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Medical liability claim frequency among U.S. physicians

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Executive summary

This American Medical Association Policy Research Perspective provides an in-depth analysis of medical liability claim frequency and whether it varies by physician characteristics. Previous studies on this topic often rely on data that are not nationally representative or that exclude unpaid claims, which constitute a sizeable majority of medical liability claims. In contrast, using 2016 to 2024 data from the AMA Physician Practice Benchmark Survey, this report is nationally representative and includes information on both paid and unpaid claims.

In 2024, 1.8% of physicians were sued in the previous year, and 28.7% of physicians said they were sued at least once in their career. This represents a moderate decline from 2016, when 2.3% of physicians were sued in the previous year and 34.0% reported they were sued at least once in their career.

Importantly, being sued is not necessarily indicative of medical error.

There is significant variation in claim frequency by physician age, gender and specialty. In line with increased exposure to risk the longer physicians are in practice, 45.2% of physicians aged 55 and over were sued at least once in their career, compared to 22.2% of physicians aged 45–54 and 11.0% of physicians under the age of 45.

When looking at differences across specialties, obstetricians-gynecologists and general surgeons were at the highest risk. About 60% of obstetricians-gynecologists were sued at least once in their career, followed by 53.1% of general surgeons. In fact, almost 75% of obstetricians-gynecologists and general surgeons aged 55 and over were sued at least once in their career.

With regard to gender, male physicians faced higher liability risk than female physicians in both the short and long terms, although part of this gap is explained by differences in age and specialty.

Introduction

This American Medical Association Policy Research Perspective provides an in-depth analysis of medical liability claim frequency and whether it varies by physician characteristics using 2016 to 2024 data from the AMA Physician Practice Benchmark Survey. Prior studies on this topic have used claims data from the National Practitioner Data Bank, which exclude unpaid claims (Schaffer et al., 2017; Studdert et al., 2016; Paik et al., 2013). Given that the vast majority of claims are unpaid, studies using this data provide an incomplete picture of the medical liability claim landscape (Medical Professional Liability Association, 2019).[1] Another study used data that included both paid and unpaid claims (Jena et al., 2011); however, that data may not be nationally representative because it was from a single insurer. In contrast, the AMA Physician Practice Benchmark Survey is nationally representative and reports information on both paid and unpaid claims.

The AMA Physician Practice Benchmark Survey is a biennial survey first implemented in 2012. Through 2022, the survey includes nationally representative data on approximately 3,500 physicians who provide at least 20 hours of patient care, have completed residency, and are not employed by the federal government. Beginning in 2024, an additional 1,500 physicians were included, bringing the total survey sample to 5,000 physicians. This research relies on three survey questions related to medical liability claim frequency that were first asked in 2016:

- How many claims were filed against you during the last 12 months?[2]
- Have any malpractice claims been filed against you during your career?
- How many malpractice claims have been filed against you during your career?

It is important to note that getting sued is not necessarily indicative of medical error. Consider that 65% of claims against physicians that closed between 2016 and 2018 were dropped, dismissed or withdrawn.

It is important to note that getting sued is not necessarily indicative of medical error. Consider that 65% of claims against physicians that closed between 2016 and 2018 were dropped, dismissed or withdrawn. Furthermore, out of the 6% of claims that were decided by a trial verdict, 89% were won by the defendant (Medical Professional Liability Association, 2019).[3]

This study examines average claim frequency among all physicians and how it varies by physician age, gender, employment status, specialty and U.S. Census Division.[4] While these descriptive estimates are useful for showing how claim incidence differs across these characteristics individually, many of these factors are related to each other. For example, male physicians tend to be older than female physicians. To provide a more informative picture, this report also includes regression analyses that examine how each characteristic is associated with claim frequency while simultaneously accounting for other important factors. For example, a regression can be used to examine whether male physicians are still more likely to be sued than female physicians even when comparing physicians in the same age group, employment status, specialty and Census Division.

1. A 2019 report by the Medical Professional Liability Association reported that 72% of closed claims between 2016 and 2018 were unpaid.
2. About 7% to 10% of the sample in each year resulted in missing responses ("don't know" or "prefer not to answer") to the liability questions and were excluded from the analysis.
3. Another report (Wong et al., 2021) found that out of 6,779 closed claims involving adult patients in a U.S. hospital-based emergency department or ambulatory urgent care setting between 2001 and 2015, 65.9% were dropped, dismissed, or withdrawn. Out of the 7.6% of cases that went to trial, juries returned verdicts finding for the defendant in 92.6% of cases.
4. This report uses the terms "claims filed" and "sued" interchangeably.

