



How a Lumbar Discectomy Influenced Medical Malpractice and the Landscape of Health Care

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■ **BACKGROUND:** Jeff Chandler was one of Hollywood's top leading men in the 1950s and 1960s. In 1961, at the peak of his career, Chandler died of complications following an aortic-iliac injury during a routine lumbar discectomy. The subsequent public outcry and malpractice suit resulted in an unprecedented settlement award.

■ **CASE:** Chandler's lawsuit marked a pivotal time in the evolution of medical malpractice and monetary awards. Before 1960, malpractice legal claims were rare, with little impact on the practice of medicine. Chandler's award, however, dwarfed the average malpractice verdict for its time and would influence the relationship between medicine and the legal world. This case helped issue a radical increase in total expenditure on medical liability insurance, frequency of successful claims, average numbers of neurosurgical malpractice suits, and financial award sizes. The trend ensuing from this time has continued to the contemporary era. To link Chandler's case to the current malpractice climate, we highlight the relationship of the case with 3 factors comprising the legal argument for the perpetuation of medical malpractice: 1) contingency fees, 2) citizen juries, and 3) the nature of tort law.

■ **CONCLUSION:** This case illustrates an inflection point in American medical malpractice expenditure increases beginning in the 1960s to a current estimated \$55.6 billion. As we investigate ways to provide value in health care, it is important to consider the historical factors that have influenced the status quo when seeking strategies to reform the malpractice system on both sides of the value equation: quality and cost.

A MAN OF THE ERA

Standing 6 feet 4 inches tall, "impossibly handsome," with prematurely graying hair, Jeff Chandler was one of Hollywood's top leading men in the 1950s and 1960s with his fame paralleling that of Marilyn Monroe (**Figure 1**).^{1,2} Born in Brooklyn with the given name Ira Gossel, Chandler worked in a theater stock company before enlisting in the U.S. Army after the bombing of Pearl Harbor. Following an honorable discharge in 1946, he skyrocketed to fame and popularity, starring with some of Hollywood's biggest names, including Orson Welles, Joan Crawford, Loretta Young, and James Stewart.² By the end of his career, Chandler had been a part of 27 box-office successes, spanning 10 consecutive years.²

In 1961, Chandler ruptured a disk while filming scenes for Merrill's *Marauders* in the Philippines. After consulting with his doctors, he flew home to Beverly Hills to undergo surgery. On Saturday, May 13, Dr. Marvin A. Korbin, an experienced neurosurgeon, performed a routine lumbar discectomy on Chandler at the Culver City Hospital.² Four days later, Chandler developed hemorrhagic shock and was taken emergently to the operating room. During a 7-hour operation that required 55 pints of blood transfusion, surgeons discovered a vascular injury at the aortic-iliac junction, unrecognized during the initial surgery (**Figure 2**). One month and 3 operations later, Chandler died at the peak of his career at age 42. The official causes of death were "blood poisoning" and pneumonia. A contemporary interpretation of this would be acute respiratory distress syndrome accompanying a massive transfusion reaction.

The Screen Actor's Guild created a petition to "evaluate the facts" of Chandler's death.² One day after the petition was released, the State Bureau of Hospitals in Berkeley, California announced an investigation into the Chandler case to determine if Culver City Hospital was in compliance with the Hospital Licensing Act. Under mounting public pressure, the report was expedited and released 2 months early. Although recommending 23 improvements to record-keeping and maintenance procedures, the

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- Medical malpractice
- Neurosurgical practice

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Figure 1. Jeff Chandler, at the peak of his silver-screen career (public domain image).

