Dear Commissioners,

As a General Medical Practitioner, I believe that any advances in medical technology, which may clarify diagnosis, and thereby influence outcomes, must be used or at least offered by me. Such advances include,

1. Equipment used in diagnosis or treatment.
2. Tests used in diagnosis or treatment.
3. Drugs, especially those perceived to be better and more expensive.
4. Procedures likewise.

The requirement to blame a practitioner or institution for compensation to be available when a patient suffers creates a focus on new technology.

Legal argument in a future court determines blame and the obvious starting point of legal argument is – what identifiable omissions were there? In retrospect, almost anything becomes arguably relevant in reducing chances of adverse outcomes, so that "negligence" can be claimed and "proven".

Advances in medical technology are concrete impressive "must haves" to focus on in litigation, Peter D. Jacobson writes, "Not only is technology the principal driver of health policy through its impact on cost, access, and quality, but technology is also the primary driver of negligence law"[1].

There appears to be an insatiable appetite for alternative medicine treatments, even when the evidence is lacking and the client bears all costs.

Advances in medical technology, which the HIC approves, are evidence based and subsidised. Great demand for them is understandable.

There are old maxims regarding tests and expenditure,

- Would I want this test, drug treatment?
- Would a family member want this?
- Is it a sensible or efficient test?

These must be ignored in the current climate of compensation via blame.

Yours sincerely,

Dr Michael Loughnan

[1] Pew Project on Medical Liability – Printed in USA 0-9741239-5-1
Medical Liability and the Culture of Technology
Peter D. Jacobson

Printed in the United States of America.

0-9741239-5-1