Table 2. Alternatives to traditional legislation[9,12]

Program	Description	Comments
Guidelines protection "safe harbor"	Physicians practicing within established guidelines would be presumed to be non-negligent	Pro: Encourages evidence-based medicine Con: "Cookbook" medicine, implies negligence for not following guidelines
Enterprise liability	Organizations bear some of the liability for malpractice	Pro: Increased efficiency, direct physician monitoring Con: Little evidence, rarely done privately now so may not have benefit
Binding alternative dispute resolution	Providers and patients submit disputes to a third party instead of a court	Pro: Compensation is faster, more equitable, and with lower transaction costs Con: May be biased toward defendants due to relationships forming with third party, limited repeal options
Health courts	Specialist judge and committee hears all malpractice cases	Pro: More continuity and less variability, reduces erratic jury-determined settlements Con: May not lower overhead or transaction costs
No-fault	Administrative body replaces court, grants awards without seeking to prove fault	Pro: Aims to compensate larger groups more equitably, with less administrative costs Con: May lead to higher spending overall even if individual awards are less, may decrease disincentives to malpractice
Disclosure-and-offer	Insurer and insured institution proactively disclose adverse outcomes, investigate, apologize, and compensate	Pro: Aims to compensate larger groups, reducing over- and under-compensation, with less transaction costs Con: May lead to higher spending overall even if individual awards are less, may decrease disincentives to malpractice
Adverse-event prevention	Targets improvements in communication about potential adverse outcomes and focuses on attempts to reduce adverse events from occurring	Pro: Greater effect on patient care measures Con: Does not improve the process of litigation when claims are made