The case for medical-legal liability reform

PROTECT ACCESS TO CARE

The case for medical-legal liability reform
One out of every six physicians practicing today can expect to face a malpractice claim every year. On average, doctors in high-risk specialties such as obstetrics, orthopedics, trauma surgery, and neurosurgery face a claim every two-and-a-half years. Although 80 percent of these malpractice claims are found to be without merit, the onslaught continues.

The Doctors Company has been defending the interests of physicians for nearly 30 years. Members of our Board of Governors helped formulate California’s Medical Injury Compensation Reform Act of 1975 (MICRA) and continue to protect it today. Currently, our battle continues on Capitol Hill to establish effective medical liability reform on a federal level.

We remain unalterably committed to protecting the practice of good medicine and to fighting malpractice lawsuit abuse.
I CAN’T PERFORM THAT PROCEDURE ANYMORE.

Many medical specialists have to abandon high-risk but essential procedures—such as delivering babies.

I HAVE TO LEAVE MY PRACTICE.

Faced with unprecedented costs for malpractice insurance, physicians have to retire early or move their practices out of states in crisis—those without medical liability legal reform. Patients are left without access to care.
I CANT'T KEEP MY CLINIC OPEN.

As insurance costs are driven higher, the first patients denied access to health care are the most vulnerable members of our society.

I HAVE TO ORDER MORE TESTS.

Conservative estimates indicate that unnecessary tests, procedures, and wasted time associated with defensive medicine cost $50 to $110 billion every year— with no benefit to patient outcome.
UNLIMITED AWARDS MEAN UNLIMITED PREMIUM HIKES.

If society wishes to have unlimited judgments, then insurance companies will be required to charge unlimited premiums. Unlimited medical malpractice premiums mean unlimited increases in the cost of health care. Unlimited increases in the cost of health care mean decreased access to health care.

I CAN’T FIND COVERAGE.

As more insurers abandon more markets, many physicians can’t find coverage—at any price.
recently, the United States Department of Health and Human Services (HHS) estimated the cost in excess of $110 billion annually. Without defensive medicine, America’s health care budget—45 percent of which is paid by taxpayers—could be reduced by an amount that might pay for health care for the uninsured and (using HHS figures) fund the Medicare drug benefit. A significant reduction in defensive medicine would be a profound long-term benefit of meaningful tort reform.

When someone is injured by the negligence of a health care provider, he or she should be compensated for the damages suffered as a result of that injury. The Medical Injury Compensation Reform Act was passed in California in 1975 during a crisis eerily similar to that currently being experienced in many parts of the country today. MICRA is, at its core, a patient-protection law. Its principal goal was to create a sustainable system that would provide full indemnification for medical injury. Provisions were included to maximize the percentage of the award that would go to the injured party, accelerate the settlement process, and guarantee that funds would be available for large awards, with a payout schedule when needed to fund even a lifetime of care. MICRA achieved all of these goals. It places no limit on actual damages, such as medical costs and lost wages. It expedites the resolution of claims and eliminates the lottery aspect of malpractice litigation by allowing a maximum award for pain and suffering of $250,000 beyond the amount paid in actual damages. By reasonably limiting attorney’s contingency fees, MICRA operates to maximize the amount the patient will receive. Finally, the option of providing periodic payments for awards fairly compensates the injured party while helping to maintain the stability of insurance company payouts.

Although MICRA has been the law for 28 years, California continues to be a state with a high number of claims. Some complain that MICRA does not go far enough to limit the frequency of claims. But, in a sense, MICRA was designed to preserve the right of alleged victims to sue. It has merely kept the awards for legitimate claims reasonable.

In the world we live in today, MICRA is the most fair, the most practical vehicle to protect the rights of victims and sustain a legal system that provides both justice and fairness. MICRA is a worthy model for the entire nation. The logic is clear: If society wishes to have unlimited judgments, then insurance companies will be required to charge unlimited premiums. Unlimited medical malpractice premiums mean unlimited increases in the cost of health care. Unlimited increases in the cost of health care mean decreased access to health care. Limitations of access inevitably affect the most vulnerable members of our society.

