Medical liability reform:
The future of our specialty rests with us

By John M. Gibbons Jr, MD
ACOG President

As 2004 begins, we are confronted with a predicament that few of us would have imagined. The medical liability crisis gets worse by the minute, threatening not only today’s ob-gyns, but also the future of our specialty.

I am devoting my year as president of ACOG to stressing the consequences of this crisis and doing everything I can to direct the energies and resources of the College toward its solution. As I travel across the country, conversations with Fellows in every practice setting in every state are focused on the problem of runaway premiums. We must win this fight.

I have learned that success is often measured in baby steps. We’ve had a few victories in state legislatures, and we’ve made some progress in Congress. But we’re far from a national solution to what has become a national problem. We must win this fight.

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“"We will not quit until the job is done. And we will not rely on anyone else to do it for us.""

We cannot expect that any other group will look after our interests. We will always be a valuable ally and a willing, cooperative partner, but we understand clearly that our future is our fight.

Backing our top priority with strongest possible initiatives
Medical liability reform will remain ACOG’s top priority. This crisis is crushing our specialty and depriving our patients of their doctors. We have made great strides in the last two years, moving this issue forward with members of Congress, with President Bush, and with the American people. But the goal is far down the field. We must redouble our efforts and bring new and powerful weapons to the struggle.

Only a handful of votes stand between us and victory in the US Senate, and we have an important opportunity in the number of seats up for election. So ACOG has taken two new initiatives designed to give us strategic capabilities that we lacked before.

New partnerships amplify effectiveness of College efforts
First, the College has joined the Alliance of Specialty Medicine, a strong coalition of 14 societies representing more than 200,000 physician specialists, dedicated to achieving...
Patient education and counseling have always been a part of ob-gyn practice. How should ob-gyns respond to the patient who requests a specific surgery or medical treatment? In Committee Opinion 289, *Surgery and Patient Choice: The Ethics of Decision Making*, issued November 2003, ACOG’s Committee on Ethics provided Fellows with an ethical framework for addressing such requests. The committee used elective cesarean delivery only as an example of how this process could work.

Following the publication of that document, patients and Fellows have been confused by reports suggesting that ACOG is promoting elective cesarean delivery. This is not the case. In fact, the Committee Opinion stated that in the absence of significant data on the risks and benefits of cesarean delivery, the burden of proof should fall on those who are advocates for elective cesarean delivery.

The issue of elective cesarean delivery has been of interest to the Committee on Obstetric Practice. At its November 2003 meeting, the committee reiterated its position that thoughtful and cogent arguments have been made on the potential risks and benefits of elective cesarean delivery. However, on the basis of ethical and medical arguments as well as the health care cost to society, the Committee on Obstetric Practice maintains that cesarean delivery should be performed only for acceptable clinical indications.

The purpose of Committee Opinion 289 is to give Fellows an ethical framework for responding to patient requests for care. It does not reflect new guidance on elective cesarean delivery.

Stanley Zinberg, MD, MS, FACOG
Vice President, Practice Activities

ACOG’s 27-page booklet, *What to Do If You Are Sued*, is a concise, easy-to-read explanation of the entire litigation process—from knowing how to recognize signs of a potential lawsuit to understanding how to be an effective witness at trial.

The booklet has recently been reprinted and now includes ACOG’s Qualifications for the Physician Expert Witness.

Submit your nomination for national office

**Timetable for election of national officers**

- **February**: ACOG sends letter outlining nomination process to Fellows
- **March**: Candidates are announced on the ACOG and district websites
- **April 1**: Nominations deadline
- **May 5**: Committee on Nominations interviews candidates at the ACM in Philadelphia
- **July**: Personal statements and brief bios of candidates are published in *ACOG Today* and on the ACOG and district websites
- **Fall**: Candidates are discussed at Annual District Meetings
- **November**: Committee on Nominations selects slate of candidates
- **February 2005**: Executive Board receives and accepts final slate
- **March**: Slate and proxy ballot are mailed for use by Fellows who do not plan to attend Annual Business Meeting
- **May 9**: Slate voted on at 2005 Annual Business Meeting in San Francisco

All voting members of ACOG will receive a letter from ACOG later this month, outlining the process for nominating national officers.

**Participation in national, district, or section activities is an important prerequisite to serving as a national officer.**

**April 1 deadline**

Individuals may nominate themselves or someone else; ACOG districts and sections also may nominate individuals. Nominations for the offices of president elect, vice president, assistant secretary, or Fellow-at-Large (restricted to qualified applicants for a two-year term) must be submitted by April 1 and contain the following:

1. A letter stating the office(s) of interest
2. A one-page CV in a specified format
3. A complete CV

Candidates must be prepared to make a presentation about their qualifications for office at the National Officer Candidates Forum on May 5 during the Annual Clinical Meeting in Philadelphia.
Live telesurgery session to be offered at ACM

Don’t miss a “first-of-its-kind” telesurgery session to be presented at the Annual Clinical Meeting in Philadelphia. At a live telesurgery session offered Tuesday morning, May 4, course attendees will watch three different surgical procedures being performed at two different sites:

- **Tension-free vaginal tape procedure:**
  Vincent R. Lucente, MD, MBA, will demonstrate the original retropubic transvaginal approach to TVT. He will be performing the procedure at a hospital in Allentown, PA.

- **Laparoscopic total hysterectomy:**
  At a hospital in Chicago, Andrew I. Brill, MD, will demonstrate a laparoscopic supracervical hysterectomy for symptomatic uterine fibroids. He will use electrosurgical and mechanical dissection up to the uterine vasculature, followed by ultrasonic amputation and electromechanical morcellation for complete removal from the abdominal cavity.

- **Tension-free vaginal tape—obturator procedure:**
  Dr. Lucente will perform this unique inside-to-outside obturator approach to TVT.

  “Individuals attending the session will be able to ask questions of the surgeons in real time,” says Russell R. Snyder, MD, Scientific Program chair. “This session is an opportunity for ob-gyns to receive education on some state-of-the-art procedures in a way that’s second only to being scrubbed up and in the surgical suite.”

  The telesurgery session, scheduled for 8–11:30 am, is offered at no additional charge to ACM registrants. The course has limited seating, however, so tickets are required, and individuals must register in advance.

