When Patients Are Harmed, But Are Not Wronged: Ethics, Law, and History

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Abstract

Iatrogenic injury—injury caused unintentionally by medical treatment—breaks the oldest and most famous rule of medical ethics: *primum non nocere*, or above all, do no harm. Medical malpractice law, however, focuses on whether an injury was caused by negligence, not on whether an injury was iatrogenic. Iatrogenic injury inflicted without negligence is a common pattern in medical malpractice lawsuits; it is likely the pattern of *Jacobs v Cross* (Minnesota, 1872), in which Dr W. W. Mayo testified as an expert witness. As a matter of law, the doctor defendants should win all those lawsuits, for iatrogenic injury inflicted without negligence is not a legal wrong in the United States and has not been considered a legal wrong for hundreds of years. However, the medical ethics applicable to doctors’ duties to report incompetence in colleagues, including those who inflict excessive iatrogenic injury, have changed dramatically over time. In 1872, the ethical codes in the United States exhorted doctors not to criticize another doctor, even if incompetent. Today, doctors in the United States are ethically required to report an incompetent colleague.

IATROGENESIS

The very term *iatrogenic injury* is unknown to lawyers and, presumably, almost everyone else outside of medicine. Even within medical circles, the term has been used loosely. The root English noun *iatrogenesis* itself derives from a combination of the ancient Greek words *iatros* and *egenómēn*. *Iatros* is a noun cognate of the verb *ieonomai*, which means “to heal, treat, cure.” Its earliest surviving use is in Homer’s *The Iliad*, when Greek leader Idomeneus urges the hero Nestor to rescue the Greek’s best doctor, Machaon (a son of Asclepius), from the Trojans saying: “A healer (*iatros*) is a man worth many men in his knowledge of cutting out arrows and putting kindly medicines on wounds.” *Egenómēn* is the past tense of the common verb *gignomai*, which means “to come to be” (personal communication, classics professor Scott Bradbury, February 28, 2014).
“iatrogenesis,” therefore, is something whose genesis was an iatros, something that came to be because of a healer.

So, to be clear, in this article we use the term iatrogenic injury in its specific, denotative sense: injury caused unintentionally by medical treatment.3,4 Harm done by illness or other trauma—including arrows—is not iatrogenic, even if that illness or trauma could have been alleviated by medical treatment. Thus, a surgeon who cuts a nerve and leaves the patient with a neurologic deficit inflicts iatrogenic injury, while a dermatologist who misses a melanoma that spreads and ultimately leads to the patient’s death does not. Although we know that cutting the nerve caused iatrogenic injury and missing the melanoma did not, we know nothing as to whether the surgeon or the dermatologist was negligent. Negligence does not depend on whether the injury was iatrogenic.

Nonnegligent infliction of iatrogenic injury is a common pattern in medical malpractice lawsuits, all of which the doctors should win and most of which the doctors do win. It is likely the pattern of Jacobs v Cross (Minn 1872).1

HENRY JACOBS

Around 6 PM on Monday, July 17, 1871, Henry Jacobs (Figure), a healthy 15-year-old farm boy, climbed a 7-foot pole near his home in Haverhill, Minnesota. From his pole-top perch, Henry tried to “draw up, with my feet, Orvin Sprague.”1, p.4 Orvin held onto Henry’s feet, and Henry leaned over backwards to lift him. Sadly, Orvin let go, whereupon Henry fell to the ground and “threw my hands backwards to save myself.”1, p.4 Henry’s right hand was not bleeding or scratched by the impact, but it was “bent a little above the wrist.”1, p.4 He was not otherwise injured by his fall.

