

Correspondence

mation does not result in a decision by the patient to forego drug therapy; thus it does not interfere with the physician-patient relationship. See, Brushwood & Simonsmeier, *Drug Information for Patients: Duties of the Manufacturer, Pharmacist, Physician, and Hospital*, JOURNAL OF LEGAL MEDICINE 7: 279 (1986).

16. *Ramirez v. Richardson Merrell, Inc.*, 628 F.Supp. 85 (E.D.Pa. 1986); *Eldridge v. Eli Lilly Co.*, 485 N.E.2d 551 (Ill.App. 1985); *Jones v. Irwin*, 602 F.Supp. 399 (S.D.Ill. 1985); *Pysz v. Henry's Drug Store*, 457 So.2d 561 (Fla. Dist. Ct. App. 1984).

17. *Hand v. Krakowski*, 453 N.Y.S.2d 121 (App. Div. 1982); *Perkins v. Windsor Hospital Corp.*, 455 A.2d 810 (Vt. 1982); *Kirk v. Michael Reese Hospital & Med. Center*, 483 N.E.2d 906 (Ill.App. 1985) (case discussed hospital liability only, but recognized pharmacists as practitioners within the hospital).

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et al., *The Physician's Responsibility Toward Hopelessly Ill Patients*, NEW ENGLAND JOURNAL OF MEDICINE, 310: 955 (1984); Dresser, Boisqubin, *Ethics, Law and Nutritional Support*, Archive 5 of INTERNAL MEDICINE, 145: 122 (1985).

25. See, *in re Requena*, Superior Court of New Jersey, Chancery Division, Morris County, Docket No. P-326-86E, Stanton, A.J.S.C., Sept. 24, 1986, affirmed by Superior Court of New Jersey Appellate Division, A-442-86T5, Oct. 6, 1986.

Malpractice Crisis or Communication Crisis?

Dear Editors:

I wish to add some additional comments to the articles featured in *Law, Medicine & Health Care* 14(2) concerning legal views of the malpractice crisis ["In Search of the 'Lawsuit Crisis'" by Michael J. Saks and "Tort Reform from Within" by Aaron Gershonowitz].

I am a personal injury attorney specializing in medical negligence cases. I presently represent plaintiffs, but I have previously represented physicians and care providers in civil litigation.

Medical malpractice unquestionably receives a lot of notoriety. This may be due in part to some of the large damage awards. It is also due to the fact that honest mistakes by physicians, no matter how well intentioned, take or devastate human life. One occasion of malpractice is, arguably, one occasion too many.

Where do we go from here? There are no easy answers. There is progress, though, and sometimes progress is found in taking a step backwards.

There has been in recent years a depersonalization of patient care. Patients oftentimes stop being people in the eyes of the medical professionals and are regarded as mortality and morbidity statistics. Generally, there is poor communication between doctor and patient.

I am absolutely convinced that most medical malpractice cases arise from poor physician/patient communication. People know doctors are human. They really don't expect impeccable care. People want personal care. They want to be talked to, not talked at. They want a doctor who cares.

My experience has shown me that patients want to forgive doctors who genuinely care about them as people. The bond between physician and patient can be abso-

lutely impenetrable. People trust doctors. This trust solidifies as long as they retain the personal belief that a doctor cares. If there exists trust and good communication between doctor and patient, the patient will more often than not decline an opportunity to seek legal remedies against the physician, even in cases where there has been a clear mistake in clinical judgment.

Perhaps it's time for the medical profession to take a step backwards. Let's put personalized care back in the clinic.

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Strong Reactions to "Death at a New York Hospital"

Dear Editors:

"Death at a New York Hospital" [*Law, Medicine & Health Care*, 13(5)] and its related commentaries, which appeared in the December 1985 issue, appears to constitute a significant departure from the standards to which this publication has previously adhered. First, any effort to maintain the anonymity, and hence the right of privacy, of the patient seems to have been half-hearted at best. As just one glaring example, the photograph of the patient appears on six separate pages of the issue. The relevance of the patient's physical appearance to the subject matter totally escapes me.

Second, the accuracy of both the non-medical and medical events as set forth in the *Village Voice* article are automatically assumed and used as the basis for the salvos of harsh commentary by selected members of the American Society of Law & Medicine's board. Certainly it was possible to present what always exists in such situa-