

HEALTH CARE CONSUMER

September, 1985

Newsletter of the Champaign County Health Care Consumers

Vol.9 Issue 2

MEDICAL MALPRACTICE

Protecting Drs' Wallets, Neglecting Patients Rights

Historically, doctors and the medical establishment have vigorously opposed government regulation of the health care industry. But during this past legislative session in Springfield and in state capitals across the country, physicians could be heard saying such things as:

"Insurance rates are skyrocketing, government has a responsibility to begin controlling these costs."

"It's time for the government to fix fees and protect health consumers from being ripped off."

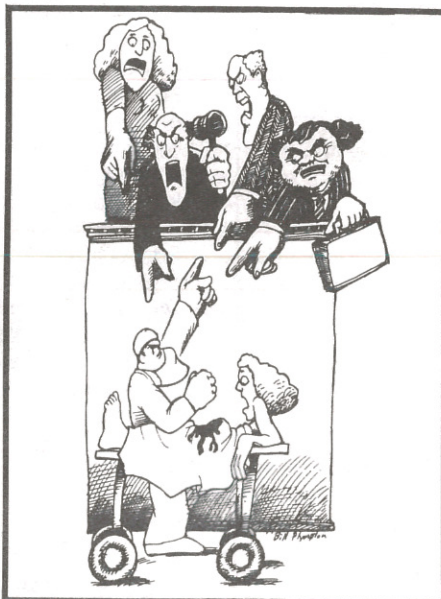
"Frivolous charges are raising the costs of health care and need to be eliminated."

To the casual observer, it might seem that the doctors have reversed their position on major issues concerning health care delivery. But this is not the case. Actually, what the doctors were talking about were malpractice insurance rates, not health insurance; setting limits on attorney's fees, not physician's fees; and frivolous charges of malpractice, not hospital or doctor's charges. In other words, this time the doctors were talking about their own pocket-books.

In one of the most hypocritical legislative campaigns ever mounted, the AMA has launched a massive and well-financed effort to radically restructure malpractice laws in every state. To gain public support for their measures, the AMA has spread the myth that malpractice rates are the major cause of rising health care costs. In addition, they have portrayed most malpractice cases as "frivolous" suits. In fact, malpractice premiums account for only 3% of total health care costs; on the average, doctors spend more on their cars than they do for malpractice insurance! In fact, while a small percentage of malpractice suits may be frivolous, the vast majority of the victims of malpractice (90%), never even bring their case to court!

In Illinois, the battle lines were drawn this spring when the Illinois State Medical

Society introduced a package of ten bills to the state legislature. Taking away the doctor's screen of rhetoric, one sees their so-called "reforms" were aimed at: lowering their health care costs - not consumers' costs; and at stripping the rights of malpractice victims - not at reducing the actual cause of malpractice, incompetent physicians.



Briefly, their legislative package proposed to:

- place a \$25,000 cap on "wrongful death" awards in which the victim dies from malpractice;
- place a \$100,000 limit on non-economic awards if the victim was fortunate enough to survive the malpractice;
- abolish the ability of juries to assess punitive damages against guilty physicians whose behavior was deserving of some sort of punishment;
- require that any awards over \$50,000 be paid out in monthly installments over the life expectancy of the victim, and end if the victim dies earlier than expected

(called structured payments);

- establish medical review panels, composed of a doctor, lawyer, and judge, that would hear cases before they could go to trial and penalize victims who chose to seek recourse through the courts;

- restrict lawyer's fees by setting maximum rates that attorneys could charge in malpractice cases;

- require all other sources of payment (i.e. government benefits, health insurance) to cover expenses of malpractice victims, deducting this amount from the damages the guilty doctor has to pay;

- mandate that consumers obtain a "certificate" from another doctor stating that there is merit to their case; and

- allow doctors to file an affidavit for "early dismissal" if they feel that they've

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Champaign County Health Care Consumers is an organization of local citizens concerned with improving health care delivery to all residents of our area. We are community-based and include representatives of women and minority groups, religious bodies, local elected officials, local businesses, labor unions and progressive provider organizations. We believe that health care is too important a matter of public concern to be left solely to those who provide it, and that major improvements will come only with the real involvement of consumers.

We focus on consumer participation, education, and action. Our public forums educate the general public on consumer health issues. Our newsletter helps keep consumers abreast of health care problems and emerging solutions. We work for responsible health regulations. We form Consumer Task Forces to address community health problems, currently emphasizing the problems facing low-income consumers, women, and senior citizens. We have established a Consumer Health Hotline for residents who have questions, concerns or complaints about the local health care system. Finally, we publish the Doctors Directory for Champaign County.

Champaign County Health Care Consumers is funded largely through tax-deductible contributions of members and other local community residents. It is a not-for-profit, tax-exempt organization. For more information on becoming a member write CCHCC, 124 N. Neil, Champaign, IL 61820 or call (217) 352-6533.

Articles, letters and comments for print in *Health Care Consumer* are welcomed. While we reserve the right to edit submitted material, we request that you include name, address, and phone number so that we may consult with you during the editing process. Material for print should be directed to the above address.

