The Association for Responsible Medicine, Inc.

The Association for Responsible Medicine, commonly called ARM, was incorporated in Florida in 1994 as a non-profit, membership organization for victims of medical injury. As the name implies, a primary objective of the organization is to make medical care providers responsible for their own errors that cause injury to patients. The intent of this objective is neither malicious nor vindictive. It is based solely on the conviction that quality in health care can only be assured if providers are directly responsible for their own mistakes. The organization, which now has hundreds of members in Florida and throughout the United States, is oriented toward activism as the vehicle by which patients may take control of their health and treatment options when disease occurs.

A medical injury in 1992 that left one of the founders partially paralyzed set into motion a string of events that led the founders to research the frequency of medical injury. They were startled to learn that this type of injury was not only common, but seldom was anyone held accountable. Medical and surgical treatments, it was learned, had advanced to the point where technical skill was the most important single factor in determining the outcome of many procedures. Yet living patients were unknowingly being treated by doctors who lacked those skills or who had made numerous mistakes in the past that implied either the lack of skill or the lack of care, or both.

After gathering the facts about medical injury as set forth in studies such as the Harvard Medical Practice Study [1] and conducting a survey of informed consent practices at medical schools and teaching hospitals, ARM set out to contact as many victims of medical injury as possible. This was done through letters to the editor of local newspapers, street corner rallies, and solicitation of medical malpractice attorneys to refer their clients to us. As the membership base grew, ARM began contacting state legislators to convince them that medical injury was a state and national epidemic that could not be managed without government intervention.

The key to reducing medical injury is public awareness of the problem so that individuals may take appropriate steps to protect themselves. Creating public awareness requires either expensive advertising or constant media coverage. ARM decided its strategy must be to seek legislation that would require government to provide information to the public about medical mistakes and to prevent or change laws that hide the facts about medical injury from the public.

The Patient’s Right to Know Bill, which was introduced in the Florida legislature in 1995, was our first entry into the arena of citizen advocacy. The law was designed to provide information to the public about the frequency of medical injury and infection at each hospital in the state. It also required hospitals to inform a patient who experienced a medical injury of what had occurred, and to inform patients prior to invasive treatment of the role doctors in training would play in the procedure. Concurrently, we began working to overturn laws that capped settlements for medical injury at levels that insulated responsible parties from accountability.
Evidence that our strategy is producing results abounds. While the Patients Right to Know Bill has not been passed, the state of Florida has taken several steps to provide the public with more information about health care providers. The settlements paid by hospitals and doctors for medical injuries are now available on the Internet [2]. In April 1997, ARM participated with the state agency responsible for investigating complaints against health care providers in announcing the first ever *Florida Report of Physician Discipline and Malpractice* which is also available on the Internet [3]. In the 1998 state legislature a bill was passed at ARM’s behest that extends the requirement to report medical injury settlements to public medical schools which had previously been exempt from this requirement. The state also is working to provide by July 1999 a profile of each licensed physician which will include training and malpractice history.

Our plans for the immediate future are to oppose efforts led by the insurance industry to strip the right of ordinary citizens to seek justice in civil court for medical injury. While we are not opposed to some regulations against nuisance or frivolous lawsuits, we hold strongly to the belief that individual rights cannot be protected unless individuals have a means to enforce those rights. Medical liability insurance rates are not out of line with liability insurance rates for other industries considering the potential for serious injury involved in most medical treatments. This fact must be accepted by health care providers as well as their insurers. Placing arbitrarily low limits on damages for medical injury and/or contingency fees prevent injured patients from finding representation while defense attorneys are paid handsomely in advance for the work they do.

ARM believes that the long term goal of reducing medical injury will only be achieved by medical professionals working together with informed consumers to provide objective information to patients about the risks and alternatives of medical treatments. The Harvard Study mentioned previously found some evidence that the threat of a lawsuit helped to reduce medical injury. This threat will never provide more than an incentive for finding real solutions. Part of the answer may be in revising training methods to put more emphasis on joint patient–doctor decision making so that patients will better understand the uncertainties involved in consent. Patient simulators are also under development by companies such as HT Medical [4] which will allow doctors and nurses to train themselves in new procedures without risking injury to trusting patients. Hospitals must also take more responsibility to screen incompetent staff and establish systems and procedures that will prevent injuries.

ARM’s role is one of activism based partly on the anger and hurt felt by members who were physically injured by a medical mistake and then emotionally destroyed by the callousness and lack of remorse of those responsible. Despite this underlying anger, we recognize that medicine is an art that can never be equated with plumbing or automobile repair. We see our role as one that may ultimately find a way to bridge the gap between high art and the humility necessary to apply that art in the best interest of the patient. We publish a quarterly newsletter, *The Patient Advocate*, and maintain a web site to give members and the public information that generally is not available from any other source. Subscriptions to our newsletter are available for a $25 annual fee. Our web site address is www.a-r-m.org.

**References**