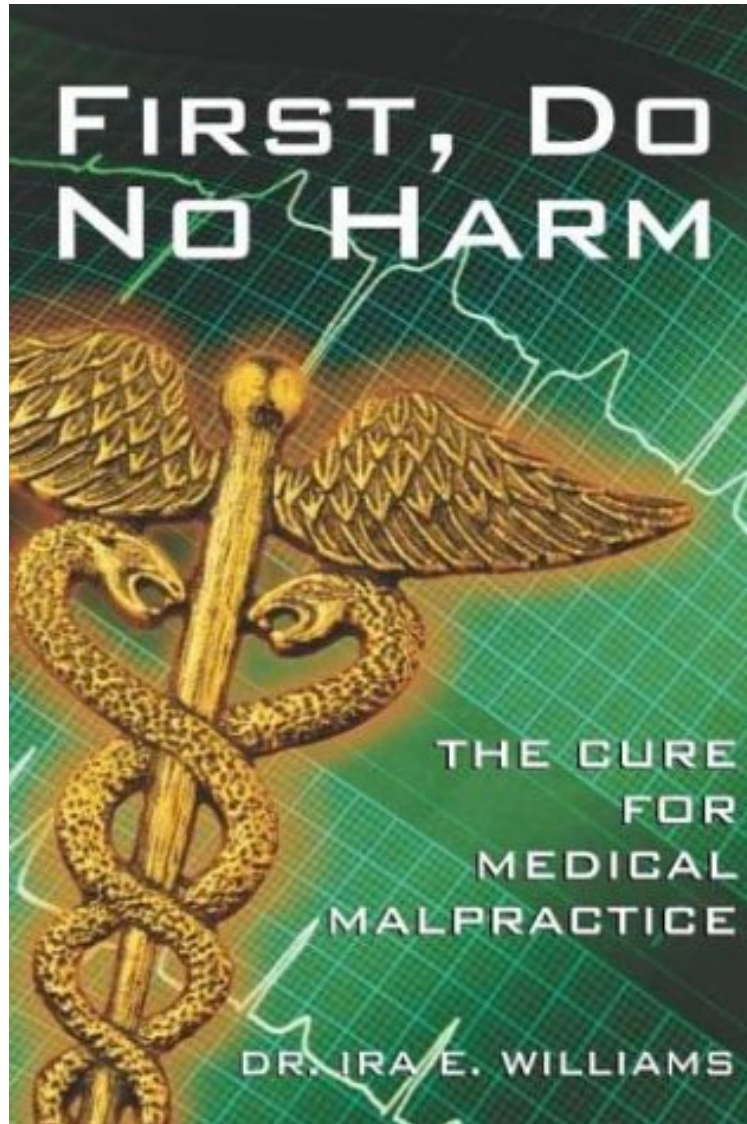


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## First, Do No Harm: The Cure For Medical Malpractice

*Ira E. Williams*

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**Ira E. Williams : First, Do No Harm: The Cure For Medical Malpractice** before purchasing it in order to gage whether or not it would be worth my time, and all praised First, Do No Harm: The Cure For Medical Malpractice:

2 of 4 people found the following review helpful. A "must-read" for anyone involved in the medical industryBy Midwest Book ReviewIn the modern-day America, twice as many people are killed by medical error as die in traffic accidents. Dr. Ira E. Williams, a medical professional and oral surgeon of 40 years' experience, warns of the many failings of today's system of medical practice regulation in First, Do No Harm: The Cure For Medical Malpractice.

Addressing the skyrocketing cost of malpractice lawsuits, the questionable validity of relying upon the courts and the legal profession to set standards for medicine, the limitations of peer review, and stressing that medical negligence is not just the work of a few "bad apples" but a pathology that can affect any doctor, as all medical practitioners are themselves fallible human beings, *First, Do No Harm* is a riveting revelation of a severe social problem. *First, Do No Harm* goes beyond pointing out the injury, however; it offers viable strategies for improving national health care, including drawing from the positive examples in veteran's hospitals and promoting increased self-regulation. An absolute "must-read" for anyone involved in the medical industry today, whether as a practitioner or a patient.<sup>5</sup> of 8 people found the following review helpful. Ignorant and Arrogant By Dr. Susan G. Van Pelt I was very disappointed by this book as it really has nothing new. Identified on the cover as "Dr. Ira E. Williams," the author is a DDS oral/maxillofacial surgeon who has obviously had "turf wars" with MD head and neck surgeons, and seems to have a lot of sour grapes. It is clear to Dr. Williams that he is the superior surgeon, and if he had been consulted could have solved most of the MDs' mistakes. He complained to the local Peer Review Organization about some of his colleagues, and they gave the opinion there was "no substandard care." He concludes that peer organizations have no teeth, and are run by good old boys more concerned with protecting their buddies than in good patient care. In fact, peer review organizations I have been involved in operate almost exactly like the IRPR he ends up recommending in his last chapter, and are staffed by diligent, caring people who honestly want the best for patients, though usually are less arrogant about being sure their approach is the only right one. Meanwhile, he ignores or belittles new approaches (like the aviation model) that actually stand likely to reduce the frightening statistics on medical errors. He gives his prejudice away on page 138 when he states "...the only solution is to identify, control, and discipline negligent practitioners," ignoring the fact that most errors are committed by competent, careful, and up-to-date doctors who are not perfect. Chastising people again and again to never make a mistake and punishing them when they do can never create faultless people, but has created the defensive-medicine mess we're in today. This book promised a new idea, but really doesn't offer any advice except to try harder and stop whining.<sup>1</sup> of 2 people found the following review helpful. *First, Do No Harm. The Cure for Medical Malpractice* By D. Konz This book really drives home the issues associated with the "dark side" of healthcare. Whether you term the issue medical negligence or malpractice, it's real and this book does a good job of discussing the subject. The use of real-life examples is excellent. Dr. Williams' practical, no-nonsense approach would seem to go a long way in solving medical malpractice. This book was quite interesting and a quick read.