Richard E. Anderson, M.D., F.A.C.P.
Chairman and Chief Executive Officer
of The Doctors Company
The high frequency of medical malpractice claims and severity of jury awards have forced medical malpractice premiums in many parts of the country to rise at alarming rates. Many physicians have, in turn, been forced to stop providing high-risk yet essential care, to relocate their practices to states with more reasonable medical liability reform environments, or to retire early. Physicians bear the rising cost of providing health care, but patients pay the price in decreased access to care.

California’s landmark Medical Injury Compensation Reform Act of 1975 now serves as a model for federal medical liability legislation.

Since MICRA was enacted, California’s insurance premium hikes have decreased 39 percent in constant dollars—even though the law includes no limit on the awarding of actual damages.
WE KNOW EFFECTIVE MEDICAL-LEGAL REFORM WORKS

MICRA is not an experiment—it is a solution.

In California, we have had nearly 30 years of experience with MICRA's statutes. MICRA is not an experiment—it is a solution.

Claims settle faster in California.

Effective tort reform bears irrefutable dividends. Claims settle about 33 percent faster in California than in the rest of the nation.

Injured patients receive higher award percentages.

Injured patients take home a significantly higher percentage of awards in California, because there is an upper limit on attorneys' contingency fees.

Although MICRA has been a tremendous asset to physicians, the real beneficiaries have been the people of California.

Without the inclusion of a cap on noneconomic damages, no legislative reform can be successful in controlling increases in health care costs and protecting access to health care.
MICRA does not limit access to attorneys or total awards.

We know that MICRA has not limited access to attorneys. California is a litigious state, and the frequency of suits in California is typically 50 percent higher than the national average. And we know that nearly eight out of 10 claims remain without merit.

Neither does MICRA limit total awards—malpractice awards still rise faster than inflation in California.

Even very large judgments can be accommodated under MICRA because they can be paid on an annual basis over the intended period of compensation, not as a single jackpot.

Ultimately, we all look forward to the day when justice is returned to medical-legal jurisprudence.
The Doctors Company launches the first federal DOCPAC.

We have been at the forefront for nearly 30 years.

Founders of The Doctors Company helped design and then fought for passage of California’s MICRA statutes in 1975. We have remained at the forefront of legal reform efforts ever since. Few insurance companies share this commitment. We want to ensure that doctors can continue to provide America’s essential health care services.

THE DOCTORS COMPANY—FIRST IN PHYSICIAN ADVOCACY

The Doctors Company remains unalterably committed to our mission—to protect the practice of good medicine. We back our commitment with outstanding risk management, claims management, legal defense, and financial strength. We will continue to advocate for the best interests of physicians and to fight for medical liability reform until justice is returned to medical-legal jurisprudence.

1994

The Doctors Company launches the first federal DOCPAC.

2002

Dr. Richard Anderson, chairman of The Doctors Company Board of Governors, testifies before Congress on behalf of medical-legal reform and patient access to care.
Safeguarding a secure future

Spiraling increases in the cost of practicing medicine—fueled in part by the cost of defensive medicine and the cost of obtaining medical liability insurance coverage—have driven the country into a crisis of affordability that threatens physicians and patient access to care.

The ongoing volatility of the medical malpractice environment has led us to implement a conservative and cautious strategy for the future. We have concentrated on our core business and in venues that have historically provided the predictability necessary for long-term stability. We have also focused on our national programs, where our relationships reinforce and underscore the value of the program and where our underwriters can use their expertise to concentrate on familiar classes of business.

Looking to the long term

At The Doctors Company, our continuing commitment is to protect the practice of medicine. Because we are here for the long term, we carefully guard our financial strength through disciplined business practices and actuarially sound rate-making and underwriting. We must remain solvent in order to meet our financial obligations. We rely on the same values and principles that made us the company we are today—one with solid medical, legal, and insurance expertise.

