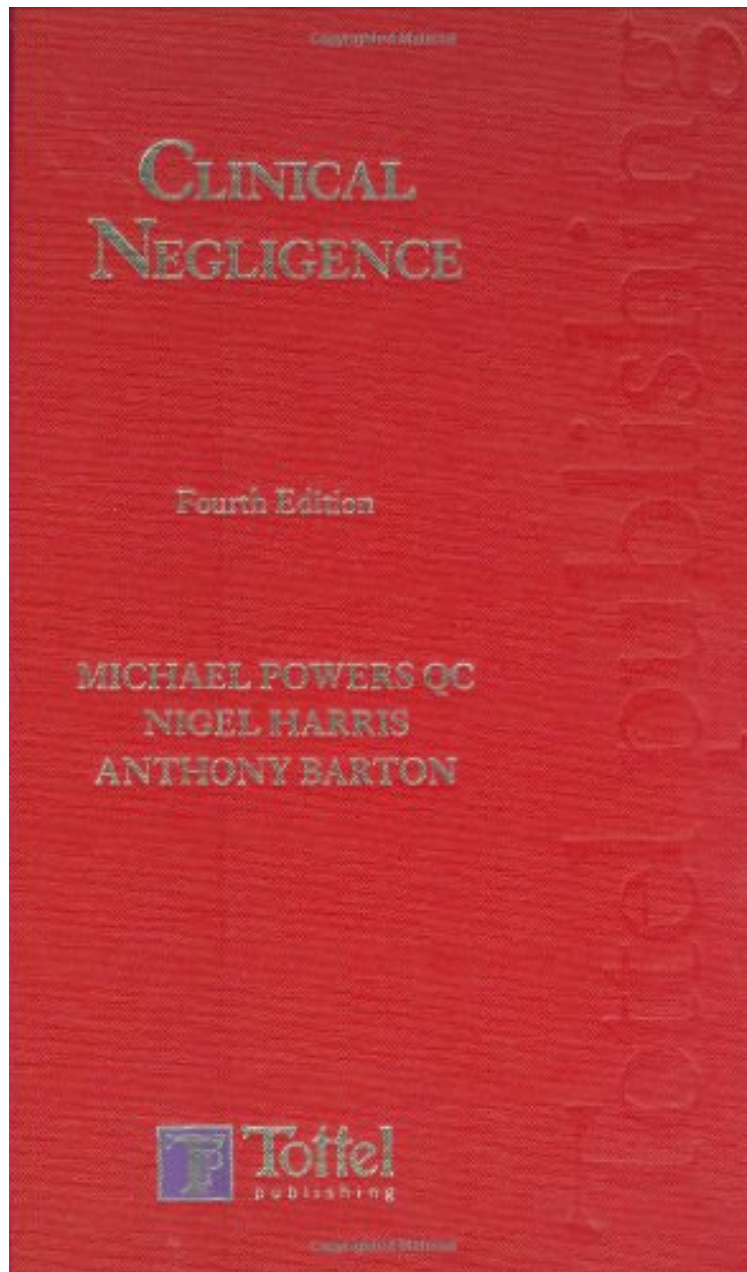


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Clinical Negligence: Fourth Edition

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Michael Powers : Clinical Negligence: Fourth Edition before purchasing it in order to gage whether or not it would be worth my time, and all praised Clinical Negligence: Fourth Edition:

0 of 0 people found the following review helpful. Revisiting...By Phillip Taylor MBERE-VISITING THE MEDICO-LEGAL LANDSCAPE You have given me the solution, not the problem here! An appreciation by Phillip Taylor MBE and Elizabeth Taylor of Richmond Green Chambers In the 18 years since the first edition, then called Medical Negligence, appeared there has been massive change from the 1980s in the medico-legal landscape. Michael Powers, the late Nigel Harris and Anthony Barton and their team are responsible for producing the definitive work on clinical negligence which has direct relevance to lawyers, medics and all other professionals involved in the rigorous and lively debate surrounding this specialist area of negligence as health issues remain at the top of the political agenda. The book has everything the practitioner needs being a compilation of the experiences of the eighty contributors set out in an authoritative manner with an index at the beginning of each of the 56 specialist chapters. It starts with a simple title in chapter 1, The Law, and then Clinical governance in chapter two as an overview, and then goes into every medical department we need to refer to, explaining the law as it affects all aspects of clinical activity. It is very unusual to have a politician as the writer of the Foreword but when one reads John Barons comments, it becomes apparent that his government continues to consider the structure of the NHS and its future role one of the highest priorities. Baron feels an opportunity was missed concerning the truly independent nature of dispute investigation which many may disagree with, notwithstanding the patient problem or human rights. He goes on to write that there are said to be about a million adverse clinical events each year, but there are only a few thousand clinical negligence claims and he rightly puts into perspective the approach which lawyers must have concerning contentious litigation. We teach conditional fee agreements as part of our mandatory continuous professional development, but we always exclude clinical negligence and specialist risk assessment because it is in a league of its own as far as negligence practitioners are concerned. Baron says that politics, society and natural justice demand that we have a system that is accessible to all, fair and economically viable and then we get the dreaded word finance appearing and a surprise statement from a Labour politician that the conditional fee system supported by private insurance could be an answer. It may well be once the latest academic review of CFAs is concluded by the Ministry of Justice but it certainly isn't the socialist way. However, although the politician says many of these issues have more to do with politics and economics than law or medicine (ruling out more legal aid money). How right he is! Fortunately, the book is brilliant on detail and how the system works, especially for the advocate preparing and appearing in court with superb chapters on experts, evidence and proceedings, settlements, the role of leading counsel and trial, with the ever trusty CD ROM which we find makes life a great deal easier as a dependable data tool to go with the bulky red book. There is much in this statement of the law which we barely understand, especially some aspects of the terminology which evaded us as law students although the idiots glossary was my revision tool. We can report that whilst this book looks daunting, and the subject looks (and is) daunting, the beauty of this statement of clinical negligence is the clarity with which the subject is explained without the over-use of references, but with a friendly index which more than saves time by the way in which it has been compiled and structured. Michael Powers and his team identify the biggest change in clinical negligence as the development of after the event insurance and CFAs whilst John Baron says the future for clinical negligence legal practice is bright and prosperous (an interesting use of the word prosperous) and that change should be embraced as an opportunity, not feared or rejected as a threat. Yes, good point, and he ends with something we heard many times from a former female PM lawyers will need to demonstrate their professionalism by representing the solution and not the problem. They do just that, in my submission, and this work provides the solution not the problem for which we should all be very grateful to the learned and distinguished contributors who have created the definitive statement on clinical negligence in a one stop volume and made our litigation lives a great deal easier in the process.

Written by a team of 70 legal and medical practitioners, the fourth edition of Clinical Negligence provides exhaustive coverage of all aspects of UK clinical negligence claims. It identifies the practical difficulties in bringing an action for damages, shows how to prepare the medical evidence on liability, completes the medical reports on quantum, and provides guidance on the best way of presenting expert evidence in court. The book examines UK legal aspects of medical malpractice including complaints procedures, the powers of the General Medical Council, preparation of medical evidence, group actions, settlements, and trial. It also addresses the medical issues, covering the risks associated with particular areas of specialist medical practice.