ Because we need to know more about the effectiveness of self-care programs, the Center has funded a 2-year controlled experimental program in an existing health maintenance organization in Boise, Idaho. The Center has also sponsored the first national conference on self-care research in March 1976; participated in a national survey
care systems; and work
others in the Department of
Education, and Welfare in
prehensive review of resea
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