



Case of the Month



High-Risk Medications Patient Safety Lessons From Pitocin-Related Litigation

by Deanna Spounias, Pharm. D.

High-risk medications and their related claims are among the most financially and clinically significant exposures facing the practice of medicine today—and the stakes are hard to ignore. Over the past two decades, verdicts and settlements tied to alleged misuse of synthetic oxytocin (Pitocin) have reached extraordinary levels, exceeding \$950 million, often reflecting the projected lifetime care needs of children with severe neurologic injury.

NOTABLE VERDICTS & SETTLEMENTS (2005–2025)¹

\$951 Million (Utah, 2025)	A default judgment against Steward Health Care. The case involved "newly oriented" nurses administering high Pitocin levels for hours despite clear fetal distress and an unresponsive on-call physician.
\$37 Million (New Jersey, 2024)	A jury verdict for a child born with cerebral palsy attributed to negligent Pitocin administration during childbirth.
\$25.4 Million (Missouri, 2022)	A record-setting verdict in Kansas City for an infant who suffered brain injury due to excessive Pitocin and lack of resident supervision.
\$10 Million (Wisconsin, 2025)	A jury awarded this amount after determining Pitocin was used to speed labor without the mother's informed consent, leading to permanent brain damage.
5.7 Million (California 2021)	A settlement following allegations that the hospital violated its own policies by continuing Pitocin administration despite clear signs of tachysystole (more than five contractions in 10 minutes averaged over 30 minutes) shortly after the fourth increase in Pitocin, leading to severe brain damage.
\$4.5 Million (Minnesota, 2006)	A settlement following inappropriate use of Pitocin and a failure to perform a timely emergency C-section.

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¹ CAPsules®

Legal Exposures

According to resources, common legal arguments in these cases include:²

- **Lack of Informed Consent:** Using the drug to hasten labor without advising the mother of potential risks.
- **Failure to Monitor:** Not properly interpreting fetal heart rate tracings (non-reassuring strips) while continuing Pitocin.
- **Overstimulation (Tachysystole):** Administering doses that cause contractions to be either too frequent or too strong—preventing the baby from receiving adequate oxygen.
- **Delayed Intervention:** Failing to stop the drug or perform a C-section once distress was evident.

From a risk management perspective, these cases consistently center on a handful of recurring themes: inadequate understanding or communication of management options, excessive or poorly titrated dosing, and failure to discontinue the medication in the presence of evolving fetal distress. The resulting allegations frequently involve hypoxic-ischemic encephalopathy (HIE) and cerebral palsy—outcomes that carry profound human and legal consequences. We are highlighting this topic because these patterns persist, and targeted awareness and practice refinement can meaningfully reduce both patient harm and liability exposure.

The American College of Obstetrics and Gynecology (ACOG) Committee Opinion on Informed Consent and Shared Decision Making noted, “. . . [while some] informed consent challenges are universal to medicine . . . other challenges arise more commonly in the practice of obstetrics and gynecology than in other specialty areas.”³

Placing a spotlight on **high-risk medications**, like Pitocin, is an essential effort to improve patient

outcomes and support clearer clinical decision-making. In obstetrics, where consent discussions often occur in information-dense and emotionally charged moments, a more effective approach is starting these conversations early in the antenatal period—and reinforcing the discussion throughout the course of care.

Best practices include modeling ongoing communication, consent re-evaluation, and shared decision-making during discussions addressing the indications for Pitocin use; the risks of overuse such as uterine hyperstimulation (tachysystole); the alternatives to Pitocin use; or the option to refuse augmentation/induction.³

- **Encourage** patient sharing of values, preferences, and concerns—to enhance informed consent/informed refusal discussions—documenting that decision process fully. Encourage questions and concerns to be raised promptly. Provide written materials or decision aids to reinforce key points.³
- **Ensure** the patient can understand the discussion,^{3,4} do not rely on family, extended family members or caregivers—employ qualified translation services, if needed.
- **Employ** the teach-back method—assess the patients’ retention and understanding of medication usage by asking them to repeat their understanding of the information back to the health care provider.⁴
- **Reconfirm consent** or refusal at key decision points (e.g., when fetal distress is suspected or confirmed).⁵
- **Engage** the patient in real-time decision-making by discussing the rationale for increasing or decreasing Pitocin and when operative or cesarean delivery becomes an option in the setting of fetal distress.⁶