CCHCC BOARD OF DIRECTORS - 1985

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Staff Updates

As we wrote in our recent membership drive letter, CCHCC has been through some rough financial times in the past year, starting with the loss of a large grant last September. Although we were able to maintain full programmatic and staff levels for awhile, the loss eventually caught up with us. In April we were forced to lay off two of our staff to keep from going in the red: John Lee Johnson, Champaign Health Coalition organizer; and Cheri Sullivan, Health Hotline Coordinator.

In the following months, due to a variety of personal and professional reasons, we had farewells for another four members of CCHCC's staff. Don Smith, Fundraiser and Community Education Coordinator, was off to Denver for an organizer's job with a peace organization. Clayton Daughenbaugh, Coles County Health Coalition Organizer, is soon to be married, and has relocated to Chicago where he's continuing his organizing career with a neighborhood organization. Dave Rein, Medicare Task Force Organizer, left in June to spend the summer traveling. And finally, Beverly Roberts, Women's Health Task Force Organizer, was off to California in August to pursue her educational goals.

When writing CCHCC's Staff Updates column, it is often difficult to adequately convey our thanks for the unique contribution a departing staff member has made to CCHCC and to express our hopes for their future. With six staff leaving, the task is impossible. We can only say: a heartfelt thanks to each of you, and the best of luck in your new locations and jobs!

First to join CCHCC's staff this summer was Sharon Ager. Recently relocating from Minnesota, Sharon was hired for the Coles County Health Coalition organizer position. Sharon has a background in journalism, and extensive experience working with freeze and peace organizations. With the controversy in Coles County surrounding the Sarah Bush Lincoln Health Center (see story page 4) just breaking when Sharon came on staff, she's been kept busy since the day she started.

Having worked for two years as a canvasser and field manager with Indiana Citizen Action, Rebecca Walker brings a wealth of experience to her new position as CCHCC Medicare Task Force Organizer. With Indiana Citizen Action, Rebecca worked primarily on the issues of toxics and natural gas. While working on health care may be new to her, Rebecca is excited by the challenge of learning a new issue, and of adapting what she knows as a canvasser to the role of organizer.

A native of Champaign, CCHCC's new Women's Health Task Force Organizer has been involved in numerous local community organizations. Most recently, Linda Clark worked with the Welfare Rights Clinic and A Women's Place. Since CCHCC shares office space with the Welfare Rights Clinic, Linda was already familiar with CCHCC's staff and issues.

CCHCC's new staff members are pictured below. From left to right they are: Rebecca Walker, Linda Clark, and Sharon Ager.



sonograms

Are Doctors Ignoring the Risks?

"Oh, and of course we'll have to schedule you for a sonogram." How many women have been led by these innocuous words into receiving one—or more—sonograms during their pregnancy?

As many as 40% of all pregnant women in the U.S. are exposed to at least one sonogram examination. In Champaign County the rate may be even higher. And chances are, the majority of these women didn't know and weren't told that questions have been raised about the safety and advisability of sonogram examinations.

Sonograms, or ultrasound examinations, as they also are known, use high frequency sound waves to create an image or picture of objects inside the body (such as fetuses) not clearly seen by x-rays. In addition to sonogram examinations, pregnant women are exposed to ultrasound during electronic fetal monitoring and through the dopler examination.

Sonograms are used during pregnancy to detect ectopic pregnancies; to determine the cause of abnormal bleeding; to detect physical abnormalities in fetal development; to determine the position of the fetus prior to amniocentesis; and, in over 50% of the cases, to determine fetal age.

What women aren't being told by their doctors is that studies have raised questions about the safety of this procedure; for the mother and for the unborn child. In vitro (test tube) studies have shown cells exposed to diagnostic levels of ultrasound are subject to altered patterns of growth and motility (ability to move). Studies conducted on animals revealed delayed neuro-muscular development; altered emotional behavior; EEG (electroencephalography) changes; and decreased survival rates.

A study of ovarian ultrasonography in women revealed a higher incidence of premature ovulation. Another study suggests

that ultrasound used in electronic fetal monitoring has the potential for damaging the mother's red blood cells. Preliminary studies on the effect of sonograms on the fetus suggest higher incidences of leukemia and dyslexia; as well as a tendency towards lower birth weight in infants.

This information is all the more alarming when one considers that no studies have been done to determine the long-term effects of ultrasound. An article in the National Women's Health Network News points out that, "it will be 20 to 30 years before we know whether ultrasound will be the DES of the next generation."

As more and more private physicians purchase sonography equipment for their offices there is further cause for alarm. Not only will sonograms become more routine, but exposure time could be unnecessarily prolonged. This is because physicians and

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A Local Action

Over the past year, CCHCC has received an ever increasing number of calls from our members with concerns and questions about sonograms. This past winter, the Women's Health Task Force decided to investigate the sonogram policies of local physicians and clinics. An informal telephone survey was conducted: each Ob-Gyn's office and clinic was called and asked when sonograms were prescribed during prenatal care and what the cost was for them. Everyone we talked to responded that sonograms were prescribed on a case by case basis on the indication of the physician. Everyone that is, except Carle Clinic. At Carle, they said that two sonograms were given as part of prenatal care.