Dr Edwin C. Cross, a physician and surgeon with an active practice in Rochester, was summoned to look at Henry’s hand.1 Dr Cross arrived at the Jacobs farm around 9 PM that evening. He examined Henry and told Henry and his parents, Edwin and Elvira Jacobs, that “both bones of the arm were broken.”1, p.5 Henry’s arm was not swollen, and Dr Cross attempted to realign the bones (ie, a closed reduction). When this was unsuccessful, Dr Cross told the family that he could not set the arm that evening “for the bones were drawn in between each other,” so he would have to wait “until the muscles relaxed.”1, p.5 Dr Cross applied loose splints and bandages, and he instructed Henry’s parents to keep the arm wet with cold water for a couple of days, which they did.1

Dr Cross returned during the morning of Wednesday, July 19, 1871. According to Henry’s family, his hand was “not then swollen scarcely any”1, p.6 and “in color was like his other hand.”1, p.13 Dr Cross recalled, though, that Henry’s hand “sagged down ... [that the] pulsation of arteries in the wrist [was] not yet restored, and the hand was cold, flabby, and moist.”1, p.25 In any event, Dr Cross told the family that Henry’s arm was “doing well”1, p.6 and he performed a repeat closed reduction. With Henry lying on a couch, Dr Cross sat on a chair beside him, took hold of Henry’s fingers with one hand, took hold of Henry’s wrist with his other hand, put his foot “with his boot on” under Henry’s arm, and “pulled so hard it hurt my side.”1, p.6 After Dr Cross concluded that he had the bones “in the right place,”1, p.6 Dr Cross had Henry’s father hold splints alongside Henry’s forearm, and Dr Cross wrapped bandages around the splints. At that point, Henry’s father
recalled, the hand was “a natural color and felt natural... and had its natural temperature.” \(^1\), p.16

However, Henry reported that “it began to pain me while he was winding it up.” \(^1\), p.9

“I asked [Dr Cross] if it was not rather tight,” \(^1\), p.16 Henry’s father later testified. Dr Cross agreed that it was tight but that it “was done as well as it could be this side of New York.” \(^1\), p.16 But, just in case, Dr Cross stayed at the Jacobs farm for some minutes after completing the closed reduction to “see how the boy stood it.” \(^1\), p.16

According to Henry, his “hand began to pain me very hard... The center of my hand on the palm seemed as though it would burst.” \(^1\), p.7 Dr Cross asked Henry if he could stand it. Henry replied, “I can stand anything that was for my own good.” \(^1\), p.7 Dr Cross, satisfied, left. \(^1\)

For a half hour after Dr Cross left, Henry continued to feel pain, but “then it gradually ceased to pain me, and in about one and a half hours, the pain had all left.” \(^1\), p.7 After about 2 PM that Wednesday, Henry never felt pain in his hand again. Later that afternoon, though, Henry’s thumb began to change color to “a light purple and it continued to grow darker until the next day; it was not black as a boot, but it kept growing darker all the time.” \(^1\), p.8

Dr Cross returned to see Henry during the morning of Friday, July 21, 1871. He took one look at Henry’s thumb and “went to pulling out the pins from the bandages, and undoing it just as fast as he could.” \(^1\), p.8 Henry’s hand was not swollen at that point, but, according to his mother, “the hand looked as if it was dead. The three smaller fingers black... the thumb was swollen and black... and the hand was cold.” \(^1\), p.12-13 With the splints and bandages removed, Henry’s arm swelled to twice its normal size, and blisters formed on Henry’s arm, wrist, and hand. \(^1\)

When Dr Cross returned on Saturday, July 22, 1871, Henry’s father asked him whether he should get one or two doctors to consult with him, to “see if there was not some way to save the hand.” \(^1\), p.13 Dr Cross replied: “You can get as many as you please; you can get a dozen if you like; this is my business; I know all about it; I know too much about it; you will find this just as I tell you.” \(^1\), p.17

By Monday, July 24, 1871, Henry’s hand had begun to smell “very offensive.” \(^1\), p.13 Dr Cross got carbolic acid for the family to use. Henry’s mother recalled that Dr Cross “said he got all there was in St. Paul and all there was in Chicago; he said that without the carbolic acid we could not stay there any better than if a rotten sheep had been on the floor.” \(^1\), p.13

Henry’s right hand was amputated by Dr Cross on Wednesday, August 8, 1871—twenty-two days after Henry fell off the pole. \(^1\)