  “We’re very excited about offering this ground-breaking approach to education at the ACM,” Dr. Snyder comments. “This format demonstrates how advances in instructional technology can interact with advances in the specialty in making CME come alive.”

The ACM in Philadelphia: be part of it

**May 1–5, 2004**

Registration deadline for early-bird discount: March 26

Make course selection easy by registering online: <www.acog.org/acm2004>

- Registering online is the easiest way to select courses, because when you choose a course, you know immediately if it is available, so there is no need to list second and third choices.
- Philadelphia hotel reservations can also be made on the ACM website: <www.acog.org/acm2004>.
- ACM preliminary programs have been mailed to members who have attended an ACM in the last four years. If you have not attended an ACM in the last four years and would like to receive a printed copy of the preliminary program, please email your request to acm@acog.org.
Mark your calendar for the ACM: May 1–5

Junior Fellow program at ACM announced

Join your colleagues from across the country at the Annual Clinical Meeting. Be sure to stop by the Junior Fellow section of the ACOG booth in the exhibit hall, Monday–Wednesday.

Monday, May 3
› Medical Student Reception • 5:30–6:30 pm • Philadelphia Marriott

Tuesday, May 4
› Junior Fellow Business Meeting • 7–9 am • Philadelphia Marriott
   Join your Junior Fellow colleagues for a complimentary breakfast and a great opportunity to share challenges and ideas
› Stump the Professors • 9:30–11 am • Pennsylvania Convention Center
› CREOG Luncheon • 12:15–2 pm • Philadelphia Marriott
   Professionalism: From Hippocrates to the RRC and into the Future
   Presented by Peter A. Schwartz, MD, Reading Hospital and Medical Center, West Reading, PA

The registration fee for the CREOG luncheon is $40. Please register for the luncheon when you fill out your advance registration form for the ACM. Your ticket(s) will be in your ACOG registration packet.

Get involved—run for office!

Nominations sought for Junior Fellow district officers

There’s no better time than the present to be an active leader and an energetic voice for Junior Fellows in your district. Every year each district elects a Junior Fellow district vice chair and district secretary/treasurer. Junior Fellow vice chairs progress to chair after one year; after a year as chair they continue to serve as immediate past chair (for a total commitment of three years of service).

If you are interested in an office or in nominating someone else, contact Bethany Snyder at 800-673-8444, ext 2532; 202-863-2532; or bsnyder@acog.org. For more nominations information, go to the member-access side of ACOG’s website at www.acog.org and click on “Junior Fellows” in the column on the right.

Qualifications for Junior Fellow district officers

Vice chair
› Junior Fellow member of the district (but may become a Fellow during term of office)
› History of service to ACOG at section, district, or national level as an officer or committee/task force member
› Able to attend required national and district meetings (about three per year)

Secretary/treasurer
› Junior Fellow member of the district

Process for submitting nominations
Send 10 copies of the following:
› Letter stating the office you are seeking
› One-page summary of your CV in a specified format (see Junior Fellow website)
› Complete CV

Where to send nominations:
ACOG Department of Junior Fellow Services
409 12th St, SW
Washington, DC 20024
Email: bsnyder@acog.org

Schedule
May 1: Nominations due
May: District Nominating Committee develops slate of up to three candidates for each office
Jul: Junior Fellows receive ballots
Aug 31: Ballots due
Annual District Meetings: Elected officers installed

Rates drop on loans for residents

Good news for residents and fellows in training! Interest rates on loans from ACOG have gone down, while the maximum amount that can be borrowed has increased to $10,000.

T onya Smith: 800-673-8444, ext 2595; email tsmith@acog.org

Deadline to submit names is May 1

Rates drop on loans for residents

Good news for residents and fellows in training! Interest rates on loans from ACOG have gone down, while the maximum amount that can be borrowed has gone up.

The ACOG HELP loan is now available at 4.5% interest, and the maximum loan amount has increased to $10,000.

info
› Tonya Smith: 800-673-8444, ext 2595; email tsmith@acog.org

See page 3 for registration details.

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The AMA Young Physicians Section met in December in Hawaii. There were 59 credentialed delegates from across the country, in addition to many alternate delegates and guests. Some of the more interesting issues debated included changing the definition of a young physician (to enable greater section participation) and establishing guidelines for expert witnesses.

**Expert witness behavior addressed**

The following are some of the guidelines for expert witnesses adopted by the YPS:

1. The physician expert witness should testify fairly and honestly about the medical information in the case and should apply the same standards of fairness and honesty if called on to draw an inference or state an opinion based on the facts of the case.
2. The physician expert witness should be prepared to distinguish between actual negligence and an unfortunate medical outcome.
3. The physician expert witness should review the standards of practice prevailing at the time of the alleged occurrence.
4. The physician expert witness should be prepared to state whether the basis of his or her testimony or opinion is personal experience, specific clinical references, evidence-based guidelines, or a generally accepted opinion in the specialty.
5. Compensation of the physician expert witness should be reasonable and commensurate with the time and effort given to preparing for deposition and court appearance; it is unethical for a physician expert witness to link compensation to the outcome of a case.
6. The physician expert witness is ethically and legally obligated to tell the truth; transcripts of depositions and courtroom testimony may be public records and subject to independent peer reviews; failure to provide truthful testimony may expose the physician expert witness to sanctions and liability.

**ACOG urged AMA to adopt resolution on medical liability reform strategy**

The House of Delegates also addressed medical liability issues, and ACOG’s delegation to the House focused much of its activity on tort reform.

Along with 22 other specialty societies, late last fall ACOG had been supporting a tactic suggested by the US Senate leadership: incremental legislative reform, meaning legislation addressing just one specialty at first, with the eventual goal of professional liability reform for all physicians.

A resolution was introduced in the House of Delegates that would have resulted in the AMA’s never pursuing specialty-specific legislation. After much debate and consensus building, the House approved a resolution that the AMA “not pursue federal medical liability reform legislation that would divide or diminish the voice of the House of Medicine.” This language allows the AMA Board of Trustees and legislative staff to be flexible in determining which medical liability reform strategy to pursue.

