

Medical-Legal Committee
jointly sponsored by

KING COUNTY MEDICAL SOCIETY

KING COUNTY BAR ASSOCIATION

Interprofessional Handbook:
Guidelines for Physicians and Attorneys



THE MEDICAL-LEGAL COMMITTEE

The Medical-Legal Committee is a joint committee of the King County Medical Society and the King County Bar Association. It is composed of six physicians and six attorneys appointed by their respective organizations. The purpose of the Committee is to help maintain and, wherever possible, improve communication and interprofessional contact between attorneys and physicians.

The Committee's functions include:

1. promoting the guidelines set forth below;
2. hearing disputes and recommending solutions to those disputes between attorneys and physicians, where either the attorney or physician whose conduct is disputed offices or practices in King County;
3. serving as a liaison between the King County Medical Society and the King County Bar Association to encourage cooperation to resolve mutual problems in an ethical and professional manner;
4. establishing and maintaining operating procedures for professional liability panels to hear voluntarily submitted medical malpractice claims; and
5. advising and making recommendations to the King County Medical Society and King County Bar Association regarding medical-legal matters of interest or importance to either or both.

INTRODUCTION

In 1972, the Medical-Legal Committee of the King County Medical Society and the King County Bar Association first published the Medical-Legal Liaison Pamphlet, designed to guide King County physicians and lawyers in matters requiring their professional interaction and mutual cooperation.

The Committee believes that if physicians and attorneys adhere to the guidelines set forth below, many of the recurring disputes will be avoided and more formal, time-consuming and expensive dispute resolution rarely will be necessary.

INTERPROFESSIONAL GUIDELINES FOR ATTORNEYS AND PHYSICIANS

PREAMBLE

These provisions are intended as guidelines for civil litigation matters. They are not mandatory, but are suggested rules based upon sound principles of medical and legal ethics and rules of law. Because the rules for criminal cases are different from the civil rules, these provisions generally do not apply to matters in the criminal justice system.

The guidelines are designed to promote the public welfare, improve the practical working relationship and communication between the two professions, facilitate the administration of justice, and recognize the respective needs of physicians and patients, attorneys and clients.

As used in these **guidelines**, the word “attorney” includes the attorney’s office staff, representatives, or investigators, and the word “physician” includes the physician’s office staff.

MEDICAL RECORDS

Original medical records are the business records of the physician and, as such should be retained by the physician. Copies of medical records, and on occasion original medical records are often needed by the patient, other health care providers, insurance companies, or attorneys for litigation or other legal purposes. Upon receipt of proper authorization, stipulation, subpoena, court order, or as otherwise required by law, the physician should promptly provide copies of medical records and the information contained therein as directed in the authorization, stipulation, subpoena or court order to the designated persons or entities. In those instances where original medical records must be released, the physician should retain a complete and legible copy. In legal proceedings, delays in providing medical records or medical information may delay payment of claims, prejudice opportunities to settle claims or lawsuits, delay trial, or cause additional expense or the loss of important testimony.

Guidelines For Attorneys:

1. An attorney should not request a physician to release a patient’s medical record unless the attorney provides the physician with a proper authorization signed by the patient, a stipulation for release of medical records signed by the patient’s attorney, a subpoena duces tecum issued after a 14-day notice as required by the Health Care Information Act,¹ or a court order, or unless such release is necessary to the attorney’s legal representation of the physician or is otherwise permitted or required by law.

¹ RCW 70.02.060.

2. Only after an attorney serves a 14-day notice and issues a subpoena duces tecum for medical records may the attorney request that the physician mail the records in lieu of noting a formal deposition.

3. If an attorney legitimately wishes to obtain medical information for which a specific release is required (e.g., sexually transmitted disease, HIV testing, mental illness or drug and alcohol abuse counseling information, etc.),² the attorney should provide the physician with a proper specific release, stipulation, subpoena, or court order pursuant to the governing statutes and regulations.

4. An attorney requesting medical records is responsible for doing all that is appropriate to ensure that the physician is reimbursed in a timely manner for the reasonable cost of providing copies of medical records. Reasonable cost is defined as a duplication charge for copies not to exceed 74¢ per page for the first 30 pages and 57¢ per page for all other pages. A clerical fee for searching and handling may be charged not to exceed \$17. Where editing of records is required by statute and done by the physician personally, the fee may be the usual and customary charge for a basic office visit. The physician may require prepayment of the fee.³

5. Questions regarding the discoverability of confidential information contained in medical records should be resolved by counsel and the court, if necessary, before involving the physician.