The Task Force did a bit more research and found that the only information on sonograms routinely given to women receiving prenatal care at Carle is a brochure entitled "Diagnostic Ultrasound". Subtitled "Patient Information for the Department of Obstetrics-Gynecology", the brochure reads, "Because diagnostic ultrasound uses sound waves, the examination is painless and safe - even for developing babies." One might make the case that the subtitle should read "Patient Mis-Information."

Further, like many other providers around the country, Carle chooses to emphasize not questions of safety, but that by gosh, it's fun! Their brochure goes on to read, "For 'mothers-to-be' this will be an exciting chance to see the baby and watch

its movements before it is born. You may wish to share this excitement with your husband or older children, who are welcome to join you for this examination."

Concerned by Carle's apparent departure from the recommendations of the AMA, FDA, and NIH, the Task Force wrote to Carle in February asking that they halt their policy of two routine sonograms during prenatal care, and that they begin informing consumers of the potential risks of this procedure.

Dr. Theodore Frank, chair of Carle's Ob-Gyn department wrote back saying, in essence, we don't believe that there is any controversy about the safety of sonograms. Apparently, the only controversy that they were aware of "regarding routine sonogram use in pregnancy revolved about the cost-benefit ratio for doing these procedures." And since Carle includes the cost of two sonograms in with the total prenatal fee, Frank continued, "we believe we are providing the patient with an extra service at no extra charge."

Recognizing that they weren't getting very far by exchanging letters, the Task Force requested a meeting with Dr. Frank. The meeting took place on May 9th. Representatives of the Women's Health Task Force summarized the concerns of the Task Force and asked Frank to sign two pledges. In brief, the pledges were to assure that: (1) Carle Clinic adopt a written policy stating that sonograms will only be prescribed

for the 27 medical indications outlined by the National Institute of Health report; and, (2) Carle Clinic adopt a written informed consent form for sonograms and that this be supplemented by additional educational materials that outline the potential risks of sonograms. These demands were substantiated by the presentation of close to 200 signatures from community residents asking for these reforms.

Stating that he couldn't make a decision for the other doctors in the department, Dr. Frank refused to sign, but agreed to discuss the matter with his colleagues and get back to us.

A few weeks later we heard back from Dr. Frank. The response? Well, since they were due to revise their prenatal literature anyway, they would revise the section on sonograms as well, and, "feel that this will answer most of your concerns." Secondly, they won't institute a written informed consent form because, "we know of no institution in our area that requires a signed consent form." And there was no mention at all about our demand that they commit to only prescribing sonograms for the 27 medical indications outlined by NIH. One wonders was this just an oversight?

Members of the CCHCC Women's Health Task Force are currently planning the next steps in this campaign. While Frank may hope that "the majority of (our) concerns are answered", they're not.

Coles Co. Doctor Blasts Honor Role

"It unfairly maligned local doctors," and is "unfair, misguided, name-calling." "It really makes it sound like their physician has been ripping off the elderly."

This was the response of one local physician when the Coles County Coalition of Health Care Consumers (CCCHCC) held a press conference to release the Coles Co. Physician Honor Role. Compiled by CCCHCC, the Honor Role ranked doctors according to their rate of accepting Medicare Assignment in 1984. Clearly, this doctor and many other physicians became upset when consumers were given a way to compare doctors on their rate of accepting Medicare Assignment.

In Coles County, 13% of seniors live below the poverty level, and 20% live below 125% of the poverty level. The average Coles County household headed by someone over age 65 has an income of \$12,410, and they spend 21% of this income on health care needs. These seniors are "medically needy" and cannot afford the high costs of health care. Medicare Assignment reduces the amount seniors must pay for medical care and the Honor Role enables seniors to select doctors who accept Medicare Assignment.

CCCHCC released the Honor Role as part of a larger campaign to persuade Coles County physicians to increase the rate at which they accept Medicare Assignment, and by doing so, to assist the elderly in their struggle to contain their health care costs. The CCCHCC is asking that the doctors accept Medicare Assignment 80% of the time or more.

For those not familiar with the term "Medicare Assignment," perhaps a brief

explanation would be helpful. A doctor who accepts Medicare Assignment charges a Medicare patient only the amount that the Medicare program has established as a "reasonable rate" for that service. Medicare will pay 80% of the "reasonable rate" and the patient is responsible for the remaining 20%.

Doctors legally do not have to accept Medicare Assignment and many charge Medicare patients more than the reasonable rate. In 1983, the average bill submitted for Medicare beneficiaries was 23.1% higher than what Medicare would pay.

It was in February that the CCCHCC first began to compile information on physician acceptance of Medicare Assignment in Coles County. They quickly found that Coles County physicians fell far below state and national averages in acceptance of Medicare Assignment. Only 15% of Coles County physicians accepted Medicare Assignment at least 50% of the time. While the state average for acceptance of Medicare Assignment is 45%, Coles County physicians averaged only 25%.