**YPS shortens semiannual sessions, allows premeeting commentary online**

One significant change occurred in the way the YPS meeting was conducted. The meeting duration was shortened. Participants and interested young physicians unable to attend could provide commentary regarding each of the resolutions before the meeting. The online commentary served as the basis of discussion during one day of deliberations, and thus all of the policy development occurred in one day. This approach enables young physicians to be more effective in influencing House of Delegates policy, because it affords them more time to participate in state and specialty-society caucuses.

The House of Delegates considered a number of other issues of importance to young physicians, including the following:

- US physician shortage
- Solutions to medical student debt
- Preservation of the National Residency Match Program
- Direct-to-consumer advertising
- Misuse of DEA registration numbers
- Grants to serve medically underserved areas
- Improving regional preparedness and response to terrorism and disaster
- Vaccine safety

If anyone is interested in participating in policy development or has any issues for the AMA to pursue, please don’t hesitate to contact me.

*Dr. Tracy: eetracy@partners.org*
fitness as good or excellent. Most also get regular breast
and cervical cancer screening.

Noting that the survey respondents also rate obesity
and heart disease as the top concerns they had for
their patients’ health, ACOG President Elect Vivian M.
Dickerson, MD, adds, “The challenge now is to transfer
our knowledge and healthy behavior to more of our
patients.”

Survey addresses a range of issues
“ACOG was curious to see what its female members
believe about key women’s health issues and how they
maintain their own health,” notes Luella Klein, MD,
ACOG vice president of women’s health issues.
She and ACOG Fellows Laura E. Riley, MD, and
Sharon B. Mass, MD, joined Dr. Dickerson to
discuss results with journalists.

“Female ob-gyns were asked their views on a number
of topics, from their preferred exercise regimen to whether
they took hormone therapy during menopause. Their
responses gave journalists a unique perspective on the
health and lifestyle issues facing their women readers
today,” says Penny Murphy, ACOG’s director of
communications.

Diet and supplements play a role
Most female ob-gyns report eating a healthy diet, with
40% saying their diet is very healthy and 52% saying it
is somewhat healthy. Two-thirds (68%) say their weight
is about right. Twenty-six percent say they are slightly
overweight, and only 3% describe themselves as very
overweight. In contrast, the CDC estimates that about
65% of Americans are either overweight (generally,
up to 30 pounds overweight) or obese
(overweight by 30 or more pounds).

More than half (55%) of the female ob-gyns take a
daily multivitamin. Forty-four percent take a calcium
supplement daily, although 68% of women age 48
and over do so. “We still have a way to go in modeling and
encouraging life-long, adequate calcium intake,” says
Dr. Dickerson.

Score card on screening
As might be expected, women ob-gyns were more likely
than women in the general US population to have been
screened recently for cervical or breast cancer.

Ninety percent of women ob-gyns have had a Pap
test within the past two years.

Among female ob-gyns age 48 and over, 73% have
had a mammogram in the past year. Eighty-six percent
had one within the past 2 years—compared with 70%
of women age 40 and older in the general US population.

Fewer women ob-gyns report they ever had certain
colorectal cancer screening tests, however. Only 6%
overall have ever had a sigmoidoscopy. Thirteen percent
overall have had a colonoscopy, although this increased
to 39% among women age 48 and over. About 60%
of the eligible US population is never screened for
colorectal cancer

99% support menstrual suppression

Virtually all the women ob-gyns surveyed believe that
menstrual suppression is safe, including 69% who feel
it is safe for long-term use and 30% who say it is safe
if used occasionally. Only 1% believe it is unsafe.

When asked if they themselves have ever used
menstrual suppression, slightly more than half (53%)
say they have. Women ob-gyns under age 40 are more
likely than those 40 years and older to have tried
menstrual suppression (59% versus 44%).

The Pill tops birth-control methods,
but IUD gets recommendations
Oral contraception was mentioned by one in every
two (49%) of the women ob-gyns surveyed, when
asked which contraceptive they preferred for post-
poning pregnancy. The pill is also the most popular
reversible method of birth control among the general
population of US women, used by nearly 27% of
childbearing-age females.

Among other birth-control methods for postponing
pregnancy are the IUD (mentioned by 18%), followed
by the flexible vaginal ring (10%), the contraceptive
patch (8%), and diaphragm (7%).

For the method they would select if they didn’t want
any (or any more) children, women ob-gyns mention
the IUD most often (cited by 28%), followed by tubal
ligation/surgical sterilization (22%), oral contraceptives
(20%), and vasectomies for their partner (13%). In
contrast, among the general population of US women,
tubal ligation/surgical sterilization is popular, but the
IUD is rarely used.
Screen your patients for problem drinking

National Alcohol Screening Day is April 8; order free materials now

ACOG encourages members to participate in the program by screening patients, using a validated one-page tool that addresses the full range of alcohol disorders. Request the free NASD primary care kit by March 29 to receive screening forms and a range of educational materials.

Last year, 12% of women in primary care settings screened positive for problem drinking. At-risk alcohol use is prevalent across ethnic and socioeconomic backgrounds. Among participating women who were pregnant, breastfeeding, or planning a pregnancy, 14% screened positive.

CME credits are available to physicians who hold a screening event and complete a brief self-test.

Order materials online: www.NationalAlcoholScreeningDay.org or call 800-253-7658

Survey reflects ACOG female members

Using telephone interviews during September 2003, Gallup surveyed 301 women ACOG members in practice. The final results are representative of all female Fellows and Junior Fellows who practice in the US, with ±7% margin of error.

Surveyed ob-gyns rank obesity, heart disease as top health threats to patients

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<thead>
<tr>
<th>Specific patient health issue</th>
<th>% of women ob-gyns with great concern</th>
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<tbody>
<tr>
<td>Obesity</td>
<td>78</td>
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<tr>
<td>Menopausal symptoms</td>
<td>61</td>
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<td>Stress</td>
<td>57</td>
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<td>Depression</td>
<td>56</td>
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<tr>
<td>Smoking</td>
<td>53</td>
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<tr>
<td>Heart disease</td>
<td>52</td>
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<tr>
<td>Cancer</td>
<td>50</td>
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<td>STDs</td>
<td>37</td>
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<tr>
<td>Unplanned pregnancies</td>
<td>36</td>
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<tr>
<td>Diabetes</td>
<td>31</td>
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<tr>
<td>Domestic violence</td>
<td>24</td>
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<tr>
<td>Drug/alcohol abuse</td>
<td>17</td>
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</tbody>
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Obesity:
In a question about patients in their own practice, female ob-gyns were asked to indicate their level of concern (great, some, or not much) regarding each of a number of listed health issues. Obesity evoked the greatest concern among ob-gyns; 78% said that it was of great concern, and an additional 22% said it was of some concern (see chart).