As the vanguard, we vow to remain innovative, minimizing bureaucracy and continuing to build and maintain long-lasting relationships with our doctors. We will always strive to achieve policyholder satisfaction, earning the trust and loyalty of our insured physicians by providing a high-quality product and excellent service. We will maintain the ethical standards that warrant the high level of credibility we enjoy with our policyholders.

Staying true to our principles

We were founded on the principle of physician advocacy, and we will remain at the forefront as the call for medical malpractice reform grows louder and more insistent. We remain convinced that tort reform is—and has always been—the best way to achieve a fair and ethical medical-legal justice system.
The Doctors Company resolves 80 percent of suits against our insured physicians without indemnity.

The Doctors Company is now more than 26,000 member-physicians strong.

Now more than ever, the financial strength of medical malpractice insurers is absolutely critical. The Doctors Company has achieved our strength by consistent, conservative financial management.

The Doctors Company represents nearly 30 years of medical, legal, underwriting, and claims expertise in action.

The Doctors Company is backed by $375 million in policyholders’ surplus.

The Doctors Company is now more than 26,000 member-physicians strong.
## Balance Sheet *(Statutory Basis—Unaudited)*

*(in thousands) at December 31 2003 2002*

### Admitted Assets

<table>
<thead>
<tr>
<th>Asset</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonds</td>
<td>987,058</td>
<td>786,735</td>
</tr>
<tr>
<td>Preferred stocks</td>
<td>13,522</td>
<td>13,411</td>
</tr>
<tr>
<td>Common stocks—unaffiliated</td>
<td>114,604</td>
<td>94,122</td>
</tr>
<tr>
<td>Cash and short-term investments</td>
<td>161,147</td>
<td>123,898</td>
</tr>
<tr>
<td>Real property</td>
<td>12,651</td>
<td>13,129</td>
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<tr>
<td>Other invested assets</td>
<td>28,592</td>
<td>29,414</td>
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<tr>
<td>Receivable for securities</td>
<td>1,460</td>
<td>162,903</td>
</tr>
</tbody>
</table>

**Total cash and invested assets** $1,343,797 $1,249,402

<table>
<thead>
<tr>
<th>Asset</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal and deferred income tax recoverable</td>
<td>51,830</td>
<td>45,814</td>
</tr>
<tr>
<td>Interest and dividends receivable</td>
<td>9,461</td>
<td>9,702</td>
</tr>
<tr>
<td>Uncollected premiums and funds held</td>
<td>99,817</td>
<td>111,006</td>
</tr>
<tr>
<td>Reinsurance recoverable</td>
<td>16,008</td>
<td>13,036</td>
</tr>
<tr>
<td>Other admitted assets</td>
<td>33,545</td>
<td>14,366</td>
</tr>
</tbody>
</table>

**Total admitted assets** $1,554,458 $1,443,326

### Liabilities and Policyholders’ Surplus

<table>
<thead>
<tr>
<th>Liability</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserves for losses and loss adjustment expenses</td>
<td>752,253</td>
<td>649,833</td>
</tr>
<tr>
<td>Reinsurance payable on paid losses</td>
<td>167,599</td>
<td>5,183</td>
</tr>
<tr>
<td>Unearned premiums</td>
<td>209,600</td>
<td>224,300</td>
</tr>
<tr>
<td>Premiums received in advance</td>
<td>13,000</td>
<td>11,864</td>
</tr>
<tr>
<td>Amounts held for others</td>
<td>6,976</td>
<td>5,990</td>
</tr>
<tr>
<td>Payable to affiliates</td>
<td>1,511</td>
<td>9,265</td>
</tr>
<tr>
<td>Ceded premiums payable</td>
<td>8,084</td>
<td>10,953</td>
</tr>
<tr>
<td>Federal income tax payable</td>
<td>18,020</td>
<td>12,408</td>
</tr>
<tr>
<td>Payable for securities</td>
<td>57,477</td>
<td>167,079</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>12,611</td>
<td>7,420</td>
</tr>
<tr>
<td>Reserves for unauthorized reinsurance</td>
<td>3,471</td>
<td>5,992</td>
</tr>
<tr>
<td>Funds held under reinsurance contracts</td>
<td>59,504</td>
<td>107</td>
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</tbody>
</table>