**JACOBS V CROSS**

The Jacobs family filed suit against Dr Cross in the Olmsted County (Minnesota) District Court on March 26, 1872. In their Complaint, the plaintiff alleged that Dr Cross “…so negligently, carelessly and unskillfully behaved, conducted, and governed himself in and about attending, dressing, setting and attempting to heal [Henry Jacobs’] said limb, that for the want of attention, skill and care, and for the want of the proper application of splints, bandages and dressing, and for the want of the proper application of suitable remedies and medicine thereto, and by the improper application of bandages and splints, and by and through the mere neglect, default, carelessness, and unskillfulness of [Dr Cross] in that behalf as physician and surgeon, [Henry Jacobs’] right hand became dead and lifeless, and ceased to have the proper circulation of blood therein, and perished and was afterwards cut off by [Dr Cross] above the said fracture of said forearm.” \(^1\), p.2

The Complaint alleged that Dr Cross caused Henry “great pain and anguish” and sought damages of $10,000. \(^1\), p.2

Dr Cross denied the Jacobs’ family’s charges of negligence, and he alleged that “the right hand of the plaintiff became dead and lifeless, and ceased to have the proper circulation of blood therein, and perished and was afterwards cut off by the improper application of bandages and splints, and by and through the mere neglect, default, carelessness, and unskilfulness of [Dr Cross] in that behalf as physician and surgeon.” \(^1\), p.3

The trial proceeded before the Honorable C. N. Waterman and a jury during October 1872. Henry, his parents, and some family friends testified. Nine doctors also testified at the trial: Dr Cross; Drs A. B. Stewart and Franklin Staples of Winona, Minnesota; Dr Storrs Hall of Rose-

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were in general accord: they would have done what Dr Cross did, and, in any event, Dr Cross did not cause Henry’s injury.1

Dr W. W. Mayo’s testimony was typical. As to negligence, or departure from accepted standards, Dr Mayo testified that he did “not see anything wherein I should have changed the treatment.” As to causation, Dr Mayo testified: “My opinion is that the hand was lost by reason of injury to the arteries; my reason for this opinion is that at the point of fracture, the arteries lay directly on the bones, and the fleshy matter that invests them is about one-sixteenth of an inch in thickness, consisting of the attachment of the muscles, and from the nature of the fracture, these bones must have ruptured the arteries at the time the fracture was made … I should say that no human skill could have saved the hand.”[1, p.27]

At the end of the trial, Judge Waterman instructed the jury on the law they were to apply to the evidence they had heard, and the jury retired to deliberate. On October 18, 1872, the jury rendered its verdict for Dr Cross.1 The Jacobs family appealed. The Minnesota Supreme Court affirmed, and the case was dismissed.5, p.27

**MEDICAL MALPRACTICE: THE COMMON LAW**

Judge Waterman instructed the jury on the law of negligence then (and, largely, now) controlling in Minnesota. Minnesota is a so-called common law jurisdiction. Common law jurisdictions are those whose law is rooted in medieval England, as opposed to civil law jurisdictions, whose law is rooted in ancient Rome. England and Wales are common law jurisdictions and so, for example, are all of the United States (other than Louisiana, which is a mixed common law/civil law jurisdiction), Australia, India, and most countries that were once part of the British Empire.

Medieval English law evolved slowly, as medieval English medicine evolved slowly. Magic, superstition, and astrology were slow to yield to science. In Forest v Rolf, Dalton, and Harwe (London, 1424),5 for example, the court absolved the physicians of malpractice and assigned blame for the plaintiff’s injury to, among other things, “the malevolent constellation Aquarius.”[6]

By the Enlightenment, however, doctrines that are the recognizable sources of modern, common law concepts of professional liability—and the word *malpractice*—were coming into being. William Blackstone, in his *Commentaries on the Laws of England* (1768), wrote as to “Injuries affecting a man’s health”: “… *mala praxis* is a great misdemeanor and offence at common law, whether it be for curiosity and experiment, or by neglect, because it breaks the trust which the party had placed in his physician, and tends to the patient’s destruction.”[7]

From the beginning of the United States, the law applicable to a medical malpractice claim has been state law—in the case of *Jacobs v Cross*, the law of the State of Minnesota—not federal law. The law in the 50 states varies slightly and has evolved somewhat since 1872, but it is mostly consistent across the states and mostly the same now as it was then. In 1872, and now, the law requires that a medical malpractice plaintiff prove all 3 elements of the claim: liability, causation, and injury/damages.