Navigating the process of obtaining informed consent and informed refusal, and incorporating shared decision-making with every patient and their unique circumstances, can be challenging. Each provider must develop their own approach, pattern, and timing. Approaching the informed consent and informed refusal process by including the conversations related to the management of high-risk medication use not only supports safer care, but also demonstrates a deliberate, patient-

centered process that is consistently reflected in the medical record⁷—one of the most critical factors in the defense of the use of high-risk medications and related claims ↩

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References

¹Lawsuit Information Center. "Pitocin Overdose Birth Injury Lawsuit." Accessed March 2026. <https://www.lawsuit-information-center.com/pitocin-overdose-birth-injury-lawsuit.html>

²LexisNexis® "Verdict & Settlement Analyzer." Accessed April 2026. <https://www.lexisnexis.com/en-us/products/verdict-and-settlement-analyzer.page>

³American College of Obstetricians and Gynecologists. "Informed Consent and Shared Decision Making in Obstetrics and Gynecology." Committee Opinion No. 819. February 2021. Reaffirmed 2025. Accessed April 2026. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/02/informed-consent-and-shared-decision-making-in-obstetrics-and-gynecology>

⁴American College of Obstetricians and Gynecologists. "Improving Medication Safety." Committee Opinion No. 531. August 2012. Reaffirmed 2016. Accessed April 2026. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/08/improving-medication-safety>

⁵ECRI. "Ask ECRI: Is Written Informed Consent Recommended for High-Alert Medications Used during Labor and Delivery." Accessed April 2026. <https://members.ecri.org/guidance/hprm-ask-ecri-is-written-informed-consent-recommended-for-high-alert-medica>

⁶American College of Obstetricians and Gynecologists. "Refusal of Medically Recommended Treatment During Pregnancy." Committee Opinion No. 664. June 2016. Reaffirmed 2025. Accessed March 2026. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/06/refusal-of-medically-recommended-treatment-during-pregnancy>

⁷United States. Code of Federal Regulations. Title 42, Chapter IV, Subchapter G, Part 482, Subpart C, Sec. 482.24. "Consent documentation." Accessed April 2026. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482/subpart-C/section-482>



RISK MANAGEMENT AND PATIENT SAFETY NEWS



Getting Test and Lab Follow-Up Right Reducing Risk Through Practical and Modern Improvements

by Brad Dunkin, MHA

In the fast-paced environment of a medical office, ensuring timely and effective follow-up with patients is crucial for delivering high-quality care, improving patient outcomes, and optimizing practice efficiency. A well-designed follow-up system helps medical offices manage appointments, test results, treatment plans, and patient communications.

Because effective follow-up remains a persistent challenge across medical practices, inadequate or incomplete systems are a major contributor to diagnostic errors, which can result in poor patient outcomes, injury, and even death. In medical malpractice cases, it is especially difficult to defend care that was not delivered due to communication failures or breakdowns caused by ineffective follow-up processes. When lapses in patient care occur, plaintiffs alleging negligence are more likely to succeed. These claims are often among the most serious and costly, with approximately two-thirds involving clinically significant harm and nearly 44% related to diagnostic issues.¹ Physicians who order diagnostic tests are responsible for ensuring that the entire testing process is completed, including ordering, tracking, interpretation, documentation, and communication of results.

The core principles of medical test and lab follow-up have remained in place for decades, spanning the transition from manual medical record management to modern day electronic health records (EHR), and ever-evolving advances in technology.

