



Editorial

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Editor, Hawaii Medical Journal

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Our manuscripts this month deal with medical problems.

Problems include those reviewed by the Medical Claim Conciliation Panel, the issue of Box Jellyfish in Waikiki, and a "pseudo-pseudo" problem.

While attending the risk management seminar sponsored by the Hawaii Association of Physicians for Indemnification (HAPI), I heard the views of two attorneys with a great deal of experience – Edmond Burke, Esq., specializing in medical malpractice, and L. Richard Fried, Jr., Esq., representing "the other side," i.e. the plaintiffs in medical malpractice. Their full presentations were originally printed in the Hawaii Bar Journal in August 2000, and are here reprinted for our readers, with permission of the Hawaii Bar Journal. If, after reading these manuscripts, you have the inclination and interest to serve on the Panel, I am sure that Ed Burke and Rick Fried would be happy to give you further information. The Medical Claims Conciliation Panel can use more medical assistance.

The second paper concerns the problems of box jellyfish stings in Hawaii. The authors emphasized their study does not pertain to Portuguese Man of War, but to Box Jellyfish. Hot packs appear to help the stings somewhat; cold packs probably do not help much; and the authors actually prefer spraying the Box Jellyfish stings with vinegar. Corollary question is why do the jellyfish appear on the 9th or 10th day after the full moon, and only on the leeward shore of Oahu, especially Waikiki Beach?

Craig Thomas MD and Susan Scott RN should be familiar to our readers. Craig is an Emergency Room physician, and Susan is the Marine Science writer for the Honolulu Star-Bulletin. They are authors of All Stings Considered - First Aid and Medical Treatment of Hawaii's Marine Injuries, reviewed in the Hawaii Medical Journal in November 1997.¹ Craig and Susan also have authored Pests of Paradise and Poisonous Plants of Paradise. This troika should be in every physician's office, first aid station, school nurse's office, and hospital emergency room in the state.

Pseudo-pseudo conditions in medicine usually present interesting problems. Robert Jim MD, presents a brief case report of a fictitious platelet clumping due to a delay in preparation of a blood smear. The Journal thanks Dr. Jim for his many contributions to the Journal, and to the publications committee of the Hawaii Medical Association.

Reference

1. Goldstein N. All Stings Considered: First Aid and Medical Treatment for Hawaii's Marine Injuries, Book Review Haw Med Journal v 56, 309 Nov 97.



Special Contribution

Risk Management
The Medical Claim Conciliation Panel

A Defense Prospective
by Edmund Burke, Esq.

And

A Claimant's View
by L. Richard Fried, Jr., Esq.

Editors note:

In the March issue of the Journal, we had two manuscripts written by physicians who were also attorneys, S.Y. Tan and Terry Shintani.

The authors of the following two manuscripts are attorneys, not physicians, but they know physicians and medicine and the legal problems of medicine.

A DEFENSE PROSPECTIVE by Edmund Burke

When I first heard of the MCCP legislation in 1976, my reaction was absolutely negative. The idea of proceeding to a hearing of potentially complex issues of medical negligence with no discovery, no rules of evidence, and no binding result bordered on the ridiculous. The original hearings were almost traumatic involving such no-no's from trial practice as asking the opposing witnesses questions when you did not know the answer, listening to all kinds of hearsay on hearsay, and being confronted with written reports from opposing experts with no chance of cross examination. However, even without the rudimentary safeguards and procedures from a regular trial, it became evident that the basic facts of each case were placed on the table. The essentials of a case that would take 2 to 3 weeks to unfold before the jury were placed before the Panel in 3 to 4 hours. The give and take, comments, and questions from Panel members usually got to the heart of the matter and the decisions seemed to have a rational basis whether you agreed with them or not.

After watching this process through several cases, it soon became evident to me that many cases were being eliminated at the MCCP level and were not proceeding to suit. Most of the terminations were plaintiffs electing not to proceed to suit following an MCCP hearing. In some instances, the defense became convinced the case was a probable loser and settled. As a result of considerable experience in the process during the first year of operation, I was converted from a negative skeptic to a believer that the panel process did effectively

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Until there's a cure, there's the American Diabetes Association.