As to malpractice liability, in 1872, Judge Waterman instructed the jury, in part, that “[a] physician or surgeon is under obligation, and it is his duty in the treatment of a case, to employ such reasonable skill and diligence as is ordinarily exercised in his profession, and in judging of this degree of skill, regard is to be had to the advanced state of the profession at the time.”[1, p.29] Today, in Minnesota, judges instruct juries similarly: “Negligence is the failure to use reasonable care under the circumstances. Reasonable care by a doctor is care that meets an accepted standard of care a doctor who is in a similar practice in a similar community would use or follow under similar circumstances.”[8]

As to causation, in 1872, Judge Waterman instructed the jury that “[u]nless the jury shall find that the loss of the plaintiff’s hand was caused by such neglect, default, carelessness, or unskilfulness, a verdict should be rendered for the defendant.”[1, p.29] That is an accurate statement of the law today in Minnesota, but now judges add a definition: “A ‘direct cause’ is a cause that had a substantial part in bringing about the injury.”[8]

As to injury/damages, in 1872, Judge Waterman instructed the jury that the “plaintiff claims damages solely on account of the loss of his hand … [t]he loss of the hand is the gist of the action,” and the jury was asked to determine “how much should the defendant pay the
plaintiff by way of damages for the injury he has sustained ….”1, p.20 Today, Minnesota judges instruct juries that they must determine the “sum of money that will fairly and adequately compensate a person” for injuries caused by a wrongdoer, which may include “pain, disability, and disfigurement.”6

The law as to each of these 3 elements has been steady for centuries, but it has not been completely static. As to liability, “informed consent” claims, which are characterized in Minnesota and several other US states as a type of negligence, have become more robust.9 As to causation, many states’ courts have relaxed the burden of proving how much a doctor’s negligence contributed to an injury that has multiple causes. And, as to injury/damages, the courts have created an entirely new type of compensable injury: “loss of chance.”

In 1872, an injury had to be actual or likely before it was compensable. Now, in Minnesota, 21 other US states, and the District of Columbia, a loss of chance of survival or recovery is compensable.10 That is, if a doctor’s negligence causes a patient’s likelihood of cure to decrease by 20%, the patient can sue the doctor for that 20% decrease, even if no injury has occurred or is likely to occur. Even in modern loss of chance cases, however, plaintiffs still must prove that a doctor’s negligence caused the loss of chance. As the law has steadily held for centuries, negligence matters, not iatrogenesis.

IATROGENIC INJURY?
The Jacobs v Cross jurors were instructed to apply Minnesota’s common law of medical malpractice to the evidence they had heard, including the testimony of Dr Cross, Dr Mayo, and the 7 other doctors who testified as experts during the trial. But, as the trial record excerpts indicate, all the doctors were likely incorrect about what caused Henry to lose his hand. Most likely, Henry lost his hand because Dr Cross’s closed reduction and tight dressings on July 19, 1871, caused loss of blood supply to the hand, necrosis, and, ultimately, the need for amputation. That is, Henry’s hand was lost due to iatrogenic injury.

Although they may have been incorrect as to why Henry’s hand was lost, there is no reason to suspect that Dr Cross, Dr Mayo, and the other doctors who testified during the Jacobs v Cross trial lied. Compartment syndromes may have been poorly understood in the United States at the time. The seminal medical articles working out the details of why the hand develops ischemic contractures after excessive swelling and tight dressings were just being published, in German.11-13 In parts of the world with less advanced medicine, Volkmann contractures, ischemic injury, and loss of limbs are still being caused unwittingly by excessively tight dressings applied by local healers and bone setters.14 Even today in the United States, although compartment syndrome is a known risk of fracture treatment, orthopedic surgeons dread the stoic patient who does not seek emergency care for compartment syndromes or a too-tight cast until it is too late.

Moreover, the error by Dr Mayo and the other doctors as to why Henry lost his hand should have no effect on the outcome of the case. A medical malpractice plaintiff has to prove all 3 elements of the claim: liability, causation, and injury/damages. As to liability, all the doctors testified that they would have done what Dr Cross did. Assuming that is true, and there is no reason to doubt it, Dr Cross complied with accepted standards of care at the time and, therefore, was not negligent. Thus, even if the doctors had known and testified that Henry lost his hand because of Dr Cross’s too-tight dressings, not because Henry “ruptured the arteries at the time the fracture was made,” that correction would only establish the causation element of Henry’s malpractice claim. But, Henry’s claim had already failed at the first step; the evidence established that Dr Cross was not negligent. Once that is established, it does not matter whether Henry’s injury was iatrogenic. Dr Cross won the case, and properly so.