Results

Claim frequency between 2016 and 2024

Exhibit 1 shows the proportions of physicians who were sued in the previous year, those who faced any claims in their career, and the average number of claims ever filed per 100 physicians. Generally, the likelihood of any physician being sued in a one-year period is relatively low, hovering around 2% from 2016 to 2024. The overall trend indicates that while the share of physicians who were sued in the previous year has declined slightly from 2.3% in 2016 to 1.8% in 2024, the year-over-year changes were not statistically significant.

Although the short-term (one-year) risk of liability is low, the long-term risk—as shown by the fraction of physicians who were sued at least once in their career and the number of claims ever filed per 100 physicians—is significantly higher. As of 2024, the proportion of physicians who were sued at least once in their career was 28.7%. This was lower than the 34.0% rate in 2016 and represented a notable decline from 2022 (31.2%). Additionally, as of 2024, the average number of claims ever filed against physicians was 56 claims per 100 physicians—slightly more than one claim for every two physicians. Again, this was a notable decline from 2016, when the average was 68 claims per 100 physicians. In summary, claim frequency against physicians appears to have fallen modestly over time.

The next set of exhibits (Exhibits 2–6) explores the differences in claim frequency by physician age, gender, employment status, specialty and Census Division. Two years of data (2022 and 2024) were combined to increase sample size and allow estimates to be provided for a greater number of specialties.

Claim frequency by age and gender

Physicians in different age groups have similar likelihoods of getting sued in a one-year period (Exhibit 2). In contrast, the risk of ever getting sued increases with age. This is not surprising given that physicians' exposure to risk increases with the number of years in practice, for which age is a proxy. While 11.0% of physicians under the age of 45 were sued at least once in their career, this proportion was 22.2% for physicians aged 45–54 and 45.2% for physicians aged 55 and older. Similarly, only 14 claims per 100 physicians were ever filed against physicians under age 45, compared to 96 claims per 100 physicians for physicians aged 55 and over.

Although the short-term (one-year) risk of liability is low, the long-term risk—as shown by the fraction of physicians who were sued at least once in their career and the number of claims ever filed per 100 physicians—is significantly higher.

Claim frequency differs significantly by gender. Across all three outcomes, male physicians were more likely to face liability claims than female physicians. For example, 2.2% of male physicians were sued in the previous 12-month period, compared to only 1.0% of female physicians. Likewise, 35.1% of male physicians reported having ever been sued in their career compared to 20.6% of female physicians. Male physicians also reported a greater number of claims filed against them (72 per 100 physicians) than female physicians (33 per 100 physicians).

Because male physicians are generally older than female physicians, the gender disparity in claim frequency may partly reflect the differing age composition. Thus, it is useful to analyze the gender gap in claim frequency by age group. Among physicians under the age of 45, the risk of being sued for male and female physicians was similar across all three outcomes. However, this was not the case among older physicians. For example, the proportion of male physicians aged 45–54 who were ever sued in their career was 7 percentage points higher than among their female counterparts. Among physicians aged 55 and older, this gap more than doubled to 18 percentage points.

Claim frequency by employment status

Turning to variation by employment status, employed physicians faced lower long-term liability risk than owner physicians (Exhibit 2). About a quarter (25.9%) of employed physicians reported having been sued in their career compared to 34.4% of owner physicians. However, as discussed later in the regression analyses, this disparity is likely driven by other related factors. The proportion of physicians who were sued in a one-year period was similar between the two groups; 1.8% of employed physicians faced a claim in the previous year compared to 2.0% of owner physicians.

Claim frequency by specialty

As shown in Exhibits 3 and 4, there was a significant variation in claim frequency across specialties, which is consistent with the findings from the previous literature (Jena et al., 2011; Schaffer et al., 2017; Studdert et al., 2016). Physicians in surgical specialties faced the highest long-term risk of being sued; 46.5% of physicians in this specialty group were sued at least once in their career and 115 claims per 100 physicians were ever filed against them. Within this group, obstetricians-gynecologists and general surgeons faced the highest liability risk, with 59.6% and 53.1% of physicians reporting that a claim had been filed against them, respectively. General surgeons had the highest average number of claims filed against them with 177 claims per 100 physicians, followed by obstetricians-gynecologists with 139 claims per 100 physicians. In addition to surgical specialties, other high-risk specialties include emergency medicine and radiology, in which 42.0% and 38.2% of physicians in each of these specialties reported having been sued at least once in their career, respectively.