CCCHCC saw an obvious need to work for increased acceptance of Medicare Assignment. Letters were sent to individual physicians explaining the need that existed in their community, and asking that they pledge to accept Assignment in at least 80% of their Medicare cases. Response to this first approach was poor. Only five physicians responded, and of these, three declined to sign.

Recognizing the importance of this campaign to their members, numerous other organizations have endorsed CCCHCC's campaign. These include: Oak-

land Senior citizens Center; Mideastern Illinois Labor Council; Coles County chapter of the Retired Auto Workers; EIU chapter of University Professionals of Illinois; Illinois Public Action Council; Carpenters Local #347; and the East Central Illinois Area Agency on Ageing.

With more people and therefore more lobbying force, the Coles County group has launched a new effort to get the physicians to sign their pledge. Certificates of appreciation were presented to the eight physicians who accepted Medicare Assignment 80% or more. Physicians with a low rate of acceptance were sent a second letter asking that they meet with representatives of the coalition to discuss the issue. Several such meetings are planned for the coming month.

Negotiations are also in progress with Mr. William Oggero, administrator of Link Clinic in Mattoon. Presently, Link Clinic's physicians accept Medicare Assignment only between 20% and 50% of the time. A group from the CCCHCC Task Force met with Mr. Oggero in April. He agreed at that time to "examine the extent to which the clinic can increase its rate of accepting Medicare Assignment", and "to assist or discuss with members having financial difficulty with their accounts at the clinic."

A second meeting with Mr. Oggero will most likely be held in September. The CCCHCC is prepared and determined to persuade him of the need and importance of raising the clinic's assignment rate.

Individuals interested in receiving a copy of the Honor Role, or in getting involved in the campaign should contact: Sharon Ager, (217)348-1547

Consumers and Doctors Take On Sarah Bush

Widespread public dissatisfaction over Sarah Bush Lincoln Health Center (SBLHC), a local, private hospital, and its relationship with the community has prompted the Coles County Coalition of Health Care Consumers (CCCHCC) to launch an investigation into the facility's checkered history.

At a July public meeting held by CCCHCC, people emphasized that they felt "the hospital betrayed the public's trust." Members of the community have not forgotten that they contributed nearly \$3 million for construction costs and hospital equipment. They also have not forgotten that Mr. George M. Tankey, president of the Board of Directors for the Area E-7 Hospital Association, Inc., and other officials told them that their new hospital "will be community-owned."

When the Mattoon and Charleston communities agreed to allow their old hospitals to be dissolved and the assets of \$2 million to be turned over to the Area E-7 corporation, they did not foresee their new hospital being under the direction of a board of directors who would shut off their hospital from any public input.

However, since SBLHC opened in 1977, board meetings have been closed to the public and the media. Not only are the SBLHC board meetings closed, but also those of the other subsidiary corporations and the parent corporation, Sarah Bush Lincoln Health Systems, Inc.

Area residents, many of whom contributed to the hospital, now find themselves in a position of not knowing how the hospital is being operated or if board decisions are being made in the public interest. The hospital's "closed door" policy has resulted in a great deal of distrust and bitterness toward the hospital administration and the boards of directors.

Not only are consumers in Coles County mad, but the doctors are also up in arms. In May, Tullis, then SBLHC's administrator, fired Dr. Ruskin, the hospital's chief pathologist. This was apparently the final straw for the doctors, and they went public with a long list of complaints against the hospital. On May 16th, close to 250 local doctors and supporters gathered around the hospital to demand that: (1) Dr. Ruskin be reinstated; (2) Tullis be fired by SBLHC's Board; (3) doctors be allowed to

elect their own representative to sit on the SBLHC Board; and, (4) an increase in physicians input to the managerial and policy decisions affecting their medical practice and patients. The event was successful in gaining Tullis's resignation; but to date, the other demands remain unresolved.

On May 16th, the CCCHCC mailed letters to the SBLHC Board of Directors expressing concern over the hospital's lack of public accountability; and requesting that the Board's membership be enlarged to include three new members selected by an outside agency, such as the local health planning body, DECCA.

In the following months, CCCHCC has worked closely with concerned citizens such as Cathy Birch, who singlehandedly began a petition drive demanding that the composition of the hospital board be altered and that hospital financial reports be published.

With many area residents questioning SBLHC's "closed door" policy and practices, CCCHCC faces a unique challenge in initiating plans to improve the hospital's accountability to the public.

Seniors Win on Social Security COLA

On April 8th, over 100 seniors came out in Champaign and Danville to celebrate the 50th anniversary of Social Security and the 20th anniversaries of Medicare and Medicaid. The mood, though, was not all of celebration. Seniors came to express their concern and outrage at the Reagan Administration's attempt to make cuts in the Social Security Cost of Living Adjustment (COLA), Medicare and Medicaid. Attending the events to hear the seniors concerns was Representative Terry Bruce.

