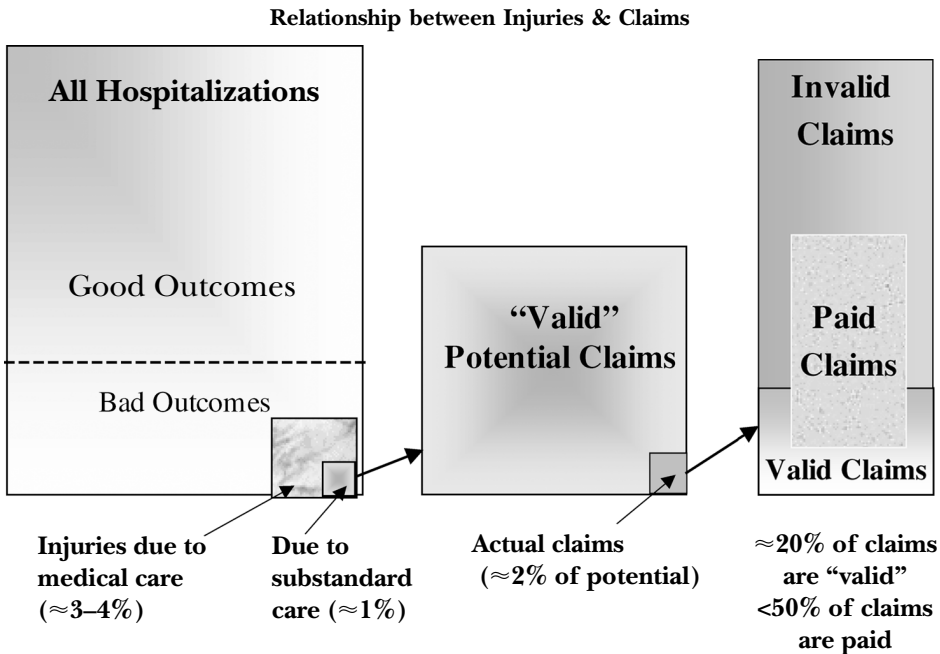


9. *Piecing It All Together.* Based on the data and concepts discussed in these notes, Randall Bovbjerg has created the following diagram, adapted from an earlier version by Don Harper Mills (who ran the California study). The diagram is conceptual, not to scale, but it provides some rough scope for the issues addressed throughout this chapter.



Note: Diagram scale is only approximate.

In any medical encounter, there is a considerable chance of a disappointing outcome. However, most of these poor results are the unavoidable consequence of the disease itself and the inherent limits of medical science. Of all hospital admissions, only about 4 percent involve an injury caused by medical treatment. Of these, only about one-fourth (1 percent of the total) are the result of substandard care. Only about 2 percent of negligent injuries result in claims being filed with insurers. In part, this is because the great majority of these injuries are temporary or minor. Surprisingly, however, most claims are for injuries not caused by negligence. Less than half of all claims result in payment, usually through settlement.

10. *Looking Ahead.* The next reading considers the full range of possible legal responses that are available for medical mistakes and other deficiencies in the quality of health care delivery. As you read it, consider which responses are appropriate for which types of mistakes, and how malpractice suits compare with other types of legal oversight.