6. An attorney receiving a patient's medical records should keep those medical records confidential and should not release the information contained therein except as reasonably necessary to effectively represent the attorney's client(s).

Guidelines For Physicians:

1. Unless a physician receives a proper authorization signed by the patient or the patient's legal representative, a stipulation for release of medical records signed by the patient's attorney, a subpoena duces tecum⁴ issued after a 14-day notice as required by the Health Care Information Act⁵ or a court order, a physician should not send medical records to any attorney other than his/her own

² These records are protected by specific state and federal statutes requiring an authorization to state that the particular type of record may be released. A general release is not sufficient. State statutes are RCW 70.24.105, Sexually Transmitted Diseases/HIV; RCW 70.96A.150, Drug and Alcohol Abuse Treatment; RCW 71.05.620, Mental Illness and Treatment; RCW 71.34.200, Mental Health Services for Minors. Federal statutes and regulations include 42 U.S.C. § 290dd-2; 42 CFR Pt. 2.

³ RCW 70.02.010(12); RCW 70.02.030(2).

⁴ A subpoena duces tecum is a formal legal command issued by a party to a witness to appear and produce documents or things relevant to the lawsuit that are in the witness's possession.

⁵ RCW 70.02.060.

attorney. A physician may send medical records to his/her own attorney when necessary to the physician's legal representation.

2. Records may be mailed in lieu of a formal records deposition only as follows:
 1. After the physician receives a 14-day notice that a party seeks the patient's records; and,
 2. At least 14 days elapse and no protective order is served on the physician; and
 3. The physician receives a subpoena duces tecum to produce the records.

Upon receipt of a proper subpoena duces tecum as described above, the physician should produce the records as directed in the subpoena.

3. Physicians should be cognizant of the statutes and regulations prohibiting the release of certain sensitive medical information, absent a proper specific release, stipulation, proper subpoena, or court order authorizing or requiring the release of such information (e.g., sexually transmitted disease, HIV testing, mental illness and drug and alcohol abuse counseling information, etc.).⁶ Caution: This also applies to outside records contained within the physician's chart.

4. Special rules may apply in workers' compensation claims. A signed authorization, stipulation, or court order may not be necessary for the release of records. A physician should release medical records or medical information to the Department of Labor and Industries, its representatives, the patient's employer, and/or the patient's attorney as provided by the workers' compensation laws.

5. If a physician is in doubt about whether release of certain records or information is proper, the physician should seek independent legal counsel.

6. A physician may charge the party requesting copies of medical records for the reasonable cost of providing the copies. Reasonable cost is defined as a duplication charge for copies not to exceed 74¢ per page for the first 30 pages and 57¢ per page for all other pages. A clerical fee for searching and handling may be charged not to exceed \$17. Where editing of records is required by statute and done by the physician personally, the fee may be the usual and customary charge for a basic office visit. The physician may require prepayment of the fee.⁷

⁶ These records are protected by specific state and federal statutes requiring an authorization to state that the particular type of record may be released. A general release is not sufficient. State statutes are RCW 70.24.105, Sexually Transmitted Diseases/HIV; RCW 70.96A.150, Drug and Alcohol Abuse Treatment; RCW 71.05.620, Mental Illness and Treatment; RCW 71.34.200, Mental Health Services for Minors. Federal statutes and regulations include 42 U.S.C. § 290dd-2; 42 CFR Pt. 2.

⁷ RCW 70.02.010(12); RCW 70.02.030(2).

7. A physician should not withhold properly requested medical records because the physician's bill for medical services remains unpaid.

MEDICAL REPORTS

On occasion, a patient's attorney may request the patient's physician to provide a narrative medical report or summary, apart from a copy of the medical records. Delays in providing requested reports can delay payment of claims, prejudice settlement, delay trial, cause additional expense, or result in the loss of important testimony.

Guidelines for Attorneys:

1. When a patient's attorney wishes an attending physician to provide a narrative medical report or summary, apart from the copy of the medical records, the attorney should give the physician reasonable advance notice of the need for the report, provide the physician with proper written authorization from the patient, and outline, preferably in writing, what information is being requested or what specific questions need to be answered.