"Social Security is the heart and soul of the American social system. To allow it to become a pawn in Ronald Reagan's deficit game is a losing strategy for those congresspersons who claim to stand for decency and dignity for all citizens. We call on our representatives to go to the mat for Social Security," said Opel Picketts from Danville.

The events in Danville and Champaign were part of the National Health Campaign sponsored by such national organizations as the United Auto Workers, the National Council of Senior Citizens and the Villers Advocacy Foundation. The national campaign and the local efforts focused on four main issues:

- No cuts, freezes or changes in the Social Security COLA;
- No increase in Medicare premiums or deductibles for Medicare Beneficiaries;
- No cuts in Medicaid;
- No freezes in Medicare reimbursements to physicians without adding the protection of mandatory Medicare Assignment for seniors.

Presented with these four demands, Rep. Terry Bruce pledged to honor each, and to work to gain the support of Senators Simon and Dixon for the measures. Having told Bruce earlier that he "couldn't cut our cake and have it too", the events ended with the presentation of birthday cakes for Social Security, Medicare and Medicaid.

Also as part of the National Health Campaign, seniors in Vermilion, Champaign and Coles County collected hundreds of "birthday cards" from area seniors which were sent to our representatives in Washington. Many seniors added personal notes to the cards, letting their legislators know how cuts in Social Security, Medicare or Medicaid would affect their lives.

One such note read, "Please don't cut us down or freeze us out! It is all we can do now to keep going and have enough to eat, and pay the bills, all hoping no medical bills come along." Another from Clara Greenblau in Champaign was short and to the point, "Your decisions mean life and death to seniors in your district!"

Together with hundreds of thousands of other seniors nationwide, the work of the Coles, Champaign and Vermilion Health Coalitions was successful in turning the tide on the Social Security COLA issue. COLAs were excluded from the budget cuts, as were any direct cuts to Medicare and Medicaid beneficiaries.



CCHCC Board Member Clara Greenblau explains to Rep. Terry Bruce what any cuts in Social Security, Medicare and Medicaid would mean to her.

"Senior citizens have won a major victory in saving the Social Security COLA," exclaimed Vermilion County staff member Patsie Howell. "Senior citizens are beginning to understand that they have power when they work together and that this is just the beginning!"

In the coming months, the health coalitions will focus on local efforts to contain health care costs through Medicare Assign-

ment, as well as state legislation to make dentures affordable. If you'd like to get more involved in the activities in your county contact:

Coles County - Sharon Ager 348-1547
Champaign County - Rebecca Walker 352-6533
Vermilion County - Patsie Howell 431-5118



Champaign Health Coalition member Erma Bridgewater "cutting the cake - not the COLA" at the Coalitions Birthday Celebration for Social Security, Medicare and Medicaid.

DENTURISM: Legislation For Affordable Dentures

Dentures cost a bundle, but this may be changing. Such a change would come from legislation creating significant competition for dentists.

The legislation is the proposed "Illinois Freedom of Choice of Dentures Act." The competition would come from denturists — professionals who specialize in making dentures and do so at costs one-third to one-half of what most dentists presently charge.

Presently, Illinois law allows only dentists to provide dentures. This severely limits the choices of consumers. It also eliminates the option of dentures for anyone who cannot afford the price. As a result, nearly half the people who lack teeth cannot obtain the dentures they need.

The Federal Trade Commission said in 1978, "The current method of denture care delivery in the United States is apparently failing to meet the needs of the edentulous (lacking teeth) population. Approximately 40% of edentulous Americans have ill-fitting or incomplete dentures. 25% of all Americans over age 65 need to have complete upper or lower dentures (or both) con-

structed, either because they have no dentures at all or because the dentures they do have are so ill-fitting as to be beyond repair."

The situation has spurred the Illinois State Council of Senior Citizens' Organizations and the Illinois Public Action Council's Senior Task Force to seek legislation to license and regulate denturists.

According to the State Council, their proposal is "based on 20 years of experience with training and licensing denturists in Canada where there has never been a claim of malpractice or harm."

They also offer reasons besides cost for the Denturist legislation: "A denturist can make the repair on the spot while the patient waits, but a dentist must frequently send the appliance to a laboratory for repairs, causing the patient to go several days without the denture."

The two senior organizations claim, "The Illinois Freedom of Choice of Dentures Act provides a responsible, consumer-oriented solution to the problem of denture care delivery."

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been erroneously named in a malpractice suit.

The Champaign County Health Care Consumers was one of several consumer groups to immediately announce opposition to the proposals. Joining lawyer's organizations, a statewide effort was launched in an effort to stop the doctors. To facilitate this effort, the Illinois Public Action Council established the Health Alliance for Responsible Medicine (HARM), which began organizing the victims of malpractice to demonstrate to legislators that consumers were the real losers under the doctors' proposals.

The main objections from HARM, CCHCC and other consumer organizations were first and foremost that none of the reforms focused on the problem of "malpractice" in terms of monitoring and reprimanding incompetent physicians. Further, despite the doctors' rhetoric, the "reforms" were across the board, failing to focus on the problem of "frivolous" lawsuits, and in most instances, punishing the most victimized patients through the use of "caps" on awards, structuring large payments over time, and abolishing punitive damages.