Shifting to low-risk specialties, 8.9% of endocrinologists and 9.2% of psychiatrists reported having been sued in their career and less than 15 claims were ever filed per 100 physicians for each of those specialties. Other low-risk specialties included hematology and oncology, in which 4.5% of physicians were sued at least once in their career and less than 10 claims were ever filed per 100 physicians. In general, specialties with relatively higher long-term liability risk also faced higher short-term liability risk, and those with lower long-term risk faced lower short-term risk.

Physicians in surgical specialties faced the highest long-term risk of being sued.

Exhibit 5 expands on this analysis by looking at the differences in long-term liability risk by age group (under 45, 45–54, and 55 and over) and specialty. The combination of the 2022 and 2024 data notwithstanding, the age groups for some specialties had small sample sizes; these specialties were combined into their respective "other" specialty categories.[5] Unsurprisingly, claim frequency for each specialty increased with age, consistent with the cumulative exposure to risk over the course of a physician's career. Among physicians under the age of 45, 28.5% of obstetricians-gynecologists and 23.2% of general surgeons were sued at least once in their career. These proportions rose to 59.5% (for obstetricians-gynecologists) and 49.0% (for general surgeons) among physicians aged 45–54. Notably, among obstetricians-gynecologists and general surgeons aged 55 and over, almost three-quarters of physicians were sued at least once in their career. This trend also carries over to other high-risk specialties, such as orthopedic surgeons and emergency medicine physicians. Among specialties that were lower risk, like endocrinology and diabetes, approximately one in five physicians aged 55 and over in this specialty reported having been sued at least once in their career.

Claim frequency by U.S. Census Division

With few exceptions, claim frequency was similar across U.S. Census Divisions (Exhibit 6). One of these exceptions was the Middle Atlantic Division, in which physicians faced higher risk than physicians in other Census Divisions. Approximately 38% of physicians in the Middle Atlantic Division were sued at least once in their career compared to, for example, 26.0% of physicians in the West North Central Division. This gap also carries over to short-term risk (3.4% compared to 1.6%). The East North Central and West South Central Divisions also exhibited relatively high risk, although this pattern was only observed for long-term risk.

5. Hematology and oncology, rheumatology, and allergy and immunology are combined into "other internal medicine subspecialties". Pathology is combined into "other specialties". Urology is combined into "other surgical specialties".

Regression analyses of claim frequency

The previous sections show that the likelihood of facing a claim varied widely by physician age, gender, employment status, specialty and Census Division. However, many of these characteristics are correlated with each other. For example, while male physicians face higher liability risk than female physicians, they have been, on average, in practice for longer and are more likely to practice in riskier specialties.[6] Thus, this section utilizes regression analyses to help isolate the relationship between claim frequency and each specific factor while controlling for others at the same time. For instance, the regression analyses can address whether male physicians still face a higher liability risk than female physicians even when comparing physicians in the same age group, employment status, specialty and Census Division.

Using combined data from 2022 and 2024, Exhibit 7 presents the regression results for the same outcomes examined earlier: sued in the previous year, ever been sued, and the number of claims ever filed per 100 physicians. For the first two outcomes, the estimates reflect the percentage point differences between a characteristic and the reference group for that characteristic. For the third, the estimates represent the difference in the number of claims per 100 physicians compared to the reference group. Female physicians and physicians aged 45–54 are the reference groups in the gender and age categories, and internal medicine is the reference group in the specialty category. For employment status, the reference group is owner physicians, and 2022 is the reference group for year.

The regression results are consistent with the analyses from the previous section and show a significant variation in claim frequency by physician age, gender and specialty. Still, due to the inclusion of other controls, there are some notable differences. For example, although male physicians still faced a higher likelihood of being sued in the previous year than female physicians, the magnitude of the difference (0.6 percentage points) was smaller than the unadjusted difference presented in Exhibit 2 (1.2 percentage points). This pattern also held true for long-term liability risk. Once the observable factors were controlled, male physicians were 7.0 percentage points more likely to have ever been sued in their career and had about 21 more claims per 100 physicians than female physicians. Notably, these estimates are about half as large as the unadjusted differences in Exhibit 2. Part of this difference can be explained by age group and specialty; male physicians have generally been in practice for a longer period of time and are more likely to practice in riskier specialties. A separate analysis shows that even when only controlling for age, the gender differential in the chance of ever being sued was around two-thirds the size of the unadjusted difference shown in Exhibit 2.[7]

The regression also corroborates the earlier unadjusted findings that there was no consistent relationship between short-term liability risk and age. In contrast, age was strongly associated with physicians' likelihood of facing a claim in their career, which is in line with their higher exposure to risk with increasing years in practice. Compared to physicians aged 45–54, physicians under the age of 45 were 10.6 percentage points less likely to have ever been sued and those aged 55 and over were 21.0 percentage points more likely to have ever been sued. Interestingly, these estimates were not considerably different from those shown in Exhibit 2, suggesting that the claim frequency differences across age groups were not largely explained by other observable characteristics.

