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Testimony in favor of Bill 112-36 Hybrid Public Hearing - Therese M. Terlaje

1 message

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To: senatorterlajeguam@gmail.com

Mon, Jul 12, 2021 at 4:17 PM

Hafa Adai Senators!

I would like to thank you for giving me the opportunity to submit testimony in favor of Bill 112-36.

For those who don't know me, I arrived on Guam in 1985 with the Navy, was the GMHA medical director, member of the (Society, and had other positions.

I have worked in nine jurisdictions, have six current licenses, and have never been sued or been the recipient of any lice currently double board certified and although based in Florida,

have spent the majority of my career in hospital, emergency, and hyperbaric medicine in the Western Pacific and Hawaii. since 1985 and although no longer licensed on Guam due to politics (see attached), am very familiar with healthcare in the region and interact with contacts on Guam including physicians, almost daily. I hav when necessary and available (including Guam). and like most doctors, try to do to the right thing for patients and keep current.

The vast majority of providers attempt to practice within standards, did not come to Guam because of the MMMAA (some likely have no intention of leaving lucrative, especially government positions because of PL 112-36. If they do leave it will be for other reasons and about 50% of clinics on Guam are reported to alre problem with the response by most providers, as I see it is ignorance and group think, but I do agree that the Small Claims Court option has the potential to be problematic.

Having studied the problem for some time I would like to provide facts, general comments, and recommendations which r forward.

Most healthcare providers (HCP's), abhor adverse patient outcomes, but some could care less. As cited by others, in the U.S., one percent of physicians were responsible for 32 percent of paid malpractice claims with claims.

Bill 112-36 will not fix the GMHA problem of institutionalized malpractice. Due to a climate of fear, GMHA staff (Whistleblowers) are disinclined to expose unsafe providers, practices and (especially employee physicians) can make decisions based upon politics and money without following rules of evidence, conduct "sham" peer reviews and "invent' employment, privileges, and licenses of Whistleblowers. Moreover, threatened or settled malpractice cases including deaths, and other adverse outcomes such as the L peer reviewed, and the matter just disappears. There are solutions, albeit, but beyond the scope of this hearing.

To shed light on the real problem the law must be changed to protect HCP's. Peer review committee and licensing b unenforceable until there is an evidentiary hearing and a judicial determination. Whistleblower staff, if employees, whether private, or government, by law, should be placed on paid leave or allowed to p made.

It is also irrational to require a magistrate to be medically trained when in other jurisdictions Judges accept finc engineering, environmental issues and other disciplines although there may very be some JD/MD or DO's willing to accept the position. Bill 112-36 actually al whether or not to proceed with arbitration or trial not to forget local doctors have a home court advantage and can have colleagues support their standard of care.

There are Doctor-Patient (Mandatory) Arbitration Agreements which need to become law to be enforceable. In Florida mutual consent be bound to an arbitration process prior to elective care. and doctors can legally refuse to treat patients who do not agree to arbitration. It can be considered MMMAA on steroids

The MMMAA should continue to apply to all emergency on-call "house" cases in all specialties as well as elective (exception of birth tourism) and possibly neurosurgery ..

In the case of fraud, the statute of limitations in which to file a claim should be extended to seven years (beyond

Lastly, unexpected adverse therapeutic outcomes and deaths on Guam are often related to simple negligence (with the need for specialists, or lack of equipment.

When industries or professions ineffectively regulate themselves in a manner which creates hazards to health and law makers need to get involved.


HCP's who practice within standards should not overreact to this bill but proposed medical malpractice reforms include a statute of limitations for fraud, have reasonable award caps, and eliminate the small claims court provision which I believe may be counter-productive to the intent of the bill.

Thank you.

George Macris, MD
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3 attachments

 **KUAM.POSSIBLE.POL.INTERFERENCE.GBME.12.04.2007 (1).pdf**
2804K

 **GMS.GOVGUMRemoval_Letter_Eusebio3.26.08 (1) (1).pdf**
34K

 **GBME.GM-GMS.NOTICE.DISCIPLINARY.HEARING.3.27.08 (1).pdf**
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