Asked in a separate question to name the most serious health problem facing women under age 50 today, 38% of the female ob-gyns named obesity; the next most-named problems (heart disease and smoking) were each named by only 7% of the respondents.

Heart disease:
This was considered the most serious health problem facing women age 50 or older—named by 52% of female ob-gyns interviewed. Obesity/overweight was the next most frequently named health problem for this age group, cited by 12% of the ob-gyns.

 Would you perform an elective cesarean if requested by a patient? (n=301)

| Yes: 32% | No: 36% |
| Don't know/no response: 4% | Depends on patient and circumstances: 28% |

Survey continued from page 6

Pregnancy rate: higher than average
“Despite the rigors and long hours of our profession, women ob-gyns are still having families of their own at a rate greater than that of women in the general population,” notes Dr. Riley.

A large majority (78%) of the women ob-gyns report having had at least one pregnancy, compared with 67% of women in the general US population.

The elective cesarean controversy: far from resolved
Twenty-seven percent of the doctors who have had a pregnancy have had at least one cesarean delivery. Among those who report having a cesarean delivery, 22% say it was elective.

Over one-third (36%) of women ob-gyns say they would not perform an elective cesarean if their patient requested it, and women ob-gyns under age 40 are the most likely age group to say they would not do so (at 41%). Nevertheless, 32% of all the doctors surveyed say they would perform one if asked, and another 28% say it would depend on the circumstances and the patient.
Financial advisors and estate planners are excellent resources to help you integrate personal and business planning. Ideally, financial planning will enable you to meet personal and professional goals related to monetary health. You can plan for your practice’s growth, sabbaticals, vacations, education, and retirement.

An excellent, comprehensive plan can also protect assets from lawsuits. The following are some of the major components to be considered in financial planning:
- Your choice of business entity
- Insurance
- Financial vehicles
- Legal documents (e.g., wills, powers of attorney, and trusts)
- Investments
- Debts
- Tax liabilities

**Different types of services offered**
The following are the three most common types of professionals that offer financial planning services:
- **Financial planners:** Persons holding this title may have little education, or they can hold several degrees. The Certified Financial Planner Board of Standards credentials planners who pass an examination; to sit for the exam, individuals must have at least three years’ experience plus a bachelor’s degree, or five years’ experience without a degree. A comprehensive list of financial planners’ credentials is on the CFP board’s website: www.cfp.net.
- **CPAs:** CPAs are accountants, state-licensed by examination. They keep books, do audits, and give advice on financial issues. A bachelor’s degree is nearly always a prerequisite; some states require graduate work.
- **Trust-and-estate attorneys:** Only attorneys can draft legal documents and provide legal advice about corporations, wills, trusts, powers of attorney, etc. Licensing in most states requires graduation from an accredited law school, passing a background check, and passing comprehensive state bar and national professional responsibility examinations.

**Choosing your financial planner**
Before selecting and meeting with any financial planner, think about what you want to accomplish. Take some time to evaluate the following:
- Your personal and professional goals
- The financial requirements to accomplish these goals
- Your expenses, debts, and income across categories

In light of your goals, consider the services you will require. For example, trusts—which require an attorney—sometimes shield assets from lawsuit judgments, but they are complex, with many ramifications.

Financial planners differ in communication styles, work methods, priorities, and philosophies. A good rapport with your planner will let you be more candid and work better with him or her. You may benefit from short initial consultations with several people to see what they offer and how their style strikes you. Find one compatible with your preferences and expectations.

Some planners sell financial instruments on commission. Payment arrangements vary widely, from hourly fees and flat rates to percentage commissions on income or assets. The key is to understand exactly what you are buying. Services and payment details should be in writing.

Whatever your financial status, you can benefit from financial planning. Money spent on planning is an investment that will be offset by an enhanced lifestyle, a better connection between assets and goals, possibly more available money, and general peace of mind.

The information in this article should not be construed as legal advice. As always, physicians should consult their personal attorney about legal requirements in their jurisdiction and for legal advice on a particular matter.
A n FDA advisory panel voted 23-4 in December to recommend that Plan B, (levonorgestrel), one of two FDA-approved emergency oral contraception products, be given over-the-counter status. President elect Vivian M. Dickerson, MD, represented the College at the hearing, strongly supporting over-the-counter availability of the product.

In 1999 the FDA approved Plan B as a prescription product. Because studies have shown that women have difficulty gaining access to both physicians and pharmacies to obtain emergency contraception when it is most needed, ACOG has supported OTC status for emergency contraception since 2001.

ACOG’s testimony also asserted that Plan B meets the criteria established by the FDA for an OTC switch: it is safe and effective, it is not teratogenic, it has no potential for overdose or addiction, and it does not require medical screening. Data also indicate that women are unlikely to use emergency contraception as an ongoing method of contraception.

If the first dose of Plan B is taken within 72 hours of unprotected intercourse, it lowers the risk of pregnancy by 89%. If used within 24 hours after unprotected intercourse, it lowers the risk of pregnancy by 95%. “Access and speed are crucial if emergency contraception is to be the most effective,” Dr. Dickerson pointed out.

Number of unintended pregnancies could be halved by OTC availability

ACOG estimates that making emergency contraception available over-the-counter has the potential to prevent at least half of unintended pregnancies in the US (or about 2 million pregnancies annually) and half of US abortions (or nearly 500,000 abortions per year).

“This is a last-chance method of contraception that works before a pregnancy is established, not afterwards,” Dr. Dickerson stated. If a woman is already pregnant, EC will not work.”

Dr. Dickerson told the FDA panel, “If we are truly dedicated to lowering the number of unwanted pregnancies and abortions in this country, let’s prove it by making emergency contraception available over-the-counter.”

