New Zealand Offers No-Fault Compensation Model

BY MARY ELLEN SCHNEIDER Senior Writer

ALEXANDRIA, VA. — In New Zealand, all physicians pay \$700 a year for indemnity insurance, and it's nearly impossible to sue a physician.

That's because New Zealand has had a no-fault injury compensation system in place for the last 30 years.

The Accident Compensation Corporation (ACC), a state-funded insurer estab-

lished in 1974, addresses unmet patient expenses from injuries. And since 1994, New Zealand's Health and Disability Commissioner has handled complaint resolution and provider accountability.

"We've made a really good start," Marie Bismark, M.B., a legal advisor to the New Zealand health and disability commissioner, said at a meeting on patient safety and medical liability sponsored by the Joint Commission on Accreditation of Healthcare Organizations.

Compensation is available to patients for medical errors that are the result of a failure to observe a reasonable standard of care. The ACC also provides compensation for medical mishaps that are defined as rare and severe adverse outcomes of appropriate treatment.

Dr. Bismark gave an example of how the system works: A 22-year-old woman with a history of pelvic pain underwent laparoscopy to confirm the diagnosis of endometriosis. During the surgery, her bow-

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el was perforated, which lead to peritonitis.

The woman required further surgery to remove the perforated section of her bowel and form a temporary colostomy. She spent 3 weeks in critical care recovering.

New Zealand's Accident Compensation Corporation accepted the woman's claim as a medical mishap and she was awarded \$28,000 to cover treatment costs, pharmaceuticals, transportation, home help, and lost earnings.

In a situation where a person can no longer perform his or her job, the government will pay for retraining in a new career. And in cases of permanent disability, patients can receive a lump sum payment of up to \$70,000.

New Zealanders on the whole seem to prefer the modest but certain compensation system, Dr. Bismark said.

The no-fault system also has an accountability component, she said. In 1994,

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the government established a code of patients' rights and designated the health and disability commissioner as the independent health ombudsman to enforce those rights.

Patient complaints are often handled through advo-

cacy or mediation. During the advocacy process, an independent patient advocate works to resolve the complaint directly with the provider. In the case of mediation, a neutral third party assists the patient, the physician, and a representative of the hospital to come to a formal agreement.

Formal investigations are generally reserved for serious complaints, she said.

Few complaints proceed to a disciplinary hearing. In a typical year, they receive about 531 complaints, which lead to about 151 investigations, and 10 disciplinary hearings.

"The number of bad apples is really small," Dr. Bismark said.

So far, the experience with the no-fault system has shown that patients typically aren't seeking to punish physicians, Dr. Bismark said. Instead, they want to see systemic changes that will keep mistakes from happening again. But a downside of the system is that there are many adverse events that ACC officials never hear about, Dr. Bismark said.

And complaints can still have toxic effects on the relationship between patients and physicians when they are not handled with care. "This system is not neutral for doctors," she said.

Dr. Bismark pointed out that her country's system isn't necessarily a model for countries like the United States because of the differences in size and the structure of the health care system. New Zealand is a country of 4 million people, and its per capita health care costs are about \$1,857, compared with \$5,267 in the United States,

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BRIEF SUMMARY of PRESCRIBING INFORMATION
INDICATIONS AND USAGE: Bipolar Mania: SEPOOLEL is indicated for the short-term treatment of acute manic
episodes associated with bipolar I disorder, as either monotherapy or adjunct therapy to lithium or divalproex. The
efficacy of SEPOOLEL in acute bipolar mania was established in two 3-week monotherapy trials and one 3-week efficacy of SEROOUEL in active bipoter mainla was established in two 3-week monotherapy trials and one 3-week adjunct therapy trial of bipoter lateries initially hospitalized for up to 7 days for authe main. Effectiveness for more than 3 weeks has not been systematically evaluated in clinical trials. Therefore, the physician who elects to use SEROOUEL in ordented periodically re-evaluate the long-term firsts and benefits of the frug for the individual patient. Schizophrenia: SEROOUEL is noticated for the treatment of schizophrenia. The efficacy of SEROOUEL in conjocybene was established in short-term ("week) controlled trials of schizophrenia replacetished in short-term ("week) controlled trials of schizophrenia (inplaetiss.) The effectiveness of SEROOUEL in only-term use, that is, for more than 6 weeks, has not been systematically evaluated in controlled trials. Therefore, the physician who elects to use SEROOUEL for extended periods should periodically re-evaluate the long-term usefulness of the drug for the individual patient.

