Whether it was trying to influence the U.S. Supreme Court on issues of antitrust, medical ethics and free speech or working to protect tort reforms before the highest courts in five different states, the Litigation Center of the American Medical Association and State Medical Societies had an active year.

The AMA Litigation Center is the voice of America’s medical profession in legal proceedings across the country. It brings lawsuits, files amicus briefs and otherwise provides support or becomes actively involved in litigation of general importance to physicians.

There were five cases that stood out as examples of both the scope of the Litigation Center’s docket and the gravity of the issues for which they advocate on behalf of physicians and their patients.

**Medical ethics and freedom of speech** were the key issues in *National Institute of Family and Life Advocates v. Becerra*, the Litigation Center argued in an amicus brief it filed with the U.S. Supreme Court in February. In a 5–4 decision written by Justice Clarence Thomas, the court found that a California law “unduly burdens protected speech.”

The law sought to rein in so-called crisis pregnancy centers that purported to offer counseling to pregnant women, but often disseminated false information with the intent of delaying individuals from terminating their pregnancy.

**Physicians respond to threats to medical staff autonomy.** The AMA and California Medical Association sent an important, victorious message heard far beyond the rural community directly affected in the settlement of *Tulare Regional Medical Center Medical Staff v. Tulare Local Healthcare District et al*. The lawsuit stemmed from the hospital board’s abrupt firing of the medical staff organization and removal of elected staff officers.

**Wisconsin’s three-part strategy to stabilize medical liability climate carries the day.** The Dairy State’s high court ruled in *Mayo v. Wisconsin Injured Patients and Families Compensation Fund* that the state’s $750,000 cap on noneconomic damages was constitutional. That is because it was part of
an equation that made possible a guarantee for full recovery of all economic damages.

**Preserving peer review’s role in patient safety.** Voluntary self-examinations of adverse events should be used to improve health care safety and quality—not to serve as road maps for lawsuits, the Litigation Center and Illinois State Medical Society argued in *Daley v. Teruel and Ingalls Memorial Hospital*. The First District Illinois Appellate Court agreed, upholding a lower-court decision to shield the hospital’s patient safety reports from discovery.

**Psychiatrists’ good-faith decisions shielded from liability in event of adverse outcome.** Maryland’s high court ruled a psychiatrist was not liable when a patient took his own life after being discharged from involuntary commitment to a mental health facility. The ruling in *Bell v. Chance* also protected patients’ civil liberties because physicians will be less likely to err on the side of involuntary confinement due to medical liability fears.