IATROGENIC INJURY: ETHICS
Dr Mayo and the other nontreating doctors who testified at the Jacobs v Cross trial were, in modern nomenclature, “expert witnesses”—persons qualified to testify because they have specialized knowledge that can assist the jury to answer the key questions presented: What is the standard of care? Did Dr Cross comply with it? Why did Henry lose his hand?15 These doctors had a relatively easy task, for they treated patients just as Dr Cross did; they did not realize that Henry’s injury was iatrogenic; and there is no indication that Dr Cross was anything other than a skilled, experienced, and competent doctor.
What if their task had been harder? What if they had realized that Dr Cross had inflicted iatrogenic injury on Henry? What if Dr Cross was incompetent, inflicting iatrogenic injury on patients regularly? Under those circumstances, their ethical duties in 1872 were quite different from their ethical duties today.

In 1872, there was more of an ethical duty to protect the profession, particularly from then-surging medical malpractice lawsuits; today, there is more of an ethical duty to protect the patients and the public. Even in 1872, however, there was no professional obligation to shade testimony to protect a friend. We know that Dr Mayo did not do so, for we know that Dr Mayo and Dr Cross were not friends. Dr Cross considered Dr Mayo to be an “impractical idealist whom one could comfortably ignore except when he made a confounded nuisance of himself with his radical ideas,” and Dr Mayo considered Dr Cross to be “more concerned with money-making than any man, let alone any doctor, had a right to be.” When asked why he had testified so forcefully and effectively on behalf of a man he disliked, Dr Mayo responded: “I did it for the profession, not for him, damn him.”

Earlier that same year, 1872, Dr Mayo made plain what he thought he had to do for the profession. In his inaugural address as president of the Minnesota State Medical Society, Dr Mayo decried a surge in “these suits of law for so-called mal-practice.” Dr Mayo expressed his concern that: “Whenever deformity is a consequence of an injury, the impecuniosity of one class and the avarice of another, will seek to make the deformity an excuse to get an amount of money from the surgeon which they never could accumulate by honest industry, and the law has two [sic] frequently been guilty of transferring the accumulated industry of one man to the shiftlessness of another.” Dr W. W. Mayo clarified that he did not “wish that we should hide ourselves behind any law for any real case of mal-practice,” but he did urge a search for “any possibility for the profession being protected from any of these needless, expensive, and vexations [sic] suits,” which he characterized as “a system of black-mailing.”

At the time of Dr W. W. Mayo’s inaugural address and the Jacobs v Cross trial, American doctors felt besieged. In 1872, doctors felt that the United States was so afflicted by “suits of law for so-called mal-practice” and so infested by untrained “quacks” that they had to band together for self-protection. Their concerns were not completely unjustified. Medical malpractice litigation increased 20-fold between 1830 and 1900, and “quacks” selling patent medicines, snake oil, magic potions, and talismans were everywhere—injuring patients and, incidentally, depriving doctors of patients.

At the same time, a defined system of medical ethics was in its infancy in the United States. The American Medical Association (AMA) had adopted its first “Code of Medical Ethics” in 1847, just 25 years earlier. The 1847 Code reflects the doctors’ siege mentality. State and local medical societies formed, and at least one pronounced it unethical for doctors to testify against other doctors. No such professional courtesy was extended to “quacks.” Indeed, the 1847 Code exhorts doctors to “bear emphatic testimony against quackery in all its forms.”

The 1847 Code did not encourage enlightening the public; rather, the wagons were to circle. For example, the 1847 Code urged that a “physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance: the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation.” And, subsequent treating physicians are exhorted: “… no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candour, and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.”

Telling the truth is never forbidden by the 1847 Code. As to disagreements among doctors or criticism of other doctors, however, telling the truth is what one does only when one must.