2. When considering requesting a narrative medical report or summary, the attorney should consider whether the physician's treatment records already provide the information needed in a legible and useful form. Attorneys should be sensitive to the many demands on physicians' time, and generally should avoid requesting reports and summaries that serve only to restate information already clearly stated in treatment records.

3. An attorney requesting such a report is responsible for doing all that is appropriate to ensure timely payment of the physician's reasonable fee for preparing such a report.

Guidelines for Physicians:

1. A physician, upon request and upon receipt of proper authorization, should promptly furnish the patient's attorney a complete narrative medical report, unless the attorney has requested only limited information or answers to specific questions. A complete narrative medical report should fully inform the attorney regarding the nature and extent of the patient's condition or injury, the patient's history, any special tests, the findings, the treatment, the diagnosis, and the prognosis. Technical medical terminology should be kept to a minimum.

2. The physician may charge a reasonable fee for the preparation of any requested report.

CONFERENCES WITH AND DEPOSITIONS OF TREATING PHYSICIANS

It is the duty of each professional to fully, fairly, and adequately present the medical information relevant to legal controversies. To that end, in the past, the practice of informal conferences between physicians and attorneys has been recommended and encouraged. The Washington Supreme Court has ruled, however, that it is improper for a defense attorney in personal injury cases to meet, or talk, privately about a patient with a treating physician. Instead, a defense attorney in such cases must use formal discovery methods to obtain information from a treating physician.

Therefore, although informal conferences between treating physicians and their patients' attorneys are encouraged, physicians should exercise caution in responding to attorneys' requests for information about patients. Physicians should avoid even indirect private communications about their patients with attorneys for their patients' legal adversaries. Both physicians and attorneys should adhere to the following basic guidelines to minimize the risk of unauthorized disclosure of confidential information.

Guidelines for Attorneys:

1. An attorney should not attempt to meet or talk privately with a treating physician about a patient, but instead should proceed by duly noted deposition, unless the attorney provides the physician with an appropriate, signed authorization, stipulation, or court order, or is otherwise entitled to do so by law, or unless necessary to the attorney's legal representation of the treating physician.
2. When an attorney needs to meet with or schedule the deposition or court appearance of a physician, the attorney should provide the physician with reasonable notice.
3. An attorney should work with the physician's office staff in scheduling conferences, depositions, or court appearances to minimize inconvenience and disruption of the physician's practice. For deposition scheduling, the attorney should also cooperate with opposing counsel.
4. An attorney should be prompt for scheduled conferences or depositions with a treating physician, recognizing the demand on the physician's time.
5. An attorney requesting the physician's appearance at a conference, deposition or trial is responsible for doing all that is appropriate to ensure that the physician receives appropriate reasonable compensation for such activities.
6. An attorney requesting the conference, deposition, or court appearance should clarify what, if any, preparation the attorney expects the physician to do, as well as the fee arrangement for such preparation time.

7. An attorney should promptly and diligently notify a physician of any required scheduling changes of conferences, depositions or court appearances, the continuance or the settlement of cases, so that the physician may productively schedule and use any time previously set aside.

Guidelines for Physicians:

1. While the law does not require a physician to meet privately with any attorney to discuss a patient, it does prohibit a treating physician from meeting, or talking, privately about the patient with the attorney for the patient's legal adversary.

2. Unless an attorney provides an authorization signed by the patient, a stipulation signed by the patient's attorney, or a court order authorizing contact without the patient's knowledge or consent, or unless otherwise permitted or required by law, treating physicians should not meet or talk privately about a patient with any attorney other than their own as necessary to their own legal representation. A physician should insist instead that the attorney proceed with a formal deposition.

3. Special rules may apply in workers' compensation claims. A signed authorization, stipulation, or court order may not be necessary for private interviews or telephone discussions with attorneys representing the Department of Labor and Industries or the patient's employer.

4. A treating physician should reasonably cooperate and promptly be available for conferences, depositions, or court appearances as needed regarding the patient.

5. A physician should be prompt for scheduled conferences or depositions, recognizing the demand on the attorney's time.

6. Physicians are encouraged to make themselves reasonably available for informal conferences with the patient's attorney. The physician should not insist that the patient's attorney proceed with a deposition to make the process more cumbersome or to evade involvement.