As a foundation, the objective and scope of the follow-up system should be clearly established and understood. Essential elements of a comprehensive system include the following:

- Timely reminders for patients regarding appointments and tests
- Active tracking of ordered studies and pending results
- Ongoing chronic disease monitoring
- Reducing missed appointments and improving patient adherence
- Enhancing patient satisfaction

Two main components of a successful follow-up system include:

- Timely **ordering and tracking** of lab tests, imaging studies, and referrals
- Timely **communication** of lab tests, imaging studies, and referrals

Any system failure or communication breakdown pertaining to these key areas can result in harmful patient outcomes.

The Joint Commission, a respected accreditation organization, has set the standards for communicating test results to patients by recommending that healthcare organizations have clear policies and procedures in place. The standards are as follows:

- Clearly define key terms (e.g., normal, abnormal, abnormal-noncritical, critical).

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- Clearly outline physician responsibilities for engagement with patients on lab and test results.
- Establish procedures for fail-safe communication of abnormal test results, including incidental findings that may require attention and further testing and evaluation.
- Implement verbal and/or electronic reporting procedures for both critical and significantly abnormal laboratory, imaging, and other test values.
- Define “critical tests” and the acceptable length of time between their ordering and reporting.
- Specify time limits between the availability of test results and patient notification and identify preferred mechanisms for patient notification.
- Establish responsibilities for evaluating and monitoring communication procedures.² This entails ongoing attention to what works, what does not work, and how things might work better. It is a dynamic process.

Today, patients can easily access test results online, especially as practices increasingly adopt automated messaging and notification systems (via SMS text, e-mail, or secure patient portals) and telehealth services. These messaging systems must be secure and Health Insurance Portability and Accountability Act (HIPAA) compliant, given the exchange of sensitive health information between physicians and patients.

The Role of EHRs and Artificial Intelligence (AI) in Follow-Up Systems

In healthcare, the sheer volume of tests that are ordered, processed, tracked, and communicated is daunting. EHR systems and AI can play an important role in alleviating some of the administrative burden.

Most medical practices use EHR systems, many of which are designed to assist physicians with managing the ordering and tracking of tests. It is important that physicians take full advantage of the EHR’s capability and functionality in this area. In some cases, a physician may not be aware of the extent of EHR tools that can greatly assist with tracking

test results. In those cases, it is best to consult the vendor or a consultant who can ensure that the EHR is providing optimal support with test tracking and monitoring. When considering what EHR system to employ, this capability should be a priority.

EHRs help physicians track ordered medical tests in several ways:

- **Centralized documentation:** EHRs provide a single, organized place where all ordered tests are recorded. Physicians can easily review what tests have been ordered for a patient without needing to search through paper charts or multiple systems.
- **Order tracking and status updates:** Many EHR systems allow physicians to see the status of ordered tests; whether they have been completed, are pending; or if test results have been received, preventing missed or delayed follow-ups.
- **Automated alerts and reminders:** EHRs can generate alerts or reminders if ordered tests have not been completed within a certain timeframe or if follow-up actions are needed based on test results, enhancing timely patient care.
- **Integration with laboratory systems:** It is optimal if the EHR system integrates directly with laboratory and information systems, enabling electronic ordering of tests and automatic receipt of results.
- **Historical test data access:** Physicians can easily access a patient’s historical test results, allowing ease of comparison over time while enhancing clinical decision-making.
- **Improved communication:** EHRs facilitate communication among the healthcare team by making test orders available and visible to all authorized physicians involved in the patient’s care.

Overall, closed loop test result management is critical to ensure that every abnormal clinical result is acknowledged by a clinician and that follow-up actions are documented and completed.³

Additionally, AI is significantly enhancing how physicians track the ordering of medical tests for their patients by improving accuracy, efficiency, and decision-making by:

- **Automated order management:** AI systems can automatically track and manage test orders within EHRs, ensuring that tests are scheduled, completed, and results are received without manual follow-up. This reduces the risk of missed or duplicate orders.
- **Clinical decision support:** AI algorithms analyze patient data and clinical guidelines to recommend appropriate tests, helping physicians order the right tests at the right time. This ensures adherence to best practices and reduces unnecessary testing.
- **Alerting and reminders:** AI-driven alerts notify physicians when ordered tests are overdue, results are pending, or follow-up tests are needed. This proactive tracking helps prevent delays in diagnosis or treatment.
- **Prioritization and workflow optimization:** By analyzing test urgency and patient status, AI helps prioritize test orders, optimizing lab and imaging workflow and improving patient care timelines.
- **Data integration and visualization:** AI tools integrate data from multiple sources and present test order statuses in intuitive dashboards, enabling physicians to easily monitor and manage all pending and completed tests for their patients.
- **Reducing errors and duplication:** AI can detect potentially redundant or conflicting test orders, prompting physicians to reconsider or consolidate testing, which enhances patient safety and reduces costs.⁴

Stanford Health has developed an in-house AI application which assists physicians in generating patient-friendly test result explanations by analyzing, interpreting, and communicating the test results to the patient's physician for review before sending them to the patient. While AI technology may significantly streamline the process, a system must be in place to ensure physician oversight⁵ and their ability to close the loop on ordering and completing tests and receiving the results within a reasonable timeframe so they may be relayed to the patient, and a treatment plan may be formulated.

AI supports physicians by streamlining the test ordering process, improving adherence to clinical guidelines, reducing errors, enabling timely follow-up, and enhancing patient care. Whereas some of AI's capabilities may already be incorporated in the EHR being used, AI may supplement or expand these present capabilities.

These tools can improve reliability, but they do not replace clinical judgment or accountability. The responsibility to ensure follow-up ultimately remains with you.

It is apparent that with the aid of properly-used technology and tools, test tracking and monitoring can be streamlined, more efficient, and more reliable in preventing patient tests from falling through the cracks, thereby improving care and reducing the likelihood of malpractice cases where lack of follow-up is indicated. ←

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⁴Ellis, Lisa D. "Risks in General Medicine: Primary Allegations." The Risk Management Foundation of the Harvard Medical Institutions. July 16, 2019. Accessed April 6, 2026. <https://www.rm.f.harvard.edu/Risk-Prevention-and-Education/Article-Catalog-Page/Articles/2019/Safety-First-General-Med-Primary-Allegations>

²ECRI. "Ask ECRI: Communicating Critical Results." October 31, 2024. Accessed April 22, 2026.

³Partnership for HIT Patient Safety. "Implementing Closing the Loop. Safe Practices for Diagnostic Results." ECRI Institute. February 5, 2020. Accessed April 22, 2026. <https://psnet.ahrq.gov/issue/implementing-closing-loop-safe-practices-diagnostic-result>

⁴Maleki Varnosfaderani, Shiva, and Mohamad Forouzanfar. "The Role of AI in Hospitals and Clinics: Transforming Healthcare in the 21st Century." Bioengineering. March 29, 2024. Accessed April 22, 2026. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11047988>

⁵Armitage, Hanae. "AI Tool Assists Doctors in Sharing Lab Results." Stanford Medicine News Center. January 10, 2025. Accessed April 22, 2026. <https://med.stanford.edu/news/all-news/2025/01/ai-test-results.html>



Retaining Staff in the Medical Practice: Why Policies Aren't Enough

Staff retention in medical practices rarely hinges on a single policy or a year-end bonus. It's driven by the situations your team manages every day. Data from the Medical Group Management Association (MGMA) continue to highlight staffing shortages and administrative burden as primary stressors. However, these are often symptoms of how work is structured rather than the root cause.

Employees remain in their roles when their duties and responsibilities are manageable and meaningful. When individuals are regularly required to engage in reactive or inefficient tasks beyond their primary responsibilities, attrition and frustration quickly follow. Conversations with patients about finances are a prime example. When these sensitive interactions occur without proper training or clear expectations, employees can experience stress that accumulates quickly.

Insights from the MGMA reinforce a critical point for leaders: Turnover is not just about the volume of work but the organization of that work. When workflows are clunky or responsibilities aren't clearly defined, employees become disengaged and burnt out. The best practices that retain staff are those that take workflow design and role clarity seriously.