**Total liabilities** $1,179,268 $1,101,914

<table>
<thead>
<tr>
<th>Liability</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus notes</td>
<td>38,000</td>
<td></td>
</tr>
<tr>
<td>Policyholders’ surplus</td>
<td>375,190</td>
<td>341,412</td>
</tr>
<tr>
<td>Surplus as regards policyholders</td>
<td>375,190</td>
<td>341,412</td>
</tr>
</tbody>
</table>

**Total liabilities and policyholders’ surplus** $1,554,458 $1,443,326

## Financial Highlights *(dollars in millions)*

<table>
<thead>
<tr>
<th>Category</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total admitted assets</td>
<td>1,554.4</td>
<td>1,443.3</td>
</tr>
<tr>
<td>Loss reserves</td>
<td>752.2</td>
<td>649.8</td>
</tr>
<tr>
<td>Direct earned premiums</td>
<td>471.0</td>
<td>376.0</td>
</tr>
<tr>
<td>Net premiums earned</td>
<td>358.7</td>
<td>382.3</td>
</tr>
<tr>
<td>Policyholders’ surplus</td>
<td>375.2</td>
<td>341.4</td>
</tr>
<tr>
<td>Number of insured physicians</td>
<td>26,653</td>
<td>28,943</td>
</tr>
<tr>
<td>Total claims reported</td>
<td>3,810</td>
<td>3,383</td>
</tr>
</tbody>
</table>

## Income Statements *(Statutory Basis—Unaudited)*

*(in thousands) for years ended December 31 2003 2002*

### Underwriting Income

<table>
<thead>
<tr>
<th>Income</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premiums earned</td>
<td>358,698</td>
<td>382,380</td>
</tr>
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</table>

### Underwriting Deductions

<table>
<thead>
<tr>
<th>Deduction</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss and loss adjustment expenses incurred</td>
<td></td>
<td>384,091</td>
</tr>
<tr>
<td>Other underwriting expenses incurred</td>
<td>45,461</td>
<td>87,444</td>
</tr>
</tbody>
</table>

**Total underwriting deductions** $429,552 $473,742

**Net underwriting loss** $(70,854) $(91,362)

### Investment Income

<table>
<thead>
<tr>
<th>Income</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income earned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(net of investment expenses of $5,641 in 2003 and $5,193 in 2002)</td>
<td>376,75</td>
<td>46,340</td>
</tr>
<tr>
<td>Net realized gain/(loss) on sale of investments</td>
<td>(3,942)</td>
<td>(13,164)</td>
</tr>
</tbody>
</table>

**Net investment income** $337,832 $33,176

### Income before Federal Income Tax Expense

<table>
<thead>
<tr>
<th>Income</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>(total income before federal income tax expense)</td>
<td>337,832</td>
<td>46,340</td>
</tr>
<tr>
<td>Federal income tax expense</td>
<td>(672)</td>
<td>(14,021)</td>
</tr>
</tbody>
</table>

**Net income** $331,160 $32,319

---

*The Doctors Company, Professional Underwriters Liability Insurance Company, and Underwriter for the Professions Insurance Company combined*
Our outstanding corporate leadership represents a broad range of medical, legal, insurance, and financial expertise. Nine of our 13 board members are physicians, ensuring the best interests of physicians are protected and pursued.

