

PATRICK MALONE & ASSOCIATES, P.C.
From Tragedy To Justice - Attorneys For The Injured



We win exceptional verdicts and settlements for our clients in cases of brain injury, medical malpractice, wrongful death and other severe injuries.

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Quick Links

[Our firm's website](#)

Read an excerpt from Patrick Malone's book: ***The Life You Save: Nine Steps to Finding the Best Medical Care -- and Avoiding the Worst***

Finding the Right Hospital for You

Dear Subscriber,

Here's a shortened summer issue of our safety newsletter, on a topic of four-season importance: finding the right hospital for your condition. That's not always the "best" hospital. Read on for more.

As before: Feel free to "unsubscribe" on the button at the bottom of this email. But if you find it helpful, pass it along to people you care about.

The Volume Rule -- and an Important Refinement

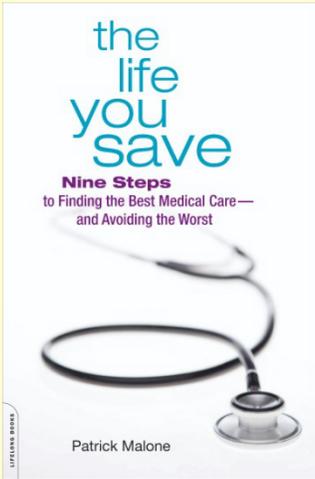
The volume rule is all about "practice makes perfect." The idea is to find the hospital in your area that week in and week out treats lots of patients just like you. That hospital will have worked out sets of standard practices to ensure the safest, most comfortable experience for you.

How much volume is enough? Here is the yearly volume you should look for with particular common types of procedures. (The numbers come from the Leapfrog Group, a business-sponsored organization that evaluates hospital performance.)

bypass surgery-- 450;
coronary angioplasty and stenting--400;
weight-loss surgery--125;
aortic valve replacement--120;
repair of abdominal aortic aneurism--50;
removal of cancerous portions of esophagus and pancreas, respectively--13 and 11.

If these numbers are low, ask your doctor about options.

And if the hospital won't tell you its numbers, that's a good sign of a hospital to avoid.



Now for the important refinement:

Surgeon volume. It does little good to get into an institution with high volume of what you need if your individual surgeon is a relative rookie at it. Some operations, like aortic valve replacement, require lots of practice to maintain sharp skills. Your surgeon should be willing to supply the latest yearly total as well as rates of death and complications for your procedure. If not, or if he or she seems indignant at the request, seek alternatives.

More Reading on Finding the Right Hospital

Check out this previous issue of our [newsletter](#), which talks about [why patient satisfaction surveys can be an excellent guide to the right hospital](#). This will give you links to finding the surveys on Medicare's Hospital Compare website.

Also, U.S. News just published its annual guide to "Best" hospitals. I don't always agree with its ratings, which are over-weighted to a hospital's reputation among doctors in a particular field, and which don't always reflect the realities of day-to-day medical care. But this year's issue has some [good reading on patient safety issues](#) and on the key subject of when the right hospital can be wrong for you.

Learn More



Read our [Patient Safety Blog](#), which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



Report from the Malpractice Trenches

I don't talk much in this newsletter about our firm's work [representing malpractice victims in lawsuits](#). The idea of the newsletter is to arm you with the information you need to avoid darkening our door or some other attorney's.

But we had a unique day recently, that's worth mentioning to help dispel certain myths about malpractice litigation.

On a single day, we won two cases in the District of Columbia Court of Appeals. Both involved appeals that were first filed in 2007. One was for a malpractice victim who suffered a spinal cord injury because of the combined negligence of her surgeon and her anesthesiologist in administering the wrong drug at the wrong time in the wrong way. The other case involved a woman who had a stroke due to a misreading of an MRI scan that showed imminent danger ahead.

The spinal cord client won an important legal victory for other malpractice victims. Her case was about an innovative legal mechanism we devised to enable us to settle part of her case with the one defendant willing to do the right thing before trial - in this case, the anesthesiologist -- and then go to trial against the surgeon without the handicap of what lawyers call the "empty chair" defense. Some defendants hold out and refuse to settle when there is another defendant, because they know that with that defendant out of the way, they can point to the "empty chair" in the courtroom as the sole guilty party. Most of the time, the rules of court prevent lawyers from telling the jury about the settlement with the absent defendant, and this rightly offends jurors who think someone is getting away scot-free.