Several groups asked the FDA panel not to allow over-the-counter status for Plan B. At least 44 members of Congress signed a letter to the advisory panel opposing the application for OTC status. The US Conference of Catholic Bishops and Concerned Women for America, a large antiabortion group, were also among the groups in opposition.

The AMA, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Planned Parenthood Federation of America were among the many groups who joined ACOG in supporting OTC status.

The panel’s recommendation is not binding, but the FDA usually follows the advice of its expert panels. A decision by the FDA is expected in early February.

A. Eugene Washington, MD, MSc, named UCSF executive vice chancellor

ACOG Fellow A. Eugene Washington, MD, MSc, is the new executive vice chancellor of the University of California at San Francisco, the only UC campus dedicated exclusively to the health sciences. UCSF comprises professional schools in dentistry, medicine, and nursing and pharmacy; a graduate division; and three hospitals.

On the staff of UCSF School of Medicine since 1989, Dr. Washington was appointed chair of the Department of Obstetrics, Gynecology and Reproductive Sciences in 1996. His appointment to executive vice chancellor is effective February 1, and in addition he will assume the responsibilities of UCSF vice chancellor for academic affairs on July 1. Dr. Washington is a graduate of UCSF’s medical school and completed his ob-gyn residency training at Stanford University.

Dr. Washington is an internationally known clinical investigator and health policy analyst who has served on numerous panels for the US Department of Health and Human Services. He has been consulted for the World Health Organization on AIDS in mothers and infants, among numerous other issues. Dr. Washington was elected to the Institute of Medicine in 1997.

As an epidemiologist for the CDC before beginning his residency, Dr. Washington developed the first comprehensive national STD treatment guidelines as well as the first national policy guidelines for preventing and managing chlamydia infections. In 1986 he was awarded the Public Health Service’s Outstanding Service Medal for this work.

info

- Patient Education Pamphlet AP114, Emergency Contraception: order online at sales.acog.org
- ACOG Practice Bulletin 25, Emergency Oral Contraception: on the member-access side of www.acog.org
More Scientific Sessions

**Prematurity Prevention Update**
Topics will include predictors of preterm delivery; therapy for bacterial vaginosis, trichomonas vaginalis, and fetal fibronectin; and prophylactic medical interventions including the progesterone trials. Catherine Y. Spong, MD; Jay D. Iams, MD; Paul J. Meis, MD; and Robert Goldenberg, MD.

**Colorectal Cancer**
Television personality Katie Couric, whose husband died of colorectal cancer at a young age, is a featured speaker. In addition, a panel of clinical scientists will discuss strategies to prevent and treat this common malignancy.

**The Disease of Theories—Preeclampsia**
The classification, diagnosis, complications, and management of preeclampsia will be addressed. Larry C. Gilstrap III, MD.

**Changes in Cytology Screening and the Role of HPV-DNA Testing**
The session will cover the many changes in the guidelines for cytology screening, including the role of HPV-DNA testing. Kenneth L. Noller, MD.

**Stump the Professors**
Junior Fellows will once again challenge their wise elders with unique cases in ob-gyn. The panel of professors: Haywood L. Brown, MD; Ronald S. Gibbs, MD; Johanna Cain, MD; and Sarah L. Berga, MD. Sandra Ann Carson, MD, will moderate.

**Hormone Therapy 2004**
Topics will include the history of HT and recommendations for current therapy of postmenopausal women in light of the recent findings of the Women’s Health Initiative. Isaac Schiff, MD.

**Obesity—Implications in Gynecologic Surgery and Surgical Treatments for Obesity**
Experts will review a number of issues pertinent to treating obese patients, including incisions and closures in obese patients, laparoscopic surgery in the obese, perioperative management of obese patients, and bariatric surgery to treat obesity. Thomas E. Nolan, MD, MBA; Donald G. Gallup, MD; Thomas L. Lyons, MD; and J. Patrick O’Leary, MD.

**Obstetrician at Risk—Neonatal Encephalopathy and Cerebral Palsy**
The session will address the criteria for defining an acute intrapartum hypoxic event sufficient to cause cerebral palsy and will review the steady progression toward defining the pathogenesis and pathophysiology of these serious infant disorders. Gary D.V. Hankins, MD.

**Permanent Sterilization 2004**
The relativity of opportunity and risk in current practice, including failure, regret, and long-term effects, will be presented, along with a report of clinical trials of and experience with the new transcervical method. Amy E. Pollack, MD, MPH, and Rafael F. Valle, MD.
This year’s President’s Program, titled Patient Safety: The “Tipping Point,” will focus on patient safety and reducing avoidable medical errors. ACOG President John M. Gibbons Jr, MD, notes, “Three of the country’s top leaders in patient safety are on the program. We have the guru of patient safety, Dr. Lucian Leape, along with Dr. Carolyn Clancy, who specializes in the quality of medical care. Dr. Benjamin Sachs, who is working on a clinical study to test a new approach to improve patient safety in obstetrics, rounds out the panel. They have a lot of new information to share with us.”

Cosgrove Lecture to focus on role of practicing physician
Samuel A. Cosgrove Memorial Lecturer Lucian L. Leape, MD, MPH, from the Harvard School of Public Health in Boston, is well known as an advocate of improved patient safety. He served on an Institute of Medicine panel on the subject and testified before the US Senate in support of a national center for patient safety. He has also developed highly regarded error-prevention principles.

“The patient safety ‘movement’ is accelerating, and hospitals all around the country are implementing new safe practices,” says Dr. Leape. “The pressure on hospitals and physicians to address the problem of avoidable errors is strong. Risk managers and regulators are not the only ones applying pressure. Accrediting bodies, federal agencies, professional societies, patient advocacy groups, and purchasers of health care have also become involved. But there are many barriers to making substantial reductions in medical errors, and progress continues to be slow. In my lecture, I will be addressing this problem from the point of view of the average physician, who may wonder what he or she should or can do.”

Findings about quality of care for women to be presented
Following the Cosgrove Lecture, Carolyn M. Clancy, MD, of the Agency for Healthcare Research and Quality, will speak about two reports recently published by AHRQ: the first annual National Healthcare Quality Report and the National Healthcare Disparities Report. Both reports were mandated by Congress.

Dr. Clancy will present findings specifically about quality of care for women.

