Yale to Pay $12.2 Million in Largest-Ever Award in Needlestick Case

In a ground-breaking case, a Connecticut judge recently awarded $12.2 million to a doctor who became infected with HIV from a needlestick injury. The doctor sustained the injury in 1988 when she was a first-year intern treating an AIDS patient at Yale-New Haven Hospital. Yale said it would appeal the jury's decision, which was announced on December 18, 1997. The award was the largest ever in a needlestick case, and the largest personal injury award in Connecticut history. The next largest award for a health care worker occupationally infected with HIV was $5.4 million for an infected nurse (identified as "Jane Doe" in court papers) in Utica, New York in 1992. In a 1989 case, Prego vs. City of New York et al., the plaintiff received $1.35 million.

The plaintiff in this case was injured as she inserted an IV catheter into a patient with AIDS on an intensive care unit; she had performed the procedure successfully only once before. In her suit, she argued that she had received inadequate training and supervision in the procedure, as well as incorrect information about how to perform it.

The needlestick occurred when the plaintiff, trying to occlude backflow of blood from the IV catheter before removing the stylet, placed her thumb over the catheter hub and was lacerated by the stylet as she pulled it out of the catheter.

Dr. Janine Jagger, director of the International Health Care Worker Safety Center at the University of Virginia, hopes the decision will "make medical schools and medical institutions sit up and take notice." In a 10/10/96 New England Journal of Medicine article written by Dr. Jagger, Patti Tereskerz, J.D., Ph.D. and Richard Pearson, M.D., they observed that "Training students to draw blood and perform intravenous-access procedures has too often been limited to the model of 'see one, do one, teach one.'" They recommended that students not "draw blood or perform intravenous-access procedures in patients known to be positive for bloodborne pathogens unless they are experienced and proficient," and urged that criteria for competence in such procedures be established.

—Jane Perry

Federal Legislation Proposed Requiring Hospitals to Use “Safe” Needle Products

REP. PETE STARK (D-CA) INTRODUCED a bill to the U.S. House of Representatives last October (10/28/97) that would require hospitals nationwide to use "approved and safe hollow-bore needle products" as a condition of participation in the Medicare program. The Health Care Worker Protection Act of 1997 (HR 2754) requires hospitals to use safe needle devices as defined and approved by the U.S. Food and Drug Administration (FDA), in consultation with an advisory committee comprised of frontline health care workers, technical experts, and representatives from consumer groups and industry. To enhance compliance, $5 million would be provided for education and training in the use of safety devices.

"Health care workers shouldn't have to risk their lives while saving the lives of their patients," said Stark. "This bill would ensure that the necessary tools—better information and better medical devices—are made available to our frontline health care workers."

The reaction to the bill has been mixed. While the bill has won support (continued on page 35)