The regression results for physician specialties are broadly consistent with the unadjusted differences shown in Exhibit 3. Physicians in specialties such as emergency medicine, general surgery, obstetrics and gynecology, orthopedic surgery and radiology consistently faced a significantly higher liability risk relative to physicians in internal medicine across all three outcomes. In contrast, specialties such as allergy and immunology, dermatology, endocrinology and diabetes, hematology and oncology, nephrology, pathology, pediatrics and psychiatry exhibited lower long-term risk than internal medicine.

Finally, the regression also reveals some notable findings on the difference in claim frequency between owner physicians and employed physicians. The unadjusted differences shown in Exhibit 2 shows that employed physicians faced a substantially lower risk of ever being sued than owners, with an 8.5 percentage point difference. However, the regression

6. For context, approximately 23% of male physicians are in surgical specialties compared to 18% of female physicians.
7. Data are not shown but are available upon request.

results indicate that this gap was much smaller, at only 1.9 percentage points. Age and gender accounted for the majority of the gap observed in the unadjusted comparison, which is unsurprising given that owner physicians are older and more likely to be men.[8]

Notably, after only controlling for age, the gap in the likelihood of ever being sued was around one-third the size of the unadjusted difference shown in Exhibit 2.[9]

Conclusion

This AMA Policy Research Perspective provides an in-depth analysis of medical liability claim frequency and whether it varies by physician characteristics using 2016 to 2024 data from the American Medical Association Physician Practice Benchmark Survey. This report suggests that claim frequency against physicians has fallen over time, which is in line with prior studies that cover earlier time periods. Between 1991 and 2005, 7.4% of physicians were sued each year (Jena et al., 2011). This share fell to 5% between 2007 and 2008 (Kane, 2010) and further declined to 2.3% in 2016 and 1.8% in 2024. This downward trend also carries over to long-term exposure to risk. Between 2007 and 2008, 42.2% of physicians had a medical liability claim filed against them at least once in their career (Kane, 2010). By 2016, this share had declined to 34.0%, and by 2024 it had fallen further to 28.7%.

Despite the declining trend in frequency, medical liability claims against physicians remain common, especially for certain subgroups. It is important to note that getting sued is not necessarily indicative of medical error. Indeed, as shown by other research, the majority of claims are dropped, dismissed or withdrawn. Beyond the aggregate trend, there is a considerable variation in claim frequency against physicians by age, specialty and gender.

There is a significant relationship between long-term liability risk and age. This is not surprising given that physicians' exposure to risk increases with the number of years in practice. Approximately 45% of physicians aged 55 and over were sued at least once in their career, compared to 22.2% of physicians aged 45–54 and 11.0% of physicians under the age of 45.

Physicians in surgical specialties such as obstetricians-gynecologists and general surgeons faced the highest risk of facing a claim in their career. About 60% of obstetricians-gynecologists were sued at least once in their career, followed by 53.1% of general surgeons. The risk facing these surgical specialties was even more pronounced among older physicians; almost 75% of obstetricians-gynecologists and general surgeons aged 55 and over reported having been sued at least once in their career.

Finally, while male physicians were at significantly higher risk of facing both short-term and long-term claims than female physicians, this gap was present only among physicians aged 45 and over. About 2% of male physicians were sued in the previous year, compared to 1.0% of female physicians. Longer-term, male physicians were almost 15 percentage points more likely to face a claim at some point in their career than female physicians. Notably, after controlling for factors such as age and specialty, these gaps shrunk by about half, in part because male physicians have been, on average, in practice for longer and are more likely to practice in riskier specialties.

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8. The average age for owner physicians is 55.5 compared to 50.9 for employees, and 70.9% of owner physicians are male compared to 58.1% for employees.
9. Data are not shown but are available upon request.

References

Jena AB, Seabury S, Lakdawalla D, Chandra A. Malpractice risk according to physician specialty. *N Eng J Med*. 2011; 365(7):629–36.

Kane CK. Medical liability claim frequency: a 2007–2008 snapshot of physicians. Chicago (IL): American Medical Association; 2010. Policy Research Perspectives 2010-1. American Medical Association.

Medical Professional Liability Association. 2019. Data Sharing Project MPL Closed Claims 2016–2018 Snapshot.