This “don’t speak ill of a fellow doctor’s competence” theme persisted largely intact
through the AMA’s “Principles of Medical Ethics” promulgated in 1903. All the exhortations from the 1847 Code were retained in the 1903 revision. Actually, the principal change adopted in 1903 had nothing to do with the ethical obligations of physicians; rather, the principal change was elimination of an entire section of the 1847 Code that proclaimed how subservient patients should be to their doctors. The provision of the 1847 Code requiring that a patient “never weary his physician with a tedious detail of events or matters not appertaining to his disease” was deleted; so was the provision requiring that “obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them.”

By the time of the next major revision of the “Principles of Medical Ethics” in 1957, the AMA was ready to return to the ethical obligations of physicians themselves, and, by then, “don’t speak ill of a fellow doctor’s competence” was eroding. In the 1957 “Principles of Medical Ethics,” the medical profession was exhorted to “safeguard the public and itself against physicians deficient in moral character or professional conduct … [and to] expose, without hesitation, illegal or unethical conduct of fellow members of the profession.” Even by 1957, however, the ethical obligation to expose fellow doctors was limited to “illegal and unethical conduct,” not incompetence.

By 1980, the “don’t speak ill of a fellow doctor’s competence” theme had reversed. The 1980 AMA “Principles of Medical Ethics” stated that “honorable behavior for the physician” included “striving to expose physicians deficient in character or competence, or who engage in fraud or deception.” And, when revised in 2001, the requirement to “expose” incompetent physicians escalated to a requirement to “report.” Specifically, the 2001 revision, which is the current AMA “Principles of Medical Ethics,” provides: “A physician shall … strive to report physicians deficient in character or competence … to appropriate entities.”

None of the iterations of the AMA’s “Principles of Medical Ethics” has been explicit as to what is meant by “deficient in character or competence,” or as to what the criteria of deficiency are, or as to what threshold of deficiency must be crossed to activate the requirement to report an incompetent colleague. However, doctors who inflict, or who are likely to inflict, iatrogenic injury on patients are the clear concern. Indeed, the AMA’s Council on Ethical and Judicial Affairs has opined that the very duty to report “steps from physicians’ obligation to protect patients against harm” and that “[i]ncompetence that poses an immediate threat to the health and safety of patients should be reported directly to the state licensing board.”

In many US states, the state licensing board is designated by statute to receive such reports. In Minnesota, for example, licensed health professionals must file a report with the Board of Medical Practice if they have “personal knowledge of any conduct which the person reasonably believes” indicate that another professional is “medically incompetent … or may be medically or physically unable to engage safely in the practice of medicine.”

But, are doctors following the new rules? In a survey of more than 3000 doctors published in the Journal of the American Medical Association in 2010, hundreds of doctors—17% of those who responded—said that they knew of an incompetent colleague. However, fully 33% of those doctors had not reported that colleague. In fact, among all responding doctors, 36% said that there should be no professional commitment whatever to report an incompetent colleague. The survey authors deem those results “troubling.” At the least, those results indicate that a strong desire to protect other doctors lingers, even though the ethical rules now require that doctors protect patients, not each other.

**SUMMARY**

Henry Jacobs fell off a 7-foot pole in 1871, broke his right arm, and came under the care of Dr Edwin C. Cross. Dr Cross performed a closed reduction to restore alignment, but he inadvertently cut off the blood supply to the hand. The hand became necrotic and was amputated.

Henry’s family sued Dr Cross, alleging medical malpractice. Nine doctors, including Dr W. W. Mayo, testified at the trial of Jacobs v Cross (Minn, 1872). All the doctors testified that they would have done for Henry essentially what Dr Cross did for Henry. Based on that testimony, the jury was correct to find that Dr Cross was not negligent, for he did not depart...
from accepted standards of medical care and, therefore, did not commit medical malpractice.

Henry suffered physical injury from Dr Cross’s care, but he was not legally wronged by Dr Cross. For hundreds of years, the common law of medical malpractice has focused on negligence. Whether an injury is iatrogenic does not matter; what matters is whether an injury was caused by negligence. Iatrogenic injury is not necessarily a result of negligence, and iatrogenic injury was caused by negligence. Iatrogenic medical malpractice law has focused dramatically. In 1872, medical ethics have changed much since 1872, medical ethics have changed dramatically. In 1872, doctors were exhorted not to criticize another doctor. Today, doctors are ethically required to report an incompetent colleague.

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