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October 22, 2013

House Judiciary Committee
Attn: Representative Kevin Cotter, Chair

RE: HB 4354
Judiciary Committee Hearing, 10/24/13

Dear Representative Cotter and Committee Members:

It is an honor to be allowed to share my personal experience with you and the Judiciary Committee of the Michigan House of Representatives. I have great respect for the job that you do and its importance for people in the State of Michigan.

First allow me to provide a brief background on myself. I spent the first 50 years of my life in Michigan. I was born and raised in Flint, where I went to the University of Michigan. My father was an independent business owner and inventor, who also served on the Flint Chamber of Commerce. Like my dad, I have always had an intense sense of loyalty and commitment to my home state. I attended Wayne State University for Medical School and did my residency in Emergency Medicine at Detroit Receiving Hospital. Following residency I worked as an attending physician at William Beaumont Hospital Royal Oak, where I established my career in emergency medicine. While in Michigan I developed expertise in areas of observation services and the quality of care for patients with heart attacks and strokes. My work in these areas has been shown to dramatically decrease the cost of care for these patients, while improving their quality of care. For example, making it ten times less likely for a heart attack patient to be inadvertently sent home from the emergency department. I also served as a Medicare Advisor; successfully advising them on national outpatient payment policies. As a teacher of emergency medicine, I have educated several hundred doctors in this important specialty. I don't share this information to boast, rather to establish that I am a citizen who has always strived to bring success to his community.

In 2007 I made the most difficult decision of my life; to leave Michigan and take a job in Georgia at Emory University. There were several factors that contributed to this decision: I had progressed to a point where I needed the support of a Medical School (U of M was a primary consideration), and the economy was weakening (I had five pre-teen kids to think about). However, for me, the last straw was the difference in medico-legal climates between Georgia and Michigan. I became aware of these differences through a "report card" prepared by the American College of Emergency Physicians; specifically addressing tort risks by state. To explain why this is an issue, it is important to first understand the nature of physicians as a group. Physicians are driven to perfection, very sensitive, and very conscientious – all attributes that makes them ideal to treat patients in their darkest hours, but vulnerable to senseless attacks on their integrity. Lawsuits are, to say the least, one of the most demoralizing experiences physicians can have. Early in my career I was shaken by a residency

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colleague whose suicide was directly attributed to the experience he went through in a medical malpractice suit (Jon Skaerlund, Detroit Receiving Hospital – around 1990). When I have spoken with my lawyer colleagues about this they tell me that doctors shouldn't take lawsuits so personally - that doctors should simply view lawsuits as a "cost of doing business". But when you are doing your very best to take care of the sickest patients with limited information and resources; that logic simply does not work. Although I have never been found guilty of malpractice, I can tell you that the Michigan tort laws and the nature of emergency medicine make emergency physicians vulnerable to constant harassment by frivolous lawsuits, depositions, interrogatories, and trials. I can also tell you that this simply does not exist in the State of Georgia. It is literally like going to another country. Although my practice of emergency medicine has not fundamentally changed, the litigation experience in Georgia is completely different. As an administrator involved with quality of care initiatives, I can also reassure you that this difference in litigation is not associated with any decline in the quality of care.

On a personal level, I am absolutely convinced that Michigan needs to adopt the same tort laws that have been adopted by Georgia. Doing so would remove the "last straw" to leave for many of the states' best and brightest; making the practice of medicine more humane for its emergency physicians, without compromising the excellent quality of care for its citizens.

I hope that my comments have been of some value to you in your deliberations. Please feel free to contact me should you have any questions.

Sincerely,



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