In Hawaii, in 2001, a surgeon operated on a man to stabilize a disc injury in his spine. The titanium rod he needed to insert was not available in the operating room, so he reached for a nearby screwdriver, stuck it in the man's back, and sewed up the incision. Two days later, the screwdriver broke and the wound opened. After three more attempts by the surgeon to remedy the situation, the patient was left a bedridden, incontinent paraplegic. Soon after, he died. The issue of medical malpractice will not go away. In fact, in the years ahead, the problem and the number of proposed remedies will grow. Nationwide, doctors and other healthcare practitioners are leaving private practice, especially in high-risk areas where malpractice insurance premiums have skyrocketed. Rural hospitals are closing their doors; urban hospitals have difficulty staffing emergency rooms. And yet, organized medicine cannot testify to what it is doing to mitigate the situation. Instead, it hides behind the robes of a judge. Medicine's primary answer to a patient who questions an unacceptable outcome is, "Sue or forget it." This important book offers a radical, yet practical, prescription to remedy the primary cause of medical negligence in America. The cure is simple, inexpensive, and workable. It will enable hospital medical staffs to evaluate a practitioner's capabilities; it will restore community confidence in the medical profession; and it will be effective, in most cases, without the need for attorneys, judges, or juries. Medical malpractice can be cured. This book tells how.

From *The New England Journal of Medicine* Some specialty areas of medicine are again facing the problem of obtaining affordable liability insurance for medical negligence. Most medical providers and liability insurers blame the problem on plaintiffs' lawyers and wayward juries, whereas consumer groups and the plaintiffs' lawyers blame medical negligence and problems associated with business cycles in the insurance industry. Dr. Ira E. Williams, a board-certified oral and maxillofacial surgeon and dental anesthesiologist, has written a thoughtful book about medical negligence and malpractice litigation. He has outlined a plan to alleviate it. Ideas in the book deserve serious consideration. There is a catch, however. Doctors will have to consider the book's premises, which will fly in the face of the current attitudes of many doctors. For instance, Williams writes, "The great increase in medical malpractice suits has not been caused by a 'litigious' society, rapacious attorneys, inadequate liability caps or greedy patients. Negligent medical care happens, and since almost no regulation of medical negligence occurs within the profession, the courts are the only recourse a harmed patient has." Furthermore, he states, "Tort reforms, past, present, and future, will continue to tip the scales of justice in favor of the doctor and against the patient." And, "The AMA [American Medical Association] Litigation Center is seeking to curb the effect of expert witnesses who would try to upgrade a standard of care." *First, Do No Harm*, a reader-friendly book, does not adequately document these premises.

Nevertheless, various empirical-research studies published in reputable peer-reviewed journals are consistent with the general theme of the premises. Williams's proposed solution for reducing medical errors is to develop what he calls Individual Responsibility Peer , which places responsibility on the individual practitioner for self-regulation. He asserts that a line can be drawn between an iatrogenic outcome and negligence. In the individual-responsibility scheme, each medical practitioner "should create and utilize a current and acceptable standard of care for each procedure within his or her scope of practice." When bad outcomes occur, a committee of peers who truly act as neutral reviewers should assess the steps that were taken in the particular case and compare them with the protocol. The scheme is likened to the checklists that airplane pilots follow before starting the engines. Undoubtedly, detractors will say, justifiably, that medical treatment is more complicated and variable than flying a plane and that the development of a protocol for each medical treatment is impractical in terms of the time and details that would be required. Questions will arise about how to implement true peer review and about the willingness of doctors to sanction their colleagues. Most important is the issue of how the protocols and peer-review findings could be protected from use in legal proceedings. These are some of the serious problems with Williams's proposal, but they are not necessarily fatal to it. One of the largely ignored findings of the Harvard Medical Malpractice Study is that, although most physicians who responded to a survey were willing to admit that all doctors make mistakes, they were often unwilling to label substandard care the result of negligence. First, Do No Harm confronts this view head-on and proposes a way to start thinking seriously about how to reduce medical errors and maybe even the amount of malpractice litigation. Neil Vidmar, Ph.D. Copyright 2005 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. "The author's approach [to medical malpractice reform] is noteworthy. An interesting read... Thought-provoking." -- Doody's Book Service, July 2004 Williams's solution is one that, if reason should prevail, might be worth a careful look. -- Library Journal, June 15, 2004, p. 90

About the Author Dr. Ira E. Williams has been a medical professional for more than 40 years. A board-certified oral and maxillofacial surgeon and dental anesthesiologist, he served as chairman of the dental department and a member of the medical staff executive committee at Methodist Hospital in Madison, Wisconsin, for several years. Dr. Williams also was a clinical instructor in the ear, nose, and throat and plastic surgery departments at the University of Wisconsin Medical School and Hospital for five years. In 1970, He organized the first one-week surgical refresher course "mini-residency" ever held in oral and maxillofacial surgery. This ground-breaking endeavor was conducted at Methodist Hospital by one of the foremost pioneers in that field. Practicing oral surgeons from five states participated in advanced surgical correction of jaw deformities for several patients over five days. The mini-residency method of advanced training for practicing surgeons subsequently became a common event in oral and maxillofacial surgery throughout the country. Dr. Williams medical career and volunteer work with cancer organizations and with the prison fellowship have given him deep insights into human mental and physical healthcare needs. He retired from private practice in 1990 and now makes his home in South Carolina, where he continues his volunteer service.