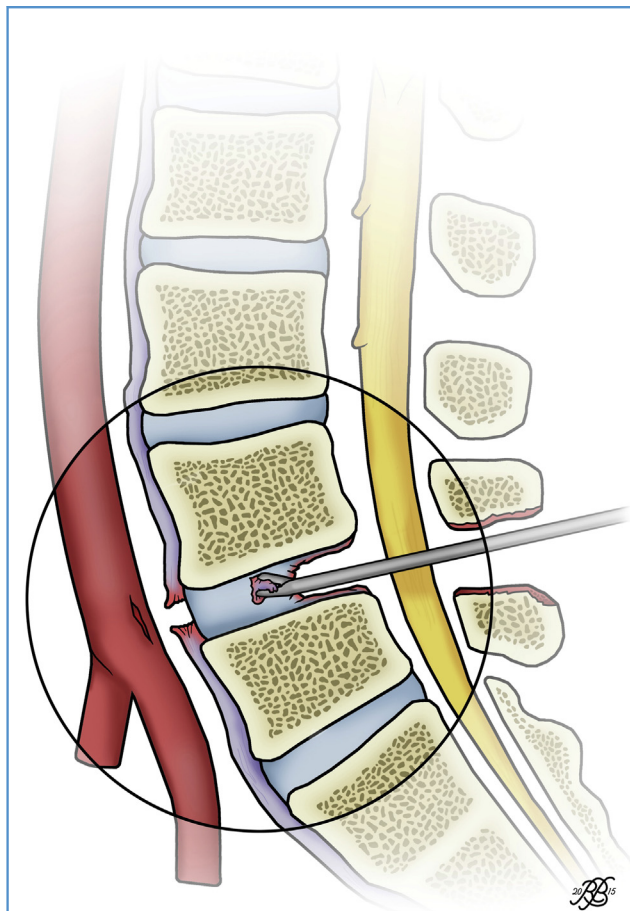


Figure 2. Schematic of possible injury of the aortic-iliac junction during a lumbar discectomy through a posterior approach.

report made no mention of Chandler's case.² Soon after the release of the report, attorneys Irving H. Green and Edward M. Rose, representing Chandler's family, filed a \$1.5 million suit in the Superior Court in September 1961. On February 20, 1962, the case was settled for \$233,358.42 plus expenses for the Chandler estate.²

HISTORY OF MEDICAL MALPRACTICE IN THE UNITED STATES

Four major periods of tort adjustment have punctuated the medico-legal narrative in the United States. Although there are records of medical malpractice suits dating back to the 1700s, it was not until the 1840s that the initial rise of malpractice cases became evident. The Progressive era of the 1910s accentuated the second period, when the legal burden of proof of negligence was transferred from patients to physicians,^{3–5} increasing the number of malpractice suits in the 1920s and 1930s.⁴ The 1960s saw the third resurgence in tort adjustment, as the consumer-conscious public demanded dramatic increases in claim and award size.⁴ This led to an evolutionary medical malpractice crisis, which peaked in the 1980s, resulting in a reaction from medical providers to renew efforts to curtail medical malpractice suits and limit financial awards.⁴ Medicine today is functioning in

this current phase of reform, with efforts aimed at reducing costs while increasing quality. Many experts believe that this entire cycle has contributed to the current practice of defensive medicine in the United States, which some estimates attribute to be the cause of at least half of the \$192 billion spent for unnecessary services in American health care.^{4,6}

Placing the Chandler Case in Historical Context

Chandler's case did not occur in isolation. Rather, it marked a pivotal inflection point in the evolution of American malpractice and its increasing monetary awards. The effects of this inflection point have resonated to contemporary times. Before 1960, claims were relatively rare and had little impact on the practice of medicine.^{7,8} Chandler's 1962 award settlement (\$1.8 million, inflation-adjusted to 2014 U.S. dollars), however, dwarfed the average contemporary malpractice award verdict.^{2,9} Average jury award verdicts in San Francisco, for example, increased from \$114,000 in the 1960s to \$2.7 million in the early 1980s (both adjusted to 2014 dollars).⁹ This mirrored the nationwide trend, with average jury malpractice award verdicts rising from \$970,000 in 1975 to \$2.1 million in 1985 and \$3.2 million in 1986 (in 2014 dollars), as shown in **Figure 3**.^{10,11}

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