**Board of Governors**

Richard E. Anderson, M.D., F.A.C.P. (Medical Oncologist, Chairman, and Chief Executive Officer of The Doctors Company) has become a national voice for physician advocacy. Member of the American Society of Clinical Oncology and a fellow of the American College of Physicians, Dr. Anderson was a senior oncologist and chief of medicine at Scripps Memorial Hospital and clinical professor of medicine at the University of California at San Diego. He is widely published regarding medical malpractice liability and physician advocacy.

David M. Charles, M.D. (Plastic Surgeon) practices and consults in plastic and reconstructive surgery in Denver and is a member of the Colorado Medical Society. He is the former president of the Denver Medical Society and the Colorado State Society of Plastic and Reconstructive Surgeons.

Kenneth R. Chrisman (Corporate Information Technology Executive) is executive vice president and chief technology officer at Wells Fargo Bank, N.A. Mr. Chrisman has more than 20 years of experience in corporate information technology management at the senior executive level. His extensive corporate experience also includes retail banking and financial services. Mr. Chrisman received his bachelor of science degree in agricultural economics from Oregon State University and earned his master of science degree from the University of California at Davis in resource economics. Mr. Chrisman’s corporate experience includes senior positions at TRW Financial Systems, American Express Travel Services, and Chevron.

Jerrald R. Goldman, M.D. (Orthopedic Surgeon and Founder) is based in Oakland, California. A member of the American Academy of Orthopedic Surgeons and the Arthroscopy Association of North America, Dr. Goldman is the orthopedic consultant and a team physician for the Oakland Athletics baseball team. He is also an assistant clinical professor in the Department of Orthopedics at the University of California at San Francisco.

Mark Gorney, M.D., F.A.C.S. (Plastic Surgeon and Founder) is the medical director of The Doctors Company and former president of the American Society of Plastic Surgeons and of the International Confederation for Plastic, Reconstructive, and Aesthetic Surgery. Dr. Gorney is a long-standing member of Interplast and speaks internationally on medical liability protection and physician advocacy.

Charles R. Kossman, Ph.D., M.D. (Medical Oncologist and Hematologist) is a diplomate of the American Board of Internal Medicine. A member of the American Society of Clinical Oncology and the San Diego County Medical Society, Dr. Kossman is in private practice and is clinical professor of medicine at the University of California at San Diego. He is former chief of staff and chairman of the Department of Medicine at Alvarado Hospital and former president of the San Diego Foundation for Medical Care.

Ann S. Lofsky, M.D. (Anesthesiologist) is a diplomate of the American Board of Anesthesiology, the American Board of Internal Medicine, and a member of the American Society of Anesthesiologists. Dr. Lofsky practices anesthesiology in Santa Monica, California.

John A. McRae, M.D. (Neurosurgeon and Founder) is a diplomate of the American Board of Neurosurgery. Now retired, he practiced for more than 30 years in Los Angeles and served as the president of the California Association of Neurological Surgeons and the Southern California chairman of the California Physicians Crisis Committee.

Robert B. Sheppard (Corporate Financier) is the former president of the Allstate Insurance Companies and founding director of the First National Bank of Central California. He is also a trustee of the U.S. Olympic Foundation and a former trustee of the Community Hospital of Monterey County.

Diana L. Starcher (Banking Executive) is executive vice president at Wells Fargo Bank and director of the Wells Fargo Phone Bank, a network of 12 call centers that services over 220 million external customer calls and seven call centers servicing Wells Fargo team members. Ms. Starcher has more than 20 years of experience in banking operations management for sales, customer service, payment processing, and consumer lending. She received her bachelor of arts in business administration from West Virginia University.

David B. Troxel, M.D. (Pathologist and Secretary/Treasurer) consults in pathology and is clinical professor in the Joint Medical Program at the University of California at Berkeley. Dr. Troxel is past president of the American Board of Pathology and the California Society of Pathologists.

