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At the most fundamental level, people go to a doctor when they are sick. The medical profession at its core is a group of people dedicated to making people well, to making people feel better. Thus the profession is warmly regarded by the general public, revered perhaps above all others, and physicians are rewarded commensurately, because they heal the sick.

Sometimes, however, a person can visit a medical professional and become not better, but worse. Something can go wrong, a mistake can be made, and a healthy person can become ill, or an ill person can deteriorate. Society attempts to redress these tragedies through courts of law. This legal system has both its detractors and defenders; the latter see it as an appropriate way to compensate victims of errors and negligence, while the former sees the medical profession slowly being bled dry. The situation worsens as one side sees institutional and educational arrogance, while the other sees simple lust for financial gain and a "culture of compensation."

Finally, the situation deteriorates to a crisis. On one side, patients and their advocates are shocked by the number of medical mistakes made every year in hospitals in the United States. On the other, health care providers cite the astronomically high costs of insurance and practice and ruefully discuss the day when it will simply become too expensive to practice medicine in the United States.

It is this medical malpractice crisis that Harvard professor Michelle Mello explores in her symposium in this issue of the *Journal of Law, Medicine & Ethics*. Mello and her authors explore a number of interesting questions: is there a malpractice crisis in the United States? Do the current plans proposed by Congress, the Bush Administration, or advocates on either side of the issue provide a solution? Finally, what guidance is provided by an international perspective on the problem? Taken together, these articles provide an authoritative account of the problem of medical malpractice.

I also encourage all of our readers to use this issue of the *Journal* to closely examine some of the independent articles that we publish, which are distinct from our symposium topic. This issue contains articles on subjects as diverse as medical research in poorer countries, placebo controlled trials, and the role of the clinical investigator as fiduciary. Each of these important essays is well worth our attention; I do hope you take the time to read them.

Ted Hutchinson
Editor