Working against consumers were the long list of PAC contributions doled out by the Illinois State Medical Society in the '84 election, which assured doctors had the ear of the legislators. But last minute lobbying by HARM and CCHCC members, plus the unwillingness of lawyers' organizations such as the Illinois Trial Lawyers Association to compromise away consumer rights, forced the Illinois State Medical Society to scale back its grand overhaul of malpractice laws.

In the first "compromise" announced by Governor Thompson on May 22, the doctors dropped their call for "caps" on malpractice damages and raised the cut-off for structured payments to \$250,000. In the next two weeks, CCHCC joined other consumer groups in calling for passage of four Consumer Protection Amendments to the doctors' new proposal. These amendments sought to:

- protect our right to a jury trial by limiting the scope and power of the pretrial screening panels;
- protect our benefits and tax dollars by requiring guilty doctors to pay their share of the damages rather than deduct all other sources of payment from the amount of the award;
- protect the most victimized patients by reworking the structured payments so victims who receive large awards are not unduly penalized;
- protect consumers from the few "bad" doctors by retaining the option to assess punitive damages.

In the end, legislators revised the physicians proposal to include three of the four amendments, refusing to adopt only the reinstatement of punitive damages.

⑥ Despite what is generally seen as a setback for consumers, CCHCC and other

consumer groups around the state have begun planning a new offensive to regain the legislative agenda. Focusing on the issue of "quality of care", consumer activists hope to use the coming year to "turn the tide". "Probably one of the more significant, yet unnoticed aspects of the new law was a one year moratorium on any further changes in the state malpractice laws," explained HARM coordinator Adrienne Anderson. "We intend to use this time to strengthen our base and raise the larger issue of 'quality of care'."

Although still in the planning stage, this consumer offensive will most likely focus on four key components:

Victim Protection

A 1983 study by the Rand Corporation found that only 1 out of 10 victims of malpractice ever files a lawsuit. In recent years, the Illinois General Assembly has passed a variety of laws that better protect the rights of crime victims, to ensure they have their "day in court". It's time malpractice victims have similar guarantees if justice is to be served.

Improved Monitoring of Doctors

Even the AMA acknowledges that approximately 5% of the physicians practicing are incompetent. And yet, Illinois takes disciplinary actions against only 1.2 per 1000 practicing physicians. A recent study shows that 6% of physicians are responsible for 30% of malpractice claims. If the malpractice "crisis" is ever to be solved, incompetent doctors need to be put out of business.



CCHCC members Margerite Mays and Ruth Hendricks talk to State Rep. Helen Satterthwaite about the doctors' medical malpractice "reforms" during IPAC's Lobby Day in Springfield.

Access to Qualitative Information

Now that consumer recourse under malpractice laws has been drastically curtailed, it is critical that consumers have access to qualitative information about health providers. Providers already gather qualitative information such as infection rates and rates of death by procedure for every hospital and doctor. Earlier lobbying efforts by the

CONSUMERS - BE ALERT!

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country's health system so that it operates for the benefit of the health consumer. For more information about the People's Medical Society, contact them at: 14 East Minor Street, Emmaus, PA 18049; (215) 967-2136.

The next history-and-physical examination you get may have a new twist. While probing your past and present state of health, your physician also may be examining your legal state of affairs.

Through a new computer service called Physician's Alert, Chicago doctors can call up and determine if their patients have filed malpractice, personal injury or liability suits since 1976. According to an Associated Press story, doctors pay an annual fee of \$150 plus an additional charge for each request. Hospitals can also subscribe to the service - for \$2,500.

Whatever the costs, business must be booming for this malpractice watchdog because the same article revealed that Physician's Alert plans to branch out into other cities. Today, Chicago. Tomorrow, Los Angeles, New York and other metropolitan areas.

Just what does Physician's Alert hope to accomplish? According to the president of the Illinois State Medical Society, "The malpractice situation is so out of control

that an entrepreneur is taking advantage of the outright paranoia about lawsuits among some physicians." He called the need for Physician's Alert "a sad commentary on our times."

Clearly, the real "sad commentary on our times" is that physicians are subscribing to a service that is wholly self-serving, rather than subscribing to the belief that malpractice can best be averted or prevented by policing their own profession and booting out the incompetent practitioners.

Furthermore, through computerized watchdog networking such as this, it's quite possible that a patient who has filed a lawsuit for legitimate reasons in the past may be denied care, turned away at the door.

Services like Physician's Alert underscore to consumers a point many already feel: too many doctors view their pocketbooks first, and their patients second.

Would you want a doctor who screened your legal history before your medical history?

medical profession have kept most of this information hidden from the public. It's time for consumers to demand the "Right To Know" more about the quality of care we're receiving.