Thomas A. Waltz, M.D. (Neurosurgeon) is head of the Division of Neurosurgery of Scripps Clinic in La Jolla, California. Dr. Waltz was chairman and CEO of the Scripps Clinic from 1991–2000, president of the Scripps Clinic Medical Group from 1990–2000, and staff neurosurgeon of the clinic from 1977 to the present time. Dr. Waltz received his undergraduate degree from the University of Cincinnati and graduated from Vanderbilt University School of Medicine. He was a resident in neurosurgery at Baylor School of Medicine in Houston and held fellowships at the National Hospital of Neurological Diseases in London and in neuropathology at Oxford. Dr. Waltz also served with the United States Air Force as captain and flight surgeon. He is widely published in neurosurgery and lectures both nationally and internationally.

Randall K. Zeller, C.F.A. (Investment Management Professional) is president and chief operating officer of Asset Allocation & Management Company (AAM). Mr. Zeller earned his undergraduate degree in finance and business economics from Indiana University; he is a chartered financial analyst and is an experienced insurance company investment advisor. Mr. Zeller has over 25 years of experience as a senior management executive in all aspects of the asset management business. Before joining AAM, Mr. Zeller was a managing director of Zurich Scudder Investments.
Directors and Officers

The Doctors Company

Board of Governors

Richard E. Anderson, M.D., F.A.C.P.
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Medical Oncologist/Internist
Napa, California

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Plastic Surgeon
Deer, Colorado

Kenneth R. Chrisman
Corporate Information Technology Officer
San Francisco

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Orthopedic Surgeon
Oakland, California

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Plastic Surgeon
Napa, California

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Pathologist
Lafayette, California

Thomas A. Waltz, M.D.
Neurosurgeon
La Jolla, California

Randall K. Zeller, C.F.A.
Investment Management Professional
Chicago

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(A Wholly Owned Subsidiary)

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Director

Jerrald R. Goldman, M.D.
Director

Mark Gorney, M.D.
Director and Medical Director

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Assistant Vice President
Underwriting

Leslie Rush
Assistant Vice President
Underwriting

Carolyn Sears
Assistant Vice President
Underwriting, Southeast Regional Office

Jayne Taormina
Assistant Vice President
Claims, Napa

Steve Vorcellini
Assistant Vice President
Actuarial

Paula Weller
Assistant Vice President
Claims, Northwest Regional Office

Todd Zeiter
Assistant Vice President
Reinsurance

The Doctors Company

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(A Wholly Owned Subsidiary)

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Director

Jack Meyer
President and Director

Michael Yacob
Secretary and Treasurer

Ann S. Lofsky, M.D.
Assistant Secretary

The Doctors Life Insurance Company
(A Wholly Owned Subsidiary)

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Chairman and Director

David M. Charles, M.D.
Director

Jerrald R. Goldman, M.D.
Director

Mark Gorney, M.D.
Director

Richard E. Anderson, M.D.
Chairman and Director

David M. Charles, M.D.
Director

Jerrald R. Goldman, M.D.
Director

Mark Gorney, M.D.
Director

Stephen Freedman
President and Director

Michael Yacob
Secretary and Treasurer

Bernard Warschaw
Insurance Sales Agency, Inc.
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Director

David B. Troxel, M.D.
Director

Michael Yacob
Secretary and Treasurer

Shannon Micevych
Assistant Vice President
Claims

Cheri Priddy
Assistant Vice President
Underwriting

Shannon Micevych
Assistant Vice President
Claims

Cheri Priddy
Assistant Vice President
Underwriting
Being informed on the issue of medical-legal reform has never been more important. Review the references in our bibliography—and join the cause.

Bibliography


Professional Liability in the ‘80s, Report 1, American Medical Association, 10, 84, p.4.


Endorsements and Sponsorships

American Academy of Otolaryngology—Head and Neck Surgery, Inc.
American Association of Neurological Surgeons
American College of Physicians
American College of Surgeons
American Society of Plastic Surgeons
Denver Medical Society
Montana Medical Association
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Wyoming Medical Society

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