Paik M, Black B, Hyman DA. The receding tide of medical malpractice litigation, part 1: national trends. *J Empirical Legal Studies*. 2013;10(4):612–638.

Schaffer AC, Jena AB, Seabury SA, Singh H, Chalasani V,. Kachalia A,. Rates and characteristics of paid malpractice claims among US physicians by specialty, 1992–2014. *JAMA Internal Medicine*. 2017; 177(5): 710–718.

Studdert DM, Bismark MM, Mello MM, Singh H, Spittal MJ. Prevalence and characteristics of physicians prone to malpractice claims. *New Eng J Med*. 2016;374(4):354–362.

Wong, K. E., Parikh, P. D., Miller, K. C., & Zonfrillo, M. R. (2021). Emergency department and urgent care medical malpractice claims 2001–15. *Western Journal of Emergency Medicine*, 22(2), 333.

Exhibits

Exhibit 1.

Medical liability claim frequency among all physicians (2016–2024)

	2016	2018	2020	2022	2024
Sued in previous year	2.3%	2.4%	2.1%	1.8%	1.8%[c]
Ever sued	34.0%	32.8%	33.1%	31.2%[b]	28.7%[a]**
Number of claims ever filed per 100 physicians	68	72	66*	61[b]	56[a]*
N	3147	3208	3165	3176	4552

Sources: Author's analysis of 2016–2024 data from the American Medical Association Physician Practice Benchmark Survey.

*Notes: Significance tests were conducted relative to 2016 as well as to the previous year. For comparison to 2016, a is $p < 0.01$, b is $0.01 \le p < 0.05$, c is $0.05 \le p < 0.10$. For comparison to the previous year, *** is $p < 0.01$, ** is $0.01 \le p < 0.05$, * is $0.05 \le p < 0.10$. The Ns shown are for "sued in previous year." Ns for the other two outcomes differ slightly due to missing observations.*

Exhibit 2.

Medical liability claim frequency by age, gender and employment status (2022–2024)

Variable	Sued in previous year	Ever sued	Number of claims ever filed per 100 physicians
All physicians	1.8%	29.7%	58
Age			
Under Age 45	1.8%	11.0%[a]	14[a]
Age 45–54	1.9%	22.2%	36
Age 55+	1.7%	45.2%[a]	96[a]
Gender			
Men	2.2%	35.1%	72
Women	1.0%[a]	20.6%[a]	33[a]

Age & gender	**Women**	**Men**	**Women**	**Men**	**Women**	**Men**
Under Age 45	1.4%	2.2%	10.3%	11.6%	15	14
Age 45–54	1.1%[b]	2.6%	18.2%[a]	25.4%	26[a]	43
Age 55+	0.7%[a]	2.1%	32.2%[a]	50.4%	55[a]	113
Employment status						
Owner	2.0%		34.4%		68	
Employee	1.8%		25.9%[a]		49[a]	
Independent contractor	0.7%[b]		34.1%		71	
N	7728		7841		7712	

Sources: Author's analysis of 2022 and 2024 data from the American Medical Association Physician Practice Benchmark Survey.

Notes: For each of the three outcomes in columns 1–3, significance tests are between groups. For "Age & Gender" category, the significance tests are between gender in the same age group. a is $p < 0.01$, b is $0.01 \le p < 0.05$, c is $0.05 \le p < 0.10$.

Exhibit 3.

Medical liability claim frequency by physician specialty (2022–2024)