Broader workforce data consistently point to three areas where medical organizations fall short: communication, recognition, and compensation. In a clinical setting, these gaps manifest rapidly. When expectations aren't clear, when effort goes unrecognized, or when compensation feels out of step with the demands of the job, morale starts to slip—even if other parts of the operation are working well.

Consider developing policies and procedures, including sample written scripts, to support your team in handling challenging tasks—particularly those related to collecting payments from patients. Training and repetition make the task second nature and more efficient to help increase revenue.

Improving these areas does not require overcomplicating your management style. Clear and consistent communication regarding high-stress tasks reduces friction. Meaningful recognition can assist in easing the stress of your staff and can be as simple as a paid day off for a birthday or small, thoughtful rewards that break the monotony of a high-pressure environment. These gestures demonstrate that you value your staff as professionals and individuals, rather than viewing them simply as operational assets. While adjusting compensation models can be a complex process, maintaining transparency and consistency is essential for building long-term trust.

Retention never fixes itself. It is a direct reflection of the environment you create through both operations and culture. Successful organizations are intentional about both. They actively reduce administrative hurdles, clarify individual roles, and create a path for their teams to succeed.

CAP's practice management team specializes in helping organizations evaluate these workflows and reduce the administrative weight on your staff. We are here to support you and the patients you serve.

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Andie Tena is CAP's Assistant Vice President of Practice Management Services. Questions or comments related to this column should be directed to ATena@CAPphysicians.com.



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The Cooperative of American Physicians (CAP) continues to expand its educational offerings with the introduction of a new **specialty-specific online CME learning platform** focused on patient safety, clinical risk reduction, and today's most common medical liability threats.

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California Budget Revision

Where Healthcare Funding Stands

by Gabriela Villanueva



On May 13, 2026, Governor Gavin Newsom released the annual “May Revise” for the state’s 2026-2027 budget outlook.

The May revision provides a more accurate revenue estimate than January’s initial budget proposal because it includes updated tax receipts from April. Recently, revenue forecasts have improved, with both the state Senate and Assembly citing a short-term revenue surge as a reason to avoid previously anticipated cuts, enabling the governor to state that the revised budget resolves the earlier projected deficits.

The May Revision reports that estimated General Fund revenues from the state’s “Big Three” revenue sources—Personal Income Tax, Corporate Tax, and Sales and Use Tax—are approximately \$16.5 billion higher than projected in the January Governor’s Budget across a three-year budget window. The Administration states that Personal Income Tax revenue alone accounts for approximately \$13.6 billion of the increase.

The “new offer” extended by the governor will go through the legislative committee hearing process where both sides will negotiate a budget framework for lawmakers to vote on. Details will continue to be finalized thereafter through trailer bills, likely until the end of the legislative cycle.

Total 2026-2027 California state budget is \$349 billion.

In the healthcare space, the budget for the Department of Health Care Services includes \$223.2 billion (\$45.7 billion General Fund) for 2026-2027 programs, including:

- Budget for the Medi-Cal program proposed at \$194.4 billion (\$48.6 billion General Fund) in 2025-2026 and \$216.7 billion (\$44.9 billion General Fund) in 2026-2027.
- Medi-Cal is projected to cover approximately 14.4 million Californians in 2025-2026 and 13.9 million in 2026-2027—more than one-third of the state’s population.

Another important factor in the state’s healthcare funding is the outlook for the Medical Care Organization (MCO) Tax. According to the governor’s official budget document:

“The May Revision reflects Managed Care Organization (MCO) Tax revenue of \$4.5 billion in 2025-26 and \$2.5 billion in 2026-27 to support the Medi-Cal program. The May Revision also includes \$1.3 billion in 2025-26, \$2.4 billion in 2026-27, and \$150 million in 2027-28 to support increases in managed care and other payments relative to calendar year 2024, for hospital, community clinic, behavioral health, and other services for provider payments.”

This approach was heavily influenced by the changes imposed by HR 1, or the One Big Beautiful Bill passed in July 2024. Certain provisions will begin to go into effect January 1, 2027.

