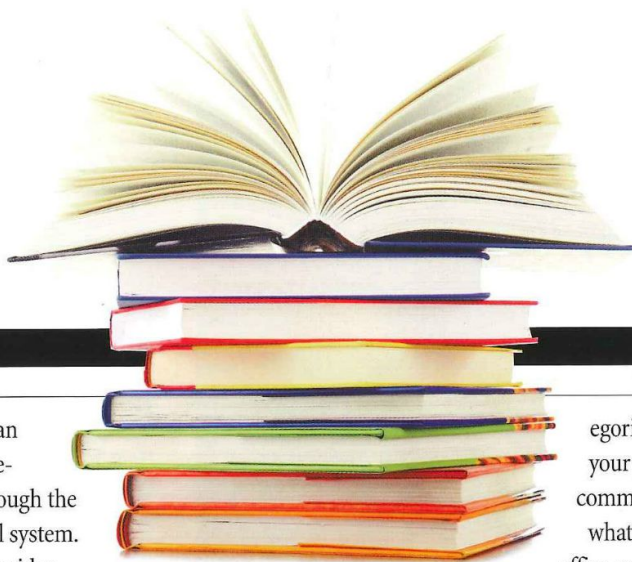


NEW SECOND EDITION OF CAP'S *MEDICINE ON TRIAL*

A compilation of more than 80 real-life cases



The Cooperative of American Physicians, Inc. (CAP) recently published a second edition of its popular volume, *Medicine on Trial*. *Inside Medical Liability* wanted to find out what prompted the second edition, and what is new about it.

The responses printed here are from Gordon Ownby, General Counsel, CAP.

claims, readers can view risk management lessons through the prism of the legal system. No healthcare provider wants to be embroiled in a legal dispute, but the reality is that, regardless of their commitment to employing best practices, most physicians will be sued at least once during their lifetime. CAP's compilation of more than 80 litig-

ated real-world case studies provides our member physicians with the insight to build on those practices that can improve medical outcomes and minimize risk in their own practice.

What we look for in these cases are not lessons in medicine, but lessons in risk management, the kinds of things that physicians don't necessarily learn in medical school,

but will have to acquire as they continue with their practices.

In our industry, we firmly believe that the risk management education that we promote to our

physicians has been a major factor in reducing the number of injuries, increasing patient safety, and avoiding the need for lawsuits

Q: What sorts of guidance does it provide on communication in different practice settings?

A: The cases attempt to address communications in various settings: Between physicians and patients in the office, among referring physicians and specialists outside the hospital setting, when handing off care from one physician to another, and among the entire care team at the hospital. The case studies address the risk management techniques that physicians can employ to avoid the errors and the risks to the patient.

What physicians can keep in mind to avoid lawsuits on a day-to-day basis falls into several cat-

egories: Be mindful of your patient and physician communications, know what's happening in your office, and be aware of how

your actions can affect the reaction of a patient to an adverse event. Adverse events happen all the time. They're part of medicine, but the way the physician deals with that and communicates with the patient is very important to maintaining the trust in the physician-patient relationship and not having it break down into an adversarial relationship.

Q: How does the book address the issue of challenging patients?

A: The book dedicates a chapter to challenging patients. In every practice, there are probably a few patients who are more difficult to manage than others. While there is only so much a physician can do to safeguard the health of these patients, protecting against a lawsuit requires diligence and proper documentation.

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Q: How does the book enhance risk management?

A: By using closed litigated

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Q: Are there potential issues with end-of-life conversations, and are there cases in the book that illustrate these issues?

A: The book contains two cases involving end-of-life care, both located in the “Hospital-Based Risk” chapter. Both cases present scenarios on how the healthcare team can seek out and confirm the patient’s or family’s wishes when dealing with a hospitalization that involves complex, incapacitating medical issues.

Q: Can providers who are not with CAP purchase the book?

A: Yes, absolutely. You can request *Medicine on Trial, Second Edition*, in either hard copy or electronic format by visiting this link: http://www2.caphysicians.com/medicine-on-trial-v2?utm_source=public_relations&utm_medium=press_release&utm_campaign=mot2

Q: What is new and different about the second edition—is it just the compilation of new cases? Or is there a different emphasis on what readers can learn from the cases and your comments on them?

A: In addition to increasing the number of case studies by some 25%, the second edition is organized into chapters to help readers better reference and absorb the nature of the lessons presented.

In *Medicine on Trial*, we

go through the major categories such as physician and patient communications, following through, watching to see what’s happening in the office, and self-

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inflicted wounds. We address these on a chapter by chapter basis so that physicians can see several examples of the same phenomenon. By seeing those examples, we hope that physicians can adopt risk management principles to help them avoid similar situations.

Q: Do you envision a third volume at this point?

A: While there are no current plans for a third edition, CAP continues to share new “Case of the Month” write-ups in its membership newsletter called “CAPsules.”

CAP also offers an extensive repository of support services and other educational resources to physicians. **MPL**

For related information, see www.caphysicians.com.