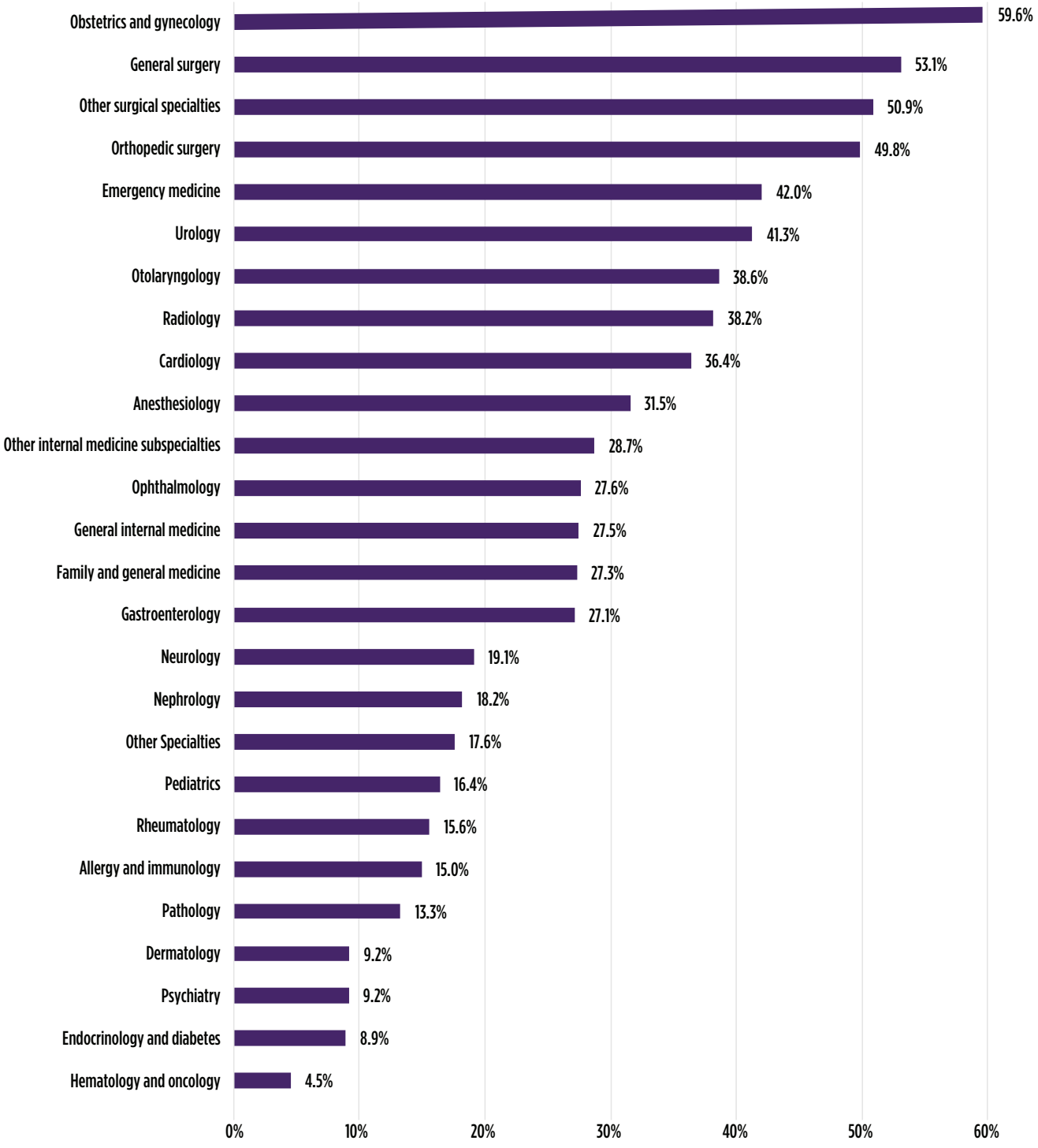
Specialty	Sued in previous year (%)	Ever sued (%)	Number of claims ever filed per 100 physicians	N
All physicians	1.8	29.7	58	7728
Anesthesiology	1.1	31.5	51	494
Emergency medicine	3.2[a]	42.0[a]	81[a]	451
Internal medicine subspecialties	1.4	23.7	41	1307
Allergy and immunology	0.0	15.0[b]	21[c]	92
Cardiology	0.4	36.4[b]	65	228
Endocrinology and diabetes	0.6	8.9[a]	14[b]	136
Gastroenterology	1.8	27.1	38	144
Hematology and oncology	0.0	4.5[a]	9[a]	54
Nephrology	0.0	18.2[c]	28	133
Neurology	5.2[a]	19.1[b]	33	141
Rheumatology	1.1	15.6[c]	20[c]	77
Other internal medicine subspecialties	1.3	28.7	58	310
Pathology	0.0	13.3[a]	17[b]	82
Primary care	0.6	25.0	40	2492
General internal medicine	0.6	27.5	49	773
Family and general medicine	0.9	27.3	42	985
Pediatrics	0.2	16.4[a]	22[a]	734
Psychiatry	0.5	9.2[a]	13[a]	413
Radiology	3.9[a]	38.2[a]	70[b]	243
Surgical specialties	3.7	46.5	115	1778
Dermatology	0.0	9.2[a]	11[a]	154
General surgery	5.9[a]	53.1[a]	177[a]	252
Obstetrics and gynecology	4.6[a]	59.6[a]	139[a]	421
Ophthalmology	3.6[a]	27.6	55	269
Orthopedic surgery	4.2[a]	49.8[a]	114[a]	284
Otolaryngology	2.0	38.6[b]	57	111
Urology	2.6[c]	41.3[b]	80[c]	94
Other surgical specialties	2.0[c]	50.9[a]	134[a]	193
Other specialties	2.4[a]	17.6[a]	32[b]	460
N	7728	7841	7712	

Sources: Author's analysis of 2022 and 2024 data from the American Medical Association Physician Practice Benchmark Survey.