“These reports offer the most comprehensive picture to date of how the health care system is doing with respect both to quality of care overall and to quality of care provided to individuals who are members of racial- or ethnic-minority groups, low-income or low-educational-attainment groups, and groups living in isolated areas,” says Dr. Clancy.

“These reports offer a roadmap for improvement, and physicians are essential to any serious improvement effort. My hope is that presenting selected findings relevant to women will stimulate discussion about strategies for assessing—and improving—quality of care for women.”

Can medical errors be reduced by using a successful aviation teamwork approach?
ACOG Fellow Benjamin P. Sachs, MD, of Beth Israel Deaconess Medical Center in Boston, will discuss a study funded by the US Department of Defense that is applying error-reduction approaches used in aviation to clinical care.

“The approach, called ‘crew resource management,’ was developed in the 1970s and ’80s as a way to reduce errors in aviation and the three armed services,” explains Dr. Sachs. “Since 1997 CRM has been mandated by the FAA for all commercial airlines. The Institute of Medicine report on medical errors speculated that individual instruction in teamwork skills and system implementation of teams would reduce medical errors and improve patient safety. However, this has never been tested. We have adapted CRM techniques for obstetrics. I’ll be reporting on the results of a national randomized trial including 15 hospitals to see whether CRM can improve patient safety.”

The goal of the study, which will be completed in March 2004, is to demonstrate a reduction in medical errors, improvements in both process measures, and patient and staff satisfaction.

Dr. Sachs points out, “If we can demonstrate improvement in patient safety, then these techniques could also be used for other clinical areas such as operating rooms, intensive care units, and emergency departments. If the field of obstetrics can find a way to improve patient safety, then we may have more success in achieving tort reform.”

See registration information on page 3.
Attend the ACM clinical seminars

Stay abreast of clinical management in ob-gyn

From botanical medicine and VBAC to being sued and nausea in pregnancy, 27 clinical seminars at this year’s Annual Clinical Meeting offer the most up-to-date and relevant information for your practice. Here are four examples:

1. **Managing Abnormal Pap Tests: The Latest National Guidelines**
   - **Monday morning** • Richard S. Guido, MD
   - Reviews the guidelines from the American Society for Colposcopy and Cervical Pathology for managing abnormal Pap tests and biopsies. Specific focus on the use of HPV testing and appropriate follow-up of cervical abnormalities.
   - **Dr. Guido:** We are now one year from the introduction of these guidelines, and it is a great opportunity to look at the evidence that supported their introduction, and their limitations. Now that most clinicians have had an opportunity to use them, I’m sure there will be many questions. I’ll also touch on the HPV vaccines, and how they may alter the future of cervical cancer prevention and screening in our country.

2. **Surgical Options for Stress Urinary Incontinence**
   - **Monday afternoon** • Bonnie J. Dattel, MD
   - **Dorothy N. Kammerer-Doak, MD, and Rebecca G. Rogers, MD**
   - Emphasizes the basic pathophysiology of stress urinary incontinence. Also addresses intrinsic sphincteric deficiency and the efficacy of urethral injections.
   - **Dr. Rogers:** We will cover retropubic procedures, suburethral slings, and newer therapies such as urethral bulking procedures and tension-free vaginal tape.
   - Additionally, we will focus on how to choose the appropriate incontinence procedure for your patient.

3. **“State-of-the-Art” Examination of the Adult Female Sexual Assault Victim**
   - **Monday afternoon** • Allan T. Sawyer, MD
   - **Dr. Sawyer:** Most ob-gyns will encounter women survivors of sexual assault. Covers forensic evidence gathering and reporting.

4. **HIPAA 2004—What’s Next?**
   - **Tuesday afternoon** • Allan T. Sawyer, MD
   - Offers help on coping with HIPAA implementation and clarifies what’s really required. Gives advice on how to deal with other physicians’ offices, hospitals, and laboratories.
   - **Dr. Sawyer:** I’ll address how HIPAA will affect a practice’s cash flow, both in the Medicare arena and when dealing with payments from third-party payers, who might use HIPAA as an excuse to delay claims processing.
Philadelphia puts the “A” in ACM!
Art, Activities, and Amazing Attractions your family will love

Whether you explore the city on your own or participate in the outstanding scheduled tour program, you’re guaranteed to have a wonderful time during your visit to this year’s ACM location—Philadelphia! The wide variety of all-day and half-day tours, educational sessions, and evening events allow for plenty of time to enjoy all the “City of Brotherly Love” has to offer.

Complete descriptions are in the Preliminary Program at www.acog.org/acm2004; email requests for a written copy to acm@acog.org

Isaiah Zagar Murals: Philadelphia artist Isaiah Zagar uses ceramic tile, mirrors, and found objects to create his unusual murals.

The Wilma Theater on the Avenue of the Arts has earned an international reputation for its eclectic mix of new works, classic drama, and innovative musicals.

LOVE, a sculpture by Robert Indiana, sits in the Plaza at 15th and Kennedy Blvd and is the symbol for the city’s tourism marketing slogan, “Philadelphia: the place that LOVES YOU BACK.”

PECO Energy Lights of Liberty show: American history, the 21st century way! This exciting interactive experience makes the audience feel like part of the action.

Claes Oldenburg’s 45-foot-high, 10-ton Clothespin sculpture stands in front of the Center Square Building at 15th and Market Streets. Philadelphia, known for its extensive collection of public art, has more murals than any other American city.

Mother Bethel A.M.E. Church, in the Society Hill section of Philadelphia, was a stop on the Underground Railroad and is the second oldest African-American congregation in the country.

The Amish Experience: Visit an Amish homestead, tour Amish farmlands, and learn about the Amish lifestyle and culture.

