

When All Else Fails, Blame the Victim – How Healthcare Frames Big Verdicts – News & Press

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When All Else Fails, Blame the Victim – How Healthcare Frames Big Verdicts

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Pennsylvania Association for Justice

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The recent narrative from “civil justice reform” groups about large medical malpractice verdicts overlooks a crucial reality: these awards primarily reflect the enormous lifetime healthcare costs that injured patients face. The notion that “ballooning verdicts” are imperiling healthcare institutions and driving up costs misrepresents the true drivers of why victims of medical malpractice are awarded damages – the increasing prevalence of preventable medical errors and the healthcare system’s resistance to accountability.

Preventable medical errors remain the third leading cause of death in the United States, with an estimated 250,000 deaths annually. According to a landmark study, the total cost of preventable medical errors in the United States exceeds \$1 trillion annually when accounting for quality-adjusted life years lost, direct healthcare costs, and indirect costs (Van Den Bos et al., 2020).

I wrote about this exact issue a year ago where I said, “Preventable medical errors encompass a wide range of mistakes including misdiagnosis, medication errors, surgical errors, health care-associated infections and communication breakdowns among health care providers. Each of these errors has the potential to result in devastating consequences for patients and their families.” You can read my full piece [here](#).

The reality is that when a hospital or healthcare provider negligently causes catastrophic harm—such as brain damage, paralysis, or wrongful death—the patient and their family often face lifelong medical expenses, lost income, and a diminished quality of life. Studies have shown that medical expenses in the U.S. continue to escalate, with lifetime care for a severely disabled patient easily reaching tens of millions of dollars (Anderson et al., 2022).

Even more concerning is a recent analysis that showed a 10 percent increase in serious preventable adverse events between 2016 and 2022 (Thompson et al., 2023). Studies indicate that factors such as understaffing, physician burnout, and inadequate safety protocols contribute to these growing adverse patient outcomes (Shanafelt et al., 2019).

Despite this alarming trend, many healthcare institutions continue to resist implementing proven safety measures. A study in *Health Affairs* found that only 45 percent of hospitals have adopted all recommended safety practices (Landrigan et al., 2020). Instead of investing in comprehensive safety protocols, many healthcare institutions invest heavily in legal defenses to deny responsibility, prolong litigation, and pressure victims into inadequate settlements (Studdert et al., 2006).

If healthcare systems shifted their resources and focus from verdict sizes to prevention and accountability – prioritizing comprehensive safety protocols, transparent error reporting systems, early disclosure programs, and evidence-based preventive measures – these investments would cost far less than major malpractice verdicts and protect both patients and healthcare providers.