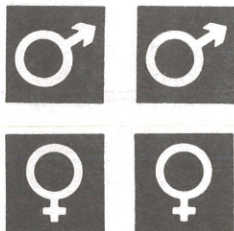
Unnecessary Surgery, Drugs and Medical Procedures

According to a 1981 Congressional report, 30,000 persons die each year in the United States because of unnecessary surgery. Tens of thousands of other Americans are injured by drugs and medical procedures that are unneeded and harmful. As for-profit, corporate health care providers gain a larger share of the market, a growing emphasis will be placed on "marketing" high tech medical care without regard to the possible consequences and harmful side effects. Laws need to be passed to protect consumers from over aggressive marketing strategies.

Overall, consumers need to regain the initiative in the health care field if major consumer reforms are ever to be implemented. A well-developed "quality of care" campaign may provide consumers with just that vehicle.

CCHCC members interested in being kept informed of developments in the "Quality of Care" campaign should call or write the CCHCC office.

A similar version of this article first appeared in Illinois Action, a quarterly publication of the Illinois Public Action Council. The article was written by Michael Doyle, CCHCC Board Member and IPAC Regional Director, who played a vital role in organizing local support to oppose the doctors' malpractice "reforms".



Gay Health Issues Committee Forms

A Gay Health Issues Committee has been organized recently in Champaign-Urbana. The committee, a part of the Gay and Lesbian Illini, was formed to address the health concerns and needs of gay men and women.

The committee's first meeting was held July 16 with six people who shared their ideas and began planning a direction for the group. The committee discussed a variety of issues ranging from the more sensational, such as the AIDS crisis and other STDs (sexually transmitted diseases), to the more commonplace, such as finding competent and sensitive medical care and encouraging everyday health awareness. Individuals on the committee also expressed interest in doing a survey of gay health care needs and resources in the community.

Midwest Academy Retreat - A Gathering For Activists

Something unusual was happening in Chicago early last month, something that went beyond the hundreds of conventions held in the city annually.

That's because when over 1,000 representatives of Citizen Action community groups gathered there for an "annual meeting" Aug. 3, 4, and 5, health care concerns suddenly were a high-priority issue on the national agenda.

Citizen Action is a national umbrella group for organizations working for answers to the problems of rising utility rates, toxic waste dumping, farm foreclosures and health care.

In past years, health care issues took a back seat to the other issues on the agenda. Not this year.

Concerned citizens from all over the country met in workshops to look for answers to health care problems in their communities and to share victories.

The health care workshops, along with all the other issue sessions, were sponsored by the Midwest Academy, a Chicago-based training school for organizers.

CCHCC was recognized for its innovative role in developing the Medicare 100 and Medicare Plus programs. These two programs allow seniors to receive quality medical services at an affordable cost.

In fact, much of the discussion at the Chicago meeting centered on Medicare issues, mainly Medicare assignment.

Medicare assignment occurs when a doctor agrees to charge no more than the amount Medicare sets as reasonable.

However, Medicare assignment is not the only issue Citizen Action has tackled. Several workshops focused on developing and implementing a National Health Care Campaign. The principle behind the campaign is simple.

Others interested in working with the committee are encouraged to get involved. "We want to know the concerns of others and hear their ideas," said Ellis Rose, committee chairperson. "We're trying to find interested people and get this moving. We hope that more men and women will become involved and encourage help from people both inside and outside the University."

Those interested in the Gay Health Issues Committee can write to: Health Issues Committee, Gay and Lesbian Illini Office, 270 Illini Union, 1401 W. Green St., Urbana. Information on the committee can also be obtained through the Gay and Lesbian Switchboard (384-8040) 7:00 PM to 10:00 PM Monday through Friday.

The National Health Care Campaign will develop a unifying theme. This theme will empower health care consumers giving them strength in numbers throughout the country. The campaign will also provide a communication link between local health care groups on their struggles within their communities as well as the overall battle on the national level.

The campaign will address issues such as the need for Medicare assignment, expanded Medicare benefits for items such as eye glasses, chiropractic and foot doctor services.

Other issues will include prenatal care, patient dumping from for-profit hospitals to not-for profit hospitals and health care cost containment.

Unity means victory

In addition to concern over health care, the Midwest Academy's annual retreat also pointed up the need for unity, the concept that we must all join hands and fight for our rights, no matter the issue.

The conference was attended by Cynthia Ward and Rebecca Walker from the CCHCC staff along with CCHCC members Mamie Smith, Ruth Hendricks and Margerite Mays.

Ms. Mays was surprised by the number of local and state organizations working on the issues.

"I didn't know (about the strength of the national movement)," she said. "I thought the conference was a real good, friendly, get-together. I met a lot of people. It was very educational and I learned a lot about Medicare."

Mays was in agreement with the Rev. Jesse Jackson, who reminded the group of its strength in numbers.

There are those, Rev. Jackson said, who call all of our concerns special interest. Health care rights become special interest; women's rights, special interest; labor's rights, special interest.

"Hey, y'all, all these minorities, together we are the new majority," Jackson proclaimed to a cheering crowd.

"That's right," Ms. Mays later agreed. "Together we will be heard."