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COMTRAINDICATIONS: SPECOUGEL is contraindicated in individuals with a known hypersensitivity to his medication or any of its ingredients.

WARNINGS: Neurolegite Malignand Syndrome (NMS): A potentially fatal symptom complex sometimes referred to a Neurolegic Malignand Syndrome (NMS): A potentially fatal symptom complex sometimes referred to a Neurolegic Malignand Syndrome (NMS) has been reported in association with SERODUEL. The are cases of NMS have been reported with SERODUEL inclination and interpretation from the prospection of the programme of the prospection of the programme of the prospection of the programme of the prospection inclination in programme or prospection inclinates proposition in patients with this syndrome is complicated. In arriving at a diagnosis, it is important to exclude cases where the clinical presentation includes both serious medical liness (e.g., preumonia, systemic infection, etc.) and untreated or inadequately treated exclayaramidal signs and symptoms (EPS). Other important considerations in the differential diagnosis include enternal articulturings totickly, heat stroke, furg fever and primary central nervous system (SIK) pathology. The management of NMS should include: 1) immediate discontinuation of antisyschotic drugs and other drugs not exertified to concurrent therapy? J intensive symptomic treatment and medical innothing; and 3) treatment of any concomitant serious medical problems for which specific treatments are available. There is no general agreement about a certafully monitored into recurrency and the proposition of the programment of the product of the product of the programment of the product of the product

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in rardiac patients (see Orthostatic Hypotension), Information for Patients: Physicians are advised to discuss the following issues with patients for whom they prescribe SENGUIEL. Orthostatic Hypotension: Patients should be advised of the risk of orthostatic hypotension, especially during the 3-5 day period of inflat dose thration, and also at times of re-initiating treatment or increases in dose, inference with Dagnitive and floor Performance: Since somnoinene was a commonly reported advisers event associated with SERGUIEL treatment, patients should be cautioned about performing any activity requiring mental alertness, such as operating a motor vericle (including automobiles) or operating hazardoss machinery, until they are reasonably certain that SERGUIEL therapy does not affect them adversely. Pregnancy: Patients should be advised to notify their physician if they become pregnant or method to become pergnant or one of the proposition. As with other medications, patients should be advised to the staff, and they are king SERGUIEL. Concomitant Medication: As with other medications, patients should be advised to other staff, and they are king SERGUIEL. Concomitant Medication: As with other medications, patients should be advised to avoid consuming adorboil to breages with taking SERGUIEL. Heat Exposure and Dehydration. Patients should be advised to avoid consuming adorboil to breages with taking SERGUIEL that Exposure and Dehydration. Patients should be advised to avoid consuming adorboil to breages with taking SERGUIEL that Exposure and Dehydration. Patients Servouce Lordoniman meucaturic x8 with other flexibility and control the discussion should be advised in meucaturic x8 with other flexibility and control the control that is a control to over the counter drugs. Relotal: Palents should be advised to avid consaming advinite obsergate with leaking SEPORUEL. Reat Engosure and Delaydration: Tables should be advised regarding appropriate care in avoiding service. Heat Engosure and Delaydration: Tables should be advised regarding appropriate care in avoiding service the size of sixing SEPORUEL in combination with other control services. The six of sixing SEPORUEL is combinated in a disput and use the six of s teatment, lastin, intervent, significant for importance is uppression has upon the firm operation of the personal course of the syndrome as long-tones. The effect that symptomatic suppression has upon the firm operation of the course of the syndrome as long-tones. The effect that symptomatic suppression has upon the firm operation of the syndrome is considerations. SPROOUEL should be preserved for patients who appear to suffer from a chronic lines best full, some of the syndrome is an extraction of the syndrome is a district to patients who appear to suffer from a chronic lines best full, it is known to respond to antisposchoic drugs, and (2) for whom alternable, equally effective, but potentially less harmful treatment as end as valiable or appropriate, in patients who do require chronic lines best full to a string of the syndrome. Alternative expensive producing a satisfactory clinic affective, but potentially less harmful treatment should be reassessed periodically. If signs and symptoms of tardive dyskines agapear in a patient of continued treatment should be reassessed periodically. If signs and symptoms of tardive dyskines agapear in a patient of continued treatment with SPROOUEL, drug discontinuation should be considered. However, some patients may require treatment with SPROOUEL drug discontinuation should be considered. However, some patients may require treatment with SPROOUEL drug discontinuation should be considered. However, some patients may require treatment with SPROOUEL drug discontinuation should be considered. However, some patients may require treatment with SPROOUEL drug discontinuation should be considered. However, some patients may require treatment with SPROOUEL drug discontinuation of the syndroment of the syndroment of the periodically and the patients may require treatment with SPROOUEL drug discontinuation of the definition of the periodical syndroment of the syndroment of the syndroment of the periodical syndroment of the syndroment of the syndroment of the syndroment of the syndro