7. A physician may charge a reasonable fee that does not discriminate between the parties for conferences, depositions, or court appearances.⁸

8. A physician should verify what, if any, preparation is expected by the attorney for such conference, deposition or court appearance and should advise the attorney in advance of expected fee arrangements.

⁸ Civil Rule for Superior Court 26(b)(6). This rule does not apply to fact witnesses in criminal cases.

9. A physician should make every effort promptly and diligently to notify the attorney if anything arises that will make his or her appearance at the scheduled conference, deposition, or trial impossible so that the attorney has ample time to reschedule, seek a continuance, or make whatever other arrangements are necessary to avoid the loss of important testimony.

SECURING OPINIONS OF PHYSICIANS OTHER THAN TREATING PHYSICIANS

Under certain circumstances and in certain kinds of cases, an attorney may wish or need to obtain a second opinion, consultation, medical examination, or expert opinion from a physician other than a treating physician.

Guidelines For Attorneys:

1. Attorneys should be cognizant of and sympathetic to the customs and code of ethics of physicians.

2. When a patient's attorney advises the patient to obtain a second opinion, the attorney should be careful not to offend or disrupt the patient-physician relationship which exists between the patient and the attending physician.

3. When an attorney wishes a second opinion, consultation, medical examination, or expert opinion, the attorney should communicate, preferably in writing, to the physician exactly what is needed, why, and the timetable involved.

4. An attorney requesting a physician to provide a second opinion, consultation, medical examination, or expert opinion should do all that is appropriate to ensure that the physician is reimbursed for the reasonable charge for providing such services.

Guidelines For Physicians:

1. Physicians should cooperate and participate in providing second opinions, consultations, medical examinations, and expert opinions within their areas of expertise, when requested to do so by attorneys.

2. Attending physicians should cooperate in obtaining second opinions by other physicians for medical-legal purposes when requested by the patient's attorney. Attending physicians should give consideration to the patient's attorney's suggestions regarding medical-legal examiners or consultants.

3. When a physician is asked to provide a second opinion regarding another physician's patient, the physician should pay particular attention not to offend the patient-physician relationship which already exists between the patient and the attending physician.

4. A physician providing a second opinion, consultation, medical examination, or expert opinion, may charge a reasonable fee for time spent providing such services.

PHYSICIANS CALLED AS WITNESSES

A physician called as a witness should frankly state his or her medical opinion. A physician should not be an advocate and should realize that his or her testimony is intended to enlighten rather than to impress or prejudice the court or jury. The physician should be equally as candid when testifying on cross-examination as when testifying for the party calling the physician as a witness.

An attorney should always treat a physician witness with respect and professional courtesy and should not seek to unduly influence a physician's medical opinion. Established rules of evidence and discovery afford ample opportunity to test the qualifications, competence and credibility of the physician as a medical witness, as well as the reliability and foundation for a physician's medical opinion.

Unless an attorney either obtains a written acceptance of service or formally serves a witness with a subpoena, the attorney may not be in a position to protect the client's interests in the event the witness fails to appear at a deposition or trial for some unanticipated reason. Thus, a physician should understand that, on occasion, an attorney must serve a formal subpoena on a physician. An attorney should understand that service of a subpoena on a physician at the physician's office in plain view of patients can be misinterpreted by patients and can be disruptive of the patient-physician relationship. Therefore, when service of a subpoena on a physician is necessary, an attorney should take reasonable steps to avoid obtrusive service, and the physician should not evade such service. Whenever possible, the attorney and the physician should discuss the reasons for service and attempt to agree on the most appropriate and/or least obtrusive time, place, and manner of service of a subpoena.

FEES FOR SERVICES OF PHYSICIANS IN MEDICAL-LEGAL MATTERS

Physicians performing professional services in connection with medical-legal matters are entitled to charge the requesting party a reasonable fee for the services rendered.

The most frequently recurring disputes between physicians and attorneys brought before the Medical-Legal Committee are fee disputes. The Medical-Legal Committee believes that many of those disputes could be avoided if physicians and attorneys would approach each other with sensitivity, common and professional courtesy, and communicate from the outset about what is needed and why,

the time constraints involved, the fees to be charged for each service, and the party responsible for payment.

Guidelines For Attorneys:

1. An attorney requesting a physician's services is responsible for initiating discussions at the outset and for reaching an agreement in advance as to the fees to be charged and payment obligations. Such agreement should be confirmed in writing.