In the coming weeks and months in Champaign County there will be a continued effort to recruit more people into our ranks. There will be membership drives for Medicare 100 and Medicare Plus. There will be an effort to better address the concerns of all health care consumers, especially seniors since this group is one of the largest health care consumer segments of American society. Both seniors involved in the two Medicare programs and those who are not, can come together to address the problems of our older citizens. We must always remember, together we are strong, we will be heard. And, finally, we will vote!

CCHCC Membership Drive a Success

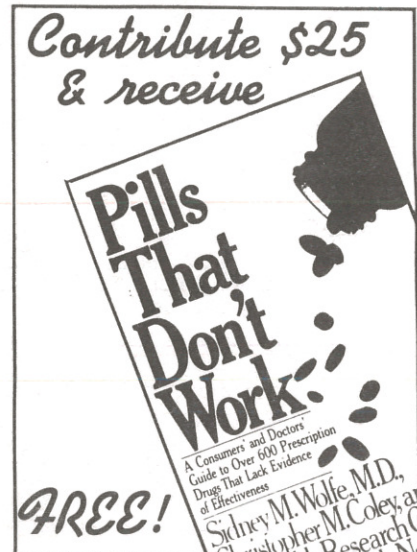
We wrote you in June saying we were in "urgent need of your support." Within days the checks were pouring in.

So far, we've received over \$3,700 in membership contributions, making this the most successful membership drive in CCHCC's history! More people contributed, with more generous contributions, than in any previous year.

We received so many \$25 contributions that we had to ask Dr. Quentin Young and the Health Research Group to send us another shipment of our \$25 membership contribution bonus, "Pills That Don't Work."

Your tremendous response to our appeal for support has helped place CCHCC back on solid financial footing. Perhaps even more importantly, it has reemphasized the support that exists for our organizational goals and direction.

We want to thank each and every one of our members who responded so promptly and generously to our appeal. For our members who have not yet contributed, we still need your support, and ask that you contribute today. For your convenience, a membership form is included below.



Sonograms *Con't from pg. 3*

technicians lacking sufficient expertise to evaluate what they are seeing take longer to conduct the evaluation.

The primary question of the sonogram controversy is not whether sonogram examinations should be stopped altogether. Although research has raised questions about the safety of sonograms, many of these results are inconclusive. For some conditions in pregnancy, the benefits of ultrasound seem to outweigh the potential risks. At the heart of the controversy is where to draw the line; when does one determine that the potential risk is greater than the potential benefit? And, who is involved in making this decision?

Of concern to health activists around the country is the extent to which sonograms are becoming a routine part of prenatal care; the extent to which women are being deceived about the safety of sonograms; and hence excluded from the decision of whether or not to have a sonogram.

The Federal Drug Administration (FDA), the American Medical Association (AMA), and the American College of Obstetricians and Gynecologists (ACOG) have all issued statements concluding that ultrasound examinations should not be used routinely during pregnancy. The most detailed and accepted standard of practice for ultrasound examinations was developed by a panel consisting primarily of obstetricians and radiologists appointed by the National Institute of Health (NIH). In a report released in February, 1984, the panel recommended that ultrasound be prescribed only when one of 27 pregnancy-related medical problems or indications exist.

As a representative of one consumer group put it, that indication is "big enough to drive a truck through" because so many women are unsure of the date of their last menstrual period. At a press conference to announce the release of the report, panel members did agree that a two or three week discrepancy in dates was needed to warrant an ultrasound examination. This qualification was not, however, then added to

the report.

The panel also issued a standard of practice for patient education and involvement in ultrasound examinations. They recommended that, "prior to an ultrasound examination, patients should be informed of the clinical indications for ultrasound, specific benefits, potential risk, and alternatives, if any. In addition, the patient should be supplied with information about the exposure time and intensity, if requested. A written form may expedite this process in some cases. Patient access to educational materials regarding ultrasound is strongly encouraged."

While the NIH report tells physicians what to do, the AMA and the FDA took the sad, but more realistic approach, of telling physicians what not to do. They have recommended that inquiries regarding the safety of ultrasound should not be met with assurances of safety.

So how have the findings of these distinguished professional bodies actually impacted the practice of physicians? It appears that despite the recommendations, and despite the numerous studies raising questions about the safety of ultrasound examinations, most physicians are sold on them, and are selling them without adequate warning to American women.

CORRECTION:

As was reported in the last newsletter, Medicare 100/Plus members now can receive a discount on prescription drugs.

However, Baker Illini Pharmacies at 77 E. University Ave. in Champaign was not included in that announcement.

To quickly refresh Medicare 100/Plus members' memories, the discount drug program is conducted through the Baker firm, The Medicine Shoppe at 1607 S. Prospect Ave in Champaign and Jerry's IGA at 2010 Philo Road in Urbana.

The program provides that Medicare 100/Plus members receive their prescription drugs at \$1 over wholesale price. Over the counter drugs are provided at a five percent discount and there is free delivery of prescription drugs in Champaign and Urbana.

Join CCHCC Today!

- () \$25 - Please send me a free copy of **Pills That Don't Work**
- () \$15 - Regular Membership
- () \$8 - Senior Citizen and Low Income Membership
- () \$75 - Sustaining Member

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