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mia, rhabdomyolysis, syndrome of inappropriate antidiuretic hormone secretion syndrome (S.IS) DRUG ABUSE AND DEPENDENCE: Controlled Substance Class: SEROQUEL is not a controlled substance. Physica and Psychologic dependence: SEROQUEL has not been systematically studied, in animals or humans, for its opten and Psychologic dependence: SPHCUDEL has not open systemically source, in animates or insinates, on a sporer lid for datus, cliencar or ophysical dependence. While the clinical trisk did not neval any tendency for any drug-seking behavior, these observations were not systematic and it is not possible to predict on the basis of this limit-ed experience the extent to which a CNS-active drug will be missued, diverted, and/or abused once marketed. Consequently, patients should be evaluated carefully for a history of drug abuse, and such patients should be use or abuse of

OVERDOSAGE: Human experience: Experience with SEROQUEL (quetiapine fumarate) in acute overdo OVERDOSAGE: Human experience: Experience with SEROULEL (questionine furnarate) in acute overdosage ase limited in the clinical trail database (in expert) with estimated doses ranging from 1200 mg to 9600 mg and no fatalities. In general, reported signs and symptoms were those resulting from an exaggeration of the drugs known pharmacological effects is, circovinesca and seation, tachycardia and hypotension. One case, involving an estimated overdose of 9600 mg, was associated with hypotalemia and first degree heart block. In post-marting experience, there have been very rare reports of overdose of SEROULEL claims resulting in edents, come and offer profrongation. Management of Overdosage: In case of acute overdosage, establish and maintain an airway and ensure adequate oxygenation and verification. Service or following overdose may create a risk of appraism ow with induced emesis. Cardiovascular monitoring should commence immediately and should include continuous electroardiographic monitoring to detect possible arthyfrums; Indiamstrums of the processing and administered, despyramide, procariamste and quindine carry a theoretical hazard of additive OT-prologing effects when administered in patients with acute overdosage, establish and administered in patients with a color overdosage, of SEROULEL. Similarly, it is reasonable to oppect that the abjear-ademorpholicisting properties of breglyium might be additive to those of questiagine, resulting in problematic hypotension. There is no specific antidate to SEROULEL. Therefore appropriate sugnerors measures should be instituted. The possibility of multiple drug involvement should be considered. Hypotension in the estimy of questing related with appropriate measures so was a instrument. Surface and or symptomism might estimated of the surface of some structure of the propriet and programment and continuous electrosism of the section of the surface of the surface of the section of the surface of induced alpha blockade). In cases of severe extrapyramidal symptoms, anticholinergic medica

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