2. An attorney should recognize that a physician is legitimately entitled to charge a reasonable fee for canceled court appearances, conferences, or depositions if cancellation comes so late that the physician cannot productively use the time already set aside. Therefore, an attorney should be prompt and diligent in informing a physician of scheduling changes, cancellations, continuances, or settlements, so that the physician may reschedule other productive use of his or her time.

3. An attorney should never charge a fee to a physician for the collection of an unpaid bill for medical services received through medical-legal litigation for the patient.

4. An attorney should never suggest that the physician's fee be wholly or partially contingent upon the outcome of the medical-legal case.

5. An attorney should cooperate appropriately to assist the physician in securing payment of fees from the attorney's client incurred in connection with the medical-legal case.

6. An attorney should make clear to the physician that the attorney's client is ultimately responsible for payment of the physician's fees, even if the physician's services are requested or paid in whole or in part by the attorney.

Guidelines For Physicians:

1. A physician should realize that the attorney's client is ultimately responsible for payment of the physician's fees, even if the physician's services are requested or paid in whole or in part by the attorney.

2. A physician's fees for records, reports, examinations, conferences, depositions, and court appearances should be reasonable and commensurate with the nature and quality of work performed and the services rendered.

3. A physician should never charge an unreasonable fee so as to avoid involvement in a medical-legal matter.

4. A physician should never suggest or agree to accept a fee wholly or partially contingent upon the outcome of the medical-legal matter.

5. A physician is entitled to charge for time previously set aside for a conference, deposition, or court appearance, when the physician does not receive reasonable advance notice of cancellation and is unable to make productive use of the time set aside.

6. A physician should inform the attorney in advance of fee schedules and billing policies and reach an agreement, confirmed in writing, with the attorney regarding payment of his/her fees.

7. A physician may require payment in advance of reasonable charges for services to be rendered. If the physician fails to provide the service, or the request for services is canceled in a timely fashion, the physician should refund the advance payment unless agreed otherwise in writing.

THE MEDICAL-LEGAL COMMITTEE'S CONSIDERATION, AND DISPOSITION, OF COMPLAINTS

The public airing of any complaint or criticism of a member of one profession by a member of the other profession is strongly discouraged. Attorneys and physicians are encouraged to submit complaints against members of the other profession to the Medical-Legal Committee. The Medical-Legal Committee has the power and the authority to receive such complaints, to communicate with the parties, to conduct the investigation it deems appropriate, to determine the merits of complaints and to dispose of complaints, if possible, or to refer them with recommendations to either the Board of Trustees of the King County Medical Society or the Office of Disciplinary Counsel of the Washington State Bar Association.

PROFESSIONAL LIABILITY PANELS

A Professional Liability Panel has been established to hear cases involving medical malpractice claims against members of the King County Medical Society. The panel will provide an opinion whether there is or is not evidence presented which, if found to be true at trial, would provide a basis for a medical malpractice claim. It is not the purpose of the panel to weigh the evidence where there is a significant, genuine conflict.

Attorneys should recognize and explain to clients that an unfavorable outcome from medical treatment, standing alone, does not provide a basis for a medical malpractice claim. Attorneys are expected to consider cases carefully and not to apply casually for panel hearings.

Any attorney who believes a client may have a potentially valid medical malpractice claim against a member of the King County Medical Society based on a deviation from applicable standards of medical care or a breach of the duty of informed consent may initiate a panel hearing, as follows:

1. Make an application to the Chairman of the Medical-Legal Committee, directed to the Chairman at the King County Medical Society office.
2. Include a narrative summary of the case showing why the attorney believes there is a question of medical malpractice.
3. Attach a medical consent, signed by the patient, allowing the panel access to the patient's medical records. Medical consent forms can be obtained from the King County Medical Society office.
4. The patient and the patient's attorney must sign and submit a written stipulation acknowledging that the fact of a panel hearing and the deliberations and decision of the panel shall not be discoverable or admissible into evidence, and that members of the panel shall not be called as witnesses in subsequent litigation. Stipulation forms can be obtained from the King County Medical Society office.
5. Before any panel hearing, the physician and the physician's attorney shall also sign the stipulation to ensure that neither side can mention the fact or the result of the panel hearing in any subsequent litigation. The physician and the physician's attorney also should provide the panel with a complete and legible copy of the patient's medical records in advance of the hearing.

