

Peoria Journal-Star

Real costs from ignoring medical malpractice crisis

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With doctors in high-risk specialties leaving Illinois, sizeable medical black holes across stretches of the state where the locals cannot get nearby treatment for certain injuries or conditions, and significantly lower insurance premiums in bordering states, even statehouse Democrats are waking up to the reality that there may be no way out of medical malpractice reform.

Two bills have emerged, one from each chamber, that would place caps on damages for pain and suffering, among other changes. The House version would establish limits of \$250,000 on doctors and \$500,000 on hospitals. A Senate bill would double those amounts.

That Speaker Michael Madigan pulled the House bill out of the Rules Committee and assigned it to the House Judiciary Committee is an indication he may be wavering on the issue. For years state Democrats have been beholden to the trial lawyers lobby, so this comes as a bit of a surprise. It should be a pleasant one for anyone who lives south of Springfield and can hardly find a neurosurgeon to treat a head wound or an obstetrician to deliver a baby because the doctors have left due to massive increases in their malpractice premiums.

It's also a bit of a risk, since the Legislature has adopted caps twice before, in 1975 and 1995, only to have the Illinois Supreme Court strike them down. Personnel changes on the state's high court may make it more receptive this time around.

Besides the caps, the bills would initiate some reforms that this newspaper has championed. Hospitals could be freed from "deep-pocket" lawsuits where the allegedly negligent doctor is not on staff. Expert witnesses would have to be board-certified or eligible in the specialty on which they're testifying. The House version would protect a physician's personal assets - home and other property, investments - if he or she carries at least \$1 million in liability insurance. Plaintiff's medical costs could be paid over time rather than in one lump sum.

Those are likely to be less controversial, and more effective, than giving the Legislature some control over malpractice premium rate increases imposed by insurers, which some say could chase them from the state. There may be room for compromise here, but our position remains that everybody has to give a little - insurance companies, trial lawyers and, yes, doctors too - to resolve this crisis.

Doctors must do a better job of policing the incompetents or willfully negligent within their ranks. With a "three-strikes-and-you're out" amendment failing in the House this week, they're less likely to get a legislative nudge. That doesn't mean they shouldn't do something on their own. We'd also like to see some attention paid to prohibiting the practice of venue shopping for damage-happy juries. Lawsuits should be filed in the county where the alleged malpractice happened.

Finally, the Peoria area has been in a bit of a cocoon regarding the malpractice issue, distanced from the extreme situations on Illinois' borders. That may be changing with

word that the University of Illinois School of Medicine here is expecting a 55 percent hike in malpractice premiums come July, with no money to pay for it. Across the board at the U of I's med school facilities, malpractice premiums have jumped 133 percent just since the year 2000.

To the degree those premiums increase the cost of medical school and tuition must be raised to cover the difference, it makes Peoria a less attractive place to train doctors, a significant percentage of whom stay in central Illinois to ply their trade. We in Peoria are fortunate not to have the shortage of doctors some other Downstate communities do. We'd also hate to see the medical school here destabilized at a time when it is such an important player in Peoria NEXT and the creation of a Med-Tech District.

Point is, there are real costs to the Legislature doing nothing to curb these skyrocketing premiums. It's heartening that even majority Democrats are starting to recognize that.