Notes: For each of the three outcomes in columns 1–3, significance tests are shown relative to general internal medicine. a is $p < 0.01$, b is $0.01 \le p < 0.05$, c is $0.05 \le p < 0.10$. In regard to the broad specialties (internal medicine subspecialties, primary care, surgery), the tests were conducted only on the detailed specialties. The Ns in column 4 pertain to the "sued in previous year" outcome. Ns for the other two outcomes differ a bit due to missing observations.

Exhibit 4.

Proportion of physicians who were ever sued in their career by specialty (2022-2024)



Sources: Author's analysis of 2022 and 2024 data from the American Medical Association Physician Practice Benchmark Survey.

Exhibit 5.

Proportion of physicians that were ever sued in their career by age and specialty (2022–2024)

Specialty	Under age 45 (%)	Age 45–54 (%)	Age 55+ (%)
Anesthesiology	9.0	19.5	49.1[b]
Emergency medicine	26.2[a]	40.7[a]	58.3[a]
Internal medicine subspecialties	6.7	12.4	41.2
Cardiology	8.0	21.1	57.8[a]
Endocrinology and diabetes	4.8	3.4[b]	20.2[c]
Gastroenterology	12.3	15.3	42.8
Nephrology	3.7	7.6[c]	35.7
Neurology	11.5	4.2[b]	30.5
Other internal medicine subspecialties	3.7[c]	12.7[c]	38.7
Primary care	7.1	15.4	38.9
General internal medicine	8.6	19.7	38.8
Family and general medicine	7.5	14.8	45.4[b]
Pediatrics	4.0[c]	10.2[a]	26.8[a]
Psychiatry	3.2[c]	9.8[b]	12.4[a]
Radiology	11.3	35.5[a]	55.0[a]
Surgical specialties	19.2	42.3	63.4
Dermatology	3.0	1.4[b]	19.3[b]
General surgery	23.2[a]	49.0[a]	72.1[a]
Obstetrics and gynecology	28.5[a]	59.5[a]	74.0[a]
Ophthalmology	14.1	13.3	43.3
Orthopedic surgery	18.8[b]	49.6[a]	68.4[a]
Otolaryngology	11.3	47.9[a]	56.7[c]
Other surgical specialties	18.4[b]	40.2[a]	64.0[a]
Other specialties	9.4	10.3[b]	33.3
N	2295	2196	3350

Sources: Author's analysis of 2022 and 2024 data from the American Medical Association Physician Practice Benchmark Survey.

Notes: For each age category, significance tests are shown relative to general internal medicine. a is $p < 0.01$, b is $0.01 \leq p < 0.05$, c is $0.05 \leq p < 0.10$. In regard to the broad specialties (internal medicine subspecialties, primary care and surgery), the significance tests were conducted only on the detailed specialties. Some of the specialties shown in Exhibit 3 are not presented in this exhibit because of small sample size in at least one of the age categories. Specialties are shown if their sample size is at least 30 in one of the years (2022 or 2024) in each age category. Specialties that do not meet this criterion are grouped under the respective "other" categories for internal medicine or surgery.

Exhibit 6.

Medical liability claim frequency by Census Division (2022-2024)

Variable	Sued in previous year	Ever sued	Number of claims ever filed per 100 physicians
All physicians	1.8%	29.7%	58
Census Division			
New England	2.3%	27.3%	44
Middle Atlantic	3.4%[b]	37.6%[a]	82[a]
East North Central	1.9%	31.6%[b]	60[c]
West North Central	1.6%	26.0%	49
South Atlantic	1.6%	28.4%	51
East South Central	0.4%	27.8%	50
West South Central	1.6%	29.8%	71[b]
Mountain	0.1%[b]	27.4%	41
Pacific	1.7%	26.1%	50
N	7728	7841	7712

Sources: Author's analysis of 2022 and 2024 data from the American Medical Association Physician Practice Benchmark Survey.

Notes: For each of the three outcomes in columns 1–3, significance tests are between groups. The tests are relative to the West North Central Division. a is $p < 0.01$, b is $0.01 \leq p < 0.05$, c is $0.05 \leq p < 0.10$. States in each Division are: New England (CT, ME, MA, NH, RI, VT), Middle Atlantic (NJ, NY, PA), East North Central (IN, IL, MI, OH, WI), West North Central (IA, KS, MN, MO, NE, ND, SD), South Atlantic (DE, DC, FL, GA, MD, NC, SC, VA, WV), East South Central (AL, KY, MS, TN), West South Central (AR, LA, OK, TX), Mountain (AZ, CO, ID, NM, MT, UT, NV, WY), Pacific (AK, CA, HI, OR, WA).