Our solution to this conundrum was to have the settling defendant "assign" to our client his cross-claim against the other defendant for not contributing to the settlement. So we had a trial on whether the surgeon should have contributed. The

trial judge ruled yes, and the Court of Appeals has now affirmed, and has written a long decision guiding future lawyers on how to use this tactic. [Read more here, including a link to the appellate court's opinion.](#)

For our stroke client, the appeals court victory ended an eleven-year odyssey with two trips to the highest court in the District of Columbia. This second one was about the defense malpractice insurance company trying to shortchange our client to the tune of about \$200,000 on interest it should have paid her after it lost its first appeal of the jury verdict in her favor. [Read more on our patient safety blog here.](#)

The point? Not every legal case lasts eleven years, but malpractice litigation is tough work that requires diligence, doggedness and patience. So whatever you can do to get safer medical care to avoid victimhood is all to the good.

Past issues of this newsletter:

This is issue No. 19 of our [patient safety newsletter](#), now in its second year.

Last time we talked in issue No. 18 about rules of thumb for better health care, and the fascinating social science research that shows why intuitive, "gut" decisions often are based on quite rational reasons.

In the issues just before that, we had a three-part conversation about health care conversations. We started with the core idea of medicine: that [every patient can and should exercise the right to decide what happens with his or her own body](#). It's called "informed consent," and it's all about having a good conversation with the doctor or other provider, to help us form a bond and get the best care. Part two discussed [how good questions to the doctor can prevent misdiagnosis](#). These are conversations that can truly save a life: yours or a loved one's. [Part three concerned who speaks for you when you cannot speak for yourself](#). [Living wills and health care powers of attorney](#) are the tools to ensure that what happens to you in this all-too-common circumstance -- in an ICU or hospice -- follows your desires and dreams.

So those were issues 15, 16 and 17. Moving backwards: No. 13 and 14 focused on doing your own health care research on the Internet. No. 13 opened the discussion of "separating fact from hype" in health care advice with a piece on HealthNewsReview, plus articles on the five most overrated prescription medicines and the Miranda warning you see on a lot of so-called natural health products. [Read No. 13 here.](#)

No. 14 featured a short list of reliable web sites for health care information. We also did a short expose of a very popular website that one writer memorably called "a hypochondriac time suck." As a bonus, one more click will give you an excellent food pyramid for a healthy diet. [Read No. 14 here.](#)

Here's a rundown of our newsletters in 2010:

Our first newsletter focused on the problem of conflicts of interest in medicine -- what you need to know in general, and how to find out if your doctor has a conflict that might affect the quality of your care. [Click here](#) to see that newsletter again.

Newsletter No. 2 expanded the discussion into the related topic of why experience counts -- especially when choosing a surgeon. We focused on the story of minimally invasive prostate surgery with the device called the da Vinci robot. We explained how the lessons apply to any kind of surgery or medical procedure. To see newsletter No. 2 again, [click here](#).

Newsletter No. 3 talked about why "more is not always better" in modern medicine. We focused on cancer screening, especially for breast and prostate cancer, and why you can feel not so guilty if you're a little less aggressive about getting the test. (But if you have any symptoms, you shouldn't wait!) [Click here](#) to read it again.

Newsletter No. 4 talked about choosing a hospital, and why the best known rating systems such as U.S. News & World Report may not be all they're cracked up to be. I give some tips about other ways to make sure your hospital is up to par. [Click here](#) to read it again.

Newsletter No. 5 talked numbers -- how it's important for all consumers of health care who want to make informed choices to learn a little bit about how statistics are used - - and misused -- in health care. I introduced readers how to read medical statistics in a straightforward way. To read it again, [click here](#).

Newsletter No. 6: Back pain and heart disease: how less can be more. The simpler approaches can work just as well as or better than more complex kinds of surgery. [Here's the link](#) to see it again.

Newsletter No. 7: Preventive care: what every adult American needs. [Here's the link](#).

Newsletter No. 8: Colonoscopy: two questions you must ask to make sure you get a competent screening exam. These questions can be a real life-saver when you know how often colonoscopies miss life-threatening lesions. [Read more here](#).

No. 9: Why getting and reading your own medical records can save your life -- and how to do it. The link is [here](#).

No. 10: The joys of being a health care skeptic -- or, Why statisticians are our friends. And more on why most published research eventually turns out to be wrong. The link is [here](#).

No. 11: Part one of preventing injury in the hospital, discussing why 24/7 bedside coverage is essential, and focusing specifically on bedsores and falls. [Read it here](#).

No. 12: Part two of preventing injury in the hospital: infections, blood clots and wrong medicine/wrong dose problems. [Here is the link](#).

To your continued health!

Sincerely,

A handwritten signature in black ink that reads "Patrick Malone". The signature is written in a cursive, flowing style.

Patrick Malone
Patrick Malone & Associates