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### Insurance

**"NO-FAULT" INSURANCE** The rising number of malpractice suits against hospitals and doctors, accompanied inevitably by a rising volume of judgments against hospitals and doctors, raises questions about needed reform of the entire system of handling malpractice claims. However well justified the charges of negligence may be in some cases, expert medical testimony for plaintiffs is hard to get. Several plans have been introduced by state and county medical societies and others to alleviate the hardship that patients with grievances may suffer. In one plan the local medical society or a similar professional group reviews the charges of malpractice against a physician. If this committee makes a finding of malpractice, it recommends that the claim should be paid by the doctor. In another plan a joint committee of physicians and attorneys reviews the case at the request of the plaintiff's attorney. If the committee makes a finding of malpractice, physicians on the committee will offer or obtain expert testimony at the trial. In still another arrangement, the plaintiff's attorney is given a list of doctors who are prepared to serve on an "advisory panel." If the no-fault system were used, the insurance indemnity policy would first require consideration of all other sources of recovery, in order to avoid unnecessary disbursements. Perhaps the outstanding example of the no-fault system is workmen's compensation. The chief advantage of the no-fault system is the rapidity with which decisions can be reached. The facts are heard by a referee. No legalistic methods are required from the employee to prove his case. Discrimination in malpractice would no longer depend on the decision of judges or juries, but would be decided by state committees of medical examiners appointed by the state on the recommendation of state hospital or medical societies with a right of appeal once for hospitals affected by adverse decisions. The introduction of the no-fault system for injuries and disabilities should have the following effects for hospital management: 1) time would not be required to defend cases at law; 2) legal costs would be reduced materially; 3) malpractice decisions would be made by medical experts and not by juries or judges; 4) there would develop a body of opinion which should help avoid future malpractice claims; 5) the experience rating plan would be a financial incentive to prevent malpractice claims; 6) hospital authorities would be able to correct undesirable practices more quickly; 7) as in workmen's compensation, insurance would be available from many insurance companies. (Ackerman, S. B.: "No Fault" Insurance Could Relieve Malpractice Pressure, *Mod. Hosp.* 115: 112 (Sept.) 1970.)