Exhibit 7.

Correlates of medical liability claim frequency (2022–2024)

Independent variables	Sued in previous year	Ever sued	Number of claims ever filed per 100 physicians
Demographics			
Under 45	0.001 / (0.004)	-0.106*** / (0.011)	-21.7*** / (2.5)
55+	-0.003 / (0.004)	0.21*** / (0.012)	55.2*** / (3.4)
Male	0.006** / (0.003)	0.07*** / (0.010)	20.8*** / (2.3)
Specialty			
Allergy and immunology	-0.005 / (0.003)	-0.131*** / (0.039)	-30.5*** / (7.6)
Anesthesiology	0.007 / (0.006)	0.033 / (0.024)	0.2 / (5.8)
Cardiology	-0.005 / (0.005)	0.076** / (0.032)	10.4 / (8.1)
Combined other specialties	0.019** / (0.008)	-0.024 / (0.023)	1.2 / (7.1)
Combined other surgical specialties	0.017 / (0.012)	0.192*** / (0.037)	70.7*** / (15.4)
Dermatology	-0.003 / (0.004)	-0.140*** / (0.027)	-27.3*** / (5.6)
Emergency medicine	0.034*** / (0.009)	0.190*** / (0.027)	40.4*** / (7.5)
Endocrinology and diabetes	0.001 / (0.008)	-0.122*** / (0.030)	-22.1*** / (6.6)
Family and general medicine	0.007 / (0.004)	0.024 / (0.020)	-1.2 / (5.1)
Gastroenterology	0.004 / (0.010)	-0.004 / (0.037)	-12.1 / (7.5)
General surgery	0.054*** / (0.015)	0.276*** / (0.032)	124.2*** / (18.2)
Hematology and oncology	-0.007* / (0.004)	-0.175*** / (0.039)	-29.5*** / (9.2)
Nephrology	-0.011*** / (0.004)	-0.089*** / (0.032)	-20.2*** / (6.8)
Neurology	0.049** / (0.020)	-0.065* / (0.037)	-14.9* / (8.8)
Obstetrics and gynecology	0.042*** / (0.011)	0.355*** / (0.026)	100.9*** / (9.1)
Ophthalmology	0.031** / (0.012)	-0.001 / (0.030)	3.8 / (8.4)
Orthopedic surgery	0.037*** / (0.013)	0.224*** / (0.031)	64.4*** / (9.8)
Other internal medicine subspecialties	0.004 / (0.007)	0.019 / (0.028)	9.2 / (8.1)
Otolaryngology	0.012 / (0.014)	0.138*** / (0.046)	14.9* / (9.0)
Pathology	-0.003 / (0.003)	-0.105*** / (0.039)	-23.7*** / (7.9)
Pediatrics	-0.003 / (0.003)	-0.076*** / (0.020)	-18.9*** / (4.9)
Psychiatry	0.001 / (0.005)	-0.152*** / (0.022)	-29.4*** / (5.2)
Radiology	0.036*** / (0.013)	0.129*** / (0.033)	24.9*** / (8.5)
Rheumatology	0.008 / (0.013)	-0.063 / (0.039)	-15.0** / (7.0)
Urology	0.021 / (0.018)	0.115** / (0.049)	27.6* / (16.3)
Employment status			
Employee	0.000 / (0.003)	-0.019* / (0.010)	-3.3 / (2.9)
Independent contractors	-0.009 / (0.005)	0.010 / (0.020)	9.3 / (6.3)
Year			
Year = 2024	0.000 / (0.003)	-0.027*** / (0.009)	-5.6** / (2.7)
N	7,727	7,840	7,711

Sources: Author's analysis of 2022 and 2024 data from the American Medical Association Physician Practice Benchmark Survey.

*Notes: Estimates from a linear regression of the dependent variable in columns 1–3 on the independent variables in the leftmost column and state fixed effects. The regression in column 1 for "Sued in previous year" additionally controls for weekly hours of patient care. The unit of observation is a physician-year. The reference groups for each category are physicians age 45–54, in internal medicine, owners, and 2022. *** $p < 0.01$, ** $0.01 \leq p < 0.05$, * $0.05 \leq p < 0.10$. Standard errors are in parentheses and are robust.*

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