Spouse/Guest Activities

Saturday, May 1
9 am–5 pm
Tour: Amish Experience
12:30–4:30 pm
Tour: Historic Philadelphia
1–3 pm
Tour: Mural Arts
3:30–11:30 pm
Tour: Atlantic City

Sunday, May 2
9 am–4 pm
Tour: Winterthur—Racing Day
9 am–4:30 pm
Tour: Bucks County
10:30 am–1:30 pm
Brunch: Jazz Brunch—Zanzibar Blue
12:30–4:30 pm
Tour: Historic Philadelphia
1–4 pm
Brunch: Jazz Brunch—Zanzibar Blue
1:30–3:30 pm
Tour: Academy of Fine Arts

Monday, May 3
5:30–9:30 pm
Dinner and walking tour: Crime and Cuisine
2–4 pm
Reception: Afternoon Tea for All Spouses
6–10:30 pm
River cruise and dinner: Spirit of Philadelphia

Tuesday, May 4
9 am–1 pm
Tour: Valley Forge and Philly
9 am–4 pm
Tour: Shop ’Til You Drop—Franklin Mills
9 am–4:30 pm
Tour: Mansions and Masterpieces: Manet, Rodin, and Cedar Grove

Wednesday, May 5
9 am–4 pm
Tour: Brandywine Valley
9 am–5 pm
Tour: Amish Experience
9:30 am–12:30 pm
Tour: Fairmount Park Mansions
1–5 pm
Tour: Colonial Churches
1:30–3:30 pm
Seminar: Financial Planning

All photos credited were commissioned by the Greater Philadelphia Tourism Marketing Corporation.
ACOG Grievance Committee reports on actions

Douglas W. Laube, MD, chair of ACOG’s Grievance Committee, provides this report to the Fellowship in accordance with the College complaint process. Under ACOG’s Code of Professional Ethics, a Fellow can be issued a warning, censured, suspended, or expelled from the College for unethical behavior. To determine whether a Fellow has engaged in a violation of the ACOG Bylaws or Code of Professional Ethics, the Grievance Committee reviews complaints submitted by ACOG Fellows and reviews severe disciplinary actions taken by state medical boards.

Final decisions in five cases

Last year, one Fellow was expelled from the College. The Executive Board took this final action on recommendation of a Grievance Committee hearing panel; the action was based on the revocation of the Fellow’s medical license by a state. As required, the College

reported this expulsion to the National Practitioner Data Bank.

Following hearings on four complaints involving state medical board actions, the Grievance Committee hearing panels recommended one warning, one censure, and two suspensions. These decisions were approved at the July 2003 Executive Board meeting. The two Fellows who were suspended were also reported to the NPDB.

Grievance Committee considers complaints against 14 Fellows

The committee also reviewed 14 new complaints—9 from Fellows of the College and 5 stemming from state medical board actions. Of the 9 complaints filed by Fellows, 8 involved expert witness testimony. Four of these will proceed to hearing panels early this year.

Of the five state medical board action complaints, one will proceed to a hearing panel, two were dismissed, and two involved Fellows who are no longer members of the College. 

2003 Actions

Final Decisions

- 1 expulsion
- 1 warning
- 2 censures
- 9 suspensions

New Cases

Reviewed 9 complaints from Fellows
- 1 letter of concern
- 4 scheduled for hearings
- 4 pending recommendation

Reviewed 5 medical board actions
- 1 scheduled for hearing
- 2 dismissed
- 2 regarding nonmembers

College ethics code revised

ACOG recently revised the Code of Professional Ethics. The new version is posted on the member-access side of the ACOG website at www.acog.org and is included in Ethics in Obstetrics and Gynecology, 2nd edition, being mailed this month to all Fellows and Junior Fellows in practice.

ACOG leader John W. Choate, MD, dies at age 70

Former District II Chair John W. Choate, MD, died suddenly at his home in Austerlitz, NY, on Dec 22, 2003. He had practiced privately in Rochester, NY, for 25 years and had held numerous teaching positions at the State University of New York Health Science Center in Buffalo, the University of Rochester, and elsewhere.

Dr. Choate was vice president of ACOG, 2000–01, and at the time of his death was serving on ACOG’s Grievance Committee and was an ex-officio member of the Committee on Continuing Medical Education, a legislative key contact, and a reviewer for ACOG’s Voluntary Review of Quality Care program.

“John made outstanding and significant contributions to the College and to women’s health in many ways,” comments Ralph W. Hale, MD, ACOG executive vice president. “He brought wisdom and thoughtfulness to so many issues and was respected and liked by everyone who knew him. He will be missed by patients, colleagues, and ACOG.”

A long-time leader in ACOG, he was chair of the Council of District Chairs, was the Executive Board advisor to the Junior Fellow College Advisory Council, was a McCain Fellow, and served on ACOG’s Committees on Quality Assurance, Nominations, and Professional Liability, and the Finance Subcommittee for Development.

Dr. Choate earned his medical degree at Johns Hopkins University in Baltimore and completed residency training at the University of Rochester in Rochester, NY.

Dr. Choate developed and served as cochair of the Safe Motherhood Initiative, reviewing hospital-based maternal deaths in New York State. He was also a member of the New York State Board of Professional Medical Conduct and the New York State Board of Midwifery and was an active member of the International Society for the Advancement of Humanistic Studies in Medicine.
2004 calendar

Please contact individual organizations for additional information.

February

SMFM: Soc for Maternal-Fetal Medicine
2–7
New Orleans, LA
202-863-2476
www.smfm.org

SGO: Soc of Gynecologic Oncologists
7–11
San Diego, CA
312-644-6610
www.sgo.org

Practical Aspects of Ob-Gyn Ultrasound: Optimize Your Skills
Sponsor: Amer Institute of Ultrasound in Medicine
13–15
Las Vegas, NV
301-498-4100 or 800-638-5352
www.aium.org

APGO and CREOG Annual Meeting
3–6
Lake Buena Vista, FL
CREOG: 202-863-2554
dnehra@acog.org
APGO: 410-451-9560

ACOG Legislative Workshop
14–16
Washington, DC
800-677-8444, ext 2505
keycontact@acog.org

ASCCP: Amer Soc for Colposcopy and Cervical Pathology
15–19
Lake Buena Vista, FL
800-787-7227
www.asccp.org

March

World Congress on Women’s Mental Health
17–20
Washington, DC
703-449-6418
www.womenmentalhealth.com

SOG: Soc for Gynecologic Investigation
22–27
Houston, TX
202-863-2544
www.sgionline.org

APGO and CREOG Annual Meeting (twin offering with course above)

ACOG Annual Clinical Meeting
1–5
Philadelphia, PA
800-686-7295
www.acog.org/acm2004