As stated on the governor's official budget document:

"The existing MCO Tax expires on December 31, 2026. Proposition 35, approved by the voters in November 2024, requires that the state seek federal approval to continue an MCO Tax that complies with the structure of the existing MCO Tax and limits non-Medicaid tax liability of future taxes to \$36 million annually. Recent federal changes pursuant to H.R. 1 prohibit taxes that assess higher tax rates on Medi-Cal plans than commercial plans, or otherwise place a disproportionately high tax burden on Medi-Cal plans. In order to align to the applicable law, the May Revision proposes to seek renewal of an MCO Tax effective January 1, 2027. The May Revision includes \$575 million in 2026-27, \$2.3 billion each in 2027-28 and 2028-29, and \$1.7 billion in 2029-30 from this new tax to support the Medi-Cal program and maintain targeted rate increases for primary, maternal, and non-specialty mental health care implemented on January 1, 2024."

Only time will tell how successful California will be at negotiating with the required federal entities to keep the MCO tax as an efficient source of revenue. The state will be on the hook address any remaining shortfalls. It is yet to be seen if the MCO tax revenue will be fully leveraged to improve physician reimbursement rates.

[2026-2027 Full Budget Summary](#)

<https://ebudget.ca.gov/FullBudgetSummary.pdf>



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Wealth Insurance for Independent Physicians: What to Consider



As physicians build their careers, their financial and lifestyle profiles often grow in ways traditional insurance solutions cannot adequately protect. Higher income, accumulated assets, business interests, and specialized hobbies can introduce exposures that basic policies are not designed to address.

Coverage limits may be too low, exclusions too broad, and certain risks not covered at all. For physicians, a single major claim—unrelated to clinical practice—can threaten personal wealth if insurance has not kept pace with financial growth

What Is Wealth Insurance?

Wealth insurance is a coordinated approach to personal risk management designed for individuals with higher income, growing assets, and more complex liability.

Rather than replacing existing coverage, wealth-focused insurance solutions are designed to strengthen and align with your protection. The goal is simple: to help protect what you've worked years to build from unexpected claims, legal disputes, or high-impact losses.

Depending on your circumstances, wealth insurance may include:

- Higher liability limits beyond standard umbrella policies
- Enhanced property coverage that reflects true replacement costs for primary or secondary homes

- Valuable articles coverage for items such as jewelry, art, collectibles, or specialty equipment at agreed value
- Asset specific coverage for exposures often excluded by standard policies, including aircraft or other specialty property
- Broader risk protection, such as identity theft, reputational exposure, or multi-property ownership considerations

Your success is well-deserved and it should be protected with thorough thought and planning.

Aviation as a Natural Extension of Wealth Protection

While only a subset of physicians fly, aviation is a notable example of a specialized exposure that traditional personal insurance was never designed to cover.

For many physicians, aviation is a practical tool: saving time between locations, enabling flexibility, or supporting professional obligations. It may also be a personal passion. What's often overlooked is that aviation exposure sits outside most traditional personal insurance frameworks.

Aerospace and aviation insurance is designed to address risks that standard liability and property policies explicitly exclude. These include physical risks of flight, passenger, and third party liability, regulatory requirements, and the high cost of aircraft damage or loss. Even minor aviation incidents can result in substantial financial exposure.

Physicians who rent aircraft, participate in flying clubs, share ownership, or use aircraft for business purposes may still face personal liability if coverage isn't properly structured.

Physicians also frequently encounter aviation-specific challenges such as:

- Higher value or turbine powered aircraft requiring specialized underwriting
- Limited liability limit options that do not align with overall asset levels
- Complex usage profiles, including shared or business use
- Pilot qualification requirements that may restrict or complicate coverage

In this context, aviation coverage isn't a standalone decision, it's part of a broader wealth protection strategy.

Start the Important Conversations Now

For physicians, the need for wealth insurance often emerges quietly through practice success, investment growth, or lifestyle changes. The risk is assuming your existing coverage will adapt automatically. It won't.

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