

ED Doc and Group Owe \$13.5M After Patient's Serious Brain Injury

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A doctor and one of Idaho's premier emergency medicine groups must pay millions of dollars to a stroke patient and his wife in what is being called the second-largest medical malpractice award in the state's history, according to a [report in the *Idaho Capital Sun*](#).

The suit, which took nearly 5 years after filing to wend its way through the courts, stems from an incident that took place in the early morning of March 29, 2016. An Ada County resident peered into the family bathroom and discovered that her husband, Carl B. Stiefel, lay on the floor confused and vomiting and complaining of a severe headache. Recently, the man had experienced several of these same symptoms, plus sinus congestion, dizziness, and tinnitus.

As Stiefel's confusion worsened, his wife called for an ambulance, which arrived at the local hospital emergency department (ED) at 4:12 AM. Within approximately 11 minutes, the patient was examined by a doctor and later underwent a cranial CT scan, which a second doctor said showed "no intracranial process."

Stiefel's condition improved somewhat, although his dizziness persisted, leaving him still unable to walk. At this point, his primary ED doctor admitted him to the hospital for "benign positional vertigo." The doctor also joined colleagues in suggesting that the patient might well be a candidate for an MRI, just in case his condition failed to improve over the next few hours.

But the transfer from the ED to the main hospital reportedly took at least 3 hours, during which time Stiefel's condition deteriorated. Once admitted, he was observed by a healthcare provider — the news report doesn't indicate precisely who — to be "delirious without meaningful interaction." At least 4 hours would pass before the patient was seen by still another doctor, as the plaintiffs later claimed.

The patient remained disoriented and restless as the day unfolded. The MRI contemplated earlier was finally ordered, but the scan wasn't available for several hours, according to nursing notes cited by the plaintiffs in their lawsuit.

Finally, the scan was administered at about 5:50 PM, almost 12 hours since Stiefel had first arrived at the ED. It showed that he had a torn artery in his neck and was experiencing a stroke. This was, clearly, a very different diagnosis from the one that his admitting doctor had entered into his notes.

A surgeon operated to repair the arterial tear, but the patient's condition continued to worsen. Over the next 3 weeks, Stiefel went from the hospital to a local rehab facility, and back to the hospital with bacterial meningitis. Ultimately, he was diagnosed with "an irreparable brain injury," which ultimately left him disabled and unable to work.



At this point, he and his wife sued a broad range of defendants — a radiology group, individual healthcare providers employed by the hospital, the primary ED physician, and that doctor's emergency medicine group. In the nearly 5 intervening years, each of the named defendants settled, except the ED doctor and the emergency medicine group.

The two remaining defendants vigorously contested the claims against them, denying "any and all allegations of responsibility and liability" and contending that the patient's injuries resulted from unforeseen complications rather than the care that had been administered.

The Ada County jury disagreed, however. It found that the primary ED doctor — and by extension the group to which the doctor belonged — did in fact negligently and recklessly fail to meet the proper standard of care, leading directly to the patient's life-altering injuries.

For this failure, the jury awarded the plaintiffs \$13.5 million, well over the state's current [inflation-adjusted cap of \\$400,000](#). (To date, Idaho's largest med-mal award is nearly \$30 million, handed down more than 20 years ago.)

At press time, there was no word of an appeal.

Man Sues Dentist, Ends Up Changing State Medical Malpractice Law

In a surprise move, the Connecticut Supreme Court in mid-February reversed its own precedent regarding a 2005 law requiring certain pre-litigation steps be taken before state residents are permitted to file a medical malpractice claim, as a [story in the *Claims