Upon receipt of an application for a panel hearing, the Chairman of the Medical-Legal Committee shall, if possible, schedule the panel hearing within 30 days. The panel will reach its opinion within 14 days following the hearing absent a reasonable justification necessitating a delay.

The Professional Liability Panel consists of five regular physician members and two co-chairpersons -- a physician and an attorney. The co-chairpersons are appointed by, and from, the Medical-Legal Committee, subject to approval by the King County Medical Society. The five physician panel members are appointed by the trustees of the King County Medical Society. The co-chairpersons are nonvoting members responsible for the selection of consulting experts and the drafting of the opinion to be published after approval by the voting physician members of the panel. Consulting medical experts have no vote, but serve only in an advisory capacity to the panel.

Questions of informed consent involve two separate considerations -- only one of which the panel will address. The first consideration is whether the information the patient claims the physician failed to provide constitutes a material fact relating to the patient's condition or treatment. This

consideration involves medical questions about such things as the recognized serious possible risks and complications of the treatment proposed and the recognized possible alternative forms of treatment including nontreatment which require expert medical testimony. The Professional Liability Panel will discuss and resolve such questions.

The second consideration is whether the physician informed the patient of all material facts -- that is, what the physician told the patient. This consideration involves credibility of witnesses and whether the patient or the physician should be believed. Because this second consideration requires a weighing of evidence, the Professional Liability Panel will not resolve such questions.

Questions of medical negligence involve considerations of the standard of care applicable to a physician's treatment of a patient and whether that standard of care was breached. Such considerations require expert medical testimony and are questions the Professional Liability Panel will discuss and resolve. Ultimately, the panel will render an opinion whether there is evidence which would support a claim of medical negligence or lack of informed consent.

PANEL PROCEDURES

A detailed series of procedures have been adopted for panel hearings to ensure that an impartial and judicial attitude is maintained during the hearing. To this end:

- (a) the co-chairpersons must impress upon the consulting medical experts their heavy responsibility and duty to be wholly objective, judicious and fair;
- (b) all participants must appear on time;
- (c) no hearing shall proceed with only part of the Panel present, unless both parties and the panel members present so agree;
- (d) formality shall be maintained and, although physicians or attorneys may be acquainted with participants, they shall act in a formal and professional manner and avoid any discussions on a first name basis and shall attend only to the business at hand;
- (e) panel members shall give close attention to the testimony and shall not review medical records during the testimony except to compare them with the testimony or to develop appropriate questions;
- (f) the co-chairpersons shall be responsible for maintaining a judicial atmosphere and shall not make the task of voting members more difficult by evincing adversary attitudes;

(g) voting members shall ultimately express their honest opinions without fear or favor;

(h) consultants, in the presence of participants, must make all inquiries essential to fully develop facts bearing on the issue of possible malpractice, but in so doing must avoid a tone of voice or manner suggesting their own opinions.

Panel hearings are not adversarial in the ordinary sense. The patient and the patient's attorney will be asked to appear at a set time for approximately one hour. The physician and the physician's attorney are asked to appear separately, approximately one hour later. In advance of the hearing, the co-chairpersons are responsible for obtaining and providing to the panel members those medical records bearing on the case. At the conclusion of the hearing, and after both sides have left, the consulting medical expert will present his or her views. Thereafter, the panel will discuss the matter and the five physician members will vote.

Subsequently, an opinion will be prepared by the co-chairpersons and circulated to the voting physician members for review. After appropriate corrections or amendments are made, the opinion will be put in final form and mailed to the attorneys for the patient and physician.

There is no appeal from the panel's decision. The Medical-Legal Committee, however, is empowered to review procedural complaints received from participants or their attorneys, solely for the panel's future guidance in subsequent cases.

Panel decisions are not binding on either party. It is hoped, however, that the parties will give serious consideration to the panel's decision and, thus, reduce the need to pursue medical malpractice litigation in court.

If the panel decision is favorable to the patient, medical malpractice litigation is instituted, and the patient cannot otherwise obtain a medical expert, the King County Medical Society will provide the patient with a qualified witness, at the patient's expense, to testify as an expert in the case. The King County Medical Society will provide a witness qualified in the specialty area involved who can present objective and unbiased opinions. In providing such an expert, the King County Medical Society does not guarantee that the medical expert's views will necessarily be favorable to the patient's case. Particularly in close cases, the medical expert so provided may or may not fully support the patient's claim.