Practical Ob-Gyn Update
15–16
Sponsor: Medical Educational Council of Pensacola Pensacola, FL
850-477-4956
www.mecop.org

April

SSTAR: Soc for Sex Therapy and Research
1–4
Arlington, VA
202-863-1648

JSOG: Congress of the Japan Soc of Ob-Gyn
10–13
Tokyo, Japan
www.jsog.or.jp
+81-3-3261-2296

PCRS: Pacific Coast Reproductive Soc
27–May 2
Rancho Mirage, CA
562-947-7068

May

GOG: Gynecologic Oncology Group
16–18
Garden Grove, CA
215-854-0770
www.gog.org

AUGS and SGS: Amer Urogynecologic Soc and Soc of Gyn Surgeons
29–31
San Diego, CA
SGS: 901-762-8401
www.sgsonline.org

June

AIUM: Amer Institute of Ultrasound in Medicine
20–22
Phoenix, AZ
301-498-4100 or 800-638-5352
www.aium.org

SOGC: Soc for Ob-Gyns of Canada
24–29
Edmonton, Alberta
613-730-4192
www.sogc.org

July

Gynecology in the Next Decade: Evolving Issues
4–6
Snowbird, UT

Clinical Obstetrics and Evidence-Based Medicine
11–13
Washington, DC

CPT and ICD-9-CM Coding Workshop
12–14
Washington, DC

CPT and ICD-9-CM Coding Workshop
19–21
Chicago, IL

April

Quality Improvement and Management Skills for Leaders in Women’s Health Care
1–3
Washington, DC

CPT and ICD-9-CM Coding Workshop
16–18
Houston, TX

May

CPT and ICD-9-CM Coding Workshop
6–8
Philadelphia, PA

June

CPT and ICD-9-CM Coding Workshop
11–13
Boston, MA

Controversies in Menopause (debate format)
17–19
San Diego, CA

ACOG Postgraduate Courses

Two ways to register:
1 Call 800-673-8444, ext 2540/2541, or 202-863-2540/2541, weekdays 9 am–4:45 pm ET
2 Go to www.acog.org and click on “Postgraduate Courses” under “Meetings and Events”

Registration must be received one week before the course. Onsite registration subject to availability.

February

Special Problems for the Advanced Gynecologic Surgeon (twin offering with course below)
16–18
Cancun, Mexico

Best Practices in Obstetrics
(twin offering with course above)
19–21
Cancun, Mexico

CPT and ICD-9-CM Coding Workshop
20–22
Miami, FL

CPT and ICD-9-CM Coding Workshop
27–29
Phoenix, AZ

March

Gynecology in the Next Decade: Evolving Issues
4–6
Snowbird, UT

Clinical Obstetrics and Evidence-Based Medicine
11–13
Washington, DC

CPT and ICD-9-CM Coding Workshop
12–14
Washington, DC

CPT and ICD-9-CM Coding Workshop
19–21
Chicago, IL

April

Quality Improvement and Management Skills for Leaders in Women’s Health Care
1–3
Washington, DC

CPT and ICD-9-CM Coding Workshop
16–18
Houston, TX
Fight for liability reform by attending ACOG’s Legislative Workshop

All politics may be local, but what happens in the US Congress in Washington affects your practice and your patients in your own community. Make sure members of Congress understand and support women’s health issues: join your ACOG colleagues at the 22nd Annual Legislative Workshop, March 14–16, at the Ritz Carlton Hotel in Washington, DC.

Fellows and Junior Fellows from across the nation will meet with their state delegations in Congress to push for passage of medical liability reform and for other ACOG legislative priorities such as increased funding for women’s health research.

Make a difference on the following issues during the workshop:

- **Medical Liability Reform:** Only a handful of votes separate ob-gyns from victory in the Senate through enactment of meaningful medical liability reform. Last year ACOG members helped HR 5, the HEALTH Act, to be passed in the House of Representatives. That bill caps noneconomic damages, limits punitive damages, limits attorney contingency fees, shortens the statute of limitations, and allows for collateral source offsets.

- **The Uninsured:** ACOG wants to expand health care services to uninsured pregnant women.

- **Women’s Health Research:** Ob-gyns want to ensure adequate federal funds for women’s health research initiatives.

Nonsponsored Fellows and Junior Fellows can attend by paying a modest registration fee plus expenses. Sign up today and ensure that Congress supports women’s health issues.

Contact: 800-673-8444, ext 2505; 202-863-2505; keycontact@acog.org

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Highlights of this year’s workshop

- “Congressional Classroom” with citizen advocacy expert Christopher Kush: how to lobby for medical liability reform on Capitol Hill and in your state legislature
- Panel discussions with Washington insiders on ob-gyn issues and this year’s elections
- Physicians for Women’s Health President’s Breakfast with Dr. Charles B. Hammond
- Up to 14 CME credits

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Medical Liability continued from page 1

legislative solutions to common problems, with medical liability reform at the top of the list. The Washington lobbyists of ACOG, the American Academy of Neurological Surgeons, the American College of Emergency Physicians, the American Academy of Orthopaedic Surgeons, and others in this coalition meet several times a week to map out joint strategies and coordinate plans. The alliance is able to hire top legislative consultants that the organizations individually might not be able to afford. These specialty groups support our efforts to pass the Gregg-Ensign obstetric provider liability reform bill as a first step toward comprehensive reform for all physicians. They are smart, tough, very welcome allies.

Second, ACOG is joining forces with our allies to support a major strategic public relations campaign called Doctors for Medical Liability Reform. This multimillion-dollar effort, which coordinates closely with the lobbying work of the Alliance of Specialty Medicine, has hired a top public relations firm with a long record of successful campaigns for other high-profile issues.

DMLR is dedicated to educating the general public and elected officials about the current crisis. Obstetricians and their patients, along with doctors and patients from other highly affected specialties, will tell their stories on television and in the press, urging the public and their elected representatives to support medical liability reform. We can count on DMLR to mount a highly effective operation.

With our partners in the Alliance of Specialty Medicine and our work with DMLR, ACOG’s legislative agenda will be supported and amplified. Every day, the College is fighting for you, for your practice, and for your patients. We will not quit until the job is done. And we will not rely on anyone else to do it for us.