

Health Care Insights

Volume XIX / Issue 3
Summer 2011

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Clergyman Appointed to Connecticut Medical Examining Board

In what is believed to be a precedent, Governor Dannel Malloy recently appointed Rabbi Dov Greer to the Connecticut Medical Examining Board. Rabbi Greer is the first member of the clergy to sit on the 15 member body charged with overseeing the medical profession. The Medical Examining Board is comprised of nine physicians, a physician's assistant and four laypersons.

Attorneys Raymond Andrews, Jr. and Edward McAnaney attended their first Medical Examining Board meeting on June 21; this is only the second time that two attorneys have sat on the board together.

Fewer Angiographies Needed?

Dr. Harmony Reynolds and colleagues hypothesized that carotid artery ultrasound examinations could be as effective a screening tool for the diagnosis of coronary artery disease as coronary angiography. To test their hypothesis, they conducted ultrasound examinations on patients already scheduled for a coronary angiography at the NYU Langone Medical Center. There was a 98 percent concordance between the carotid ultrasounds and the angiographies.

"Most importantly," Dr. Reynolds noted, "we're now able to rule out the need for surgery associated with the angiography." Dr. Reynolds's findings were published in the *American Heart Journal* in 2010.

Is Internal Medicine Back on Track?

Carolyne Krupa reports in the April 11 issue of *American Medical News* that both in 2010 and 2011, more graduating American medical school seniors "decided to train for primary care" than in prior years.

In what hopefully is the reversal of a trend which has seen a small number of newly minted physicians choose primary care careers, *family medicine* post-graduate training slots filled by U.S. graduating medical students rose 11.3 percent to 1,301 in 2011 from 1,169 in 2010. *Internal medicine* post-graduate training selections rose 8 percent from 2,722 in 2010 to 2,940 in 2011. (A far smaller growth in pediatric internship selections was noted.)

Lest we celebrate too early, the executive vice president and CEO of the American College of Physicians, as soberly quoted in Ms. Krupa's article, notes: "[t]he U.S. ... has to overcome a generational shift that resulted in decreased numbers of students choosing primary care as a career."

In 1985, 3,884 U.S. medical school graduates chose internal medicine residency programs. Even with these positive developments, almost 1,000 fewer U.S. medical school graduates indicated their intention to pursue primary medical careers than did so almost 30 years ago.

The End of the Solo/Small Practitioner?

Arielle Levin Becker writes recently in *ctmirror.org*, a Connecticut online newspaper, about the growing number of physicians who sell their practices to hospitals or larger groups. In particular, she observes, "[y]oung doctors in particular are choosing to work for larger organizations rather than starting their own practices...."

One of the significant challenges facing the small practice is that of recruiting new physicians. "Recruiting a doctor can cost thousands of dollars," reports one physician, a problem made especially challenging by the fact that "many young doctors coming out of training want to make more than [what established practitioners currently earn]."

What impact will this have on the quality of care and productivity over the long term? Will employed doctors stop thinking like business owners as opposed to salaried

employees? Will work habits become less artful or sloppier? What about the link between hard work, quality and income — what do these relationships mean for that relationship?

Most importantly, how will patients react?

Unusual Medical Records Decision

In a motor vehicle personal injury lawsuit last year, the plaintiff objected to the identity of the physician selected by the defendant to review her medical records on the eve of trial. The plaintiff also claimed that her privacy rights entitled her to know the names of all other medical professionals retained by the defendant for medical record review purposes in anticipation of the litigation — whether or not their testimony would be offered at trial. This claim was challenged by the defendant.

Referring to a 2004 trial court decision by Superior Court

Judge Thomas J. Corradino, Judge Trial Referee Jerry Wagner agreed that a party has the right to “contact and consult” with an unlimited number of experts “before selecting one favorable to his or her cause....” JTR Wagner went on to say that it was not necessary to reveal the names or opinions of any experts (who were) not contemplated for use at trial.

After reviewing Judge Corradino’s 2004 ruling and the applicable statutes, JTR Wagner rejected the plaintiff’s claim that she had the right “to know the identity of any medical professional retained by the defendants solely to review the plaintiff’s (records) in preparation for trial.”

Sermanowicz v. Torres, Docket No. CV-09-5026293, Superior Court Judicial District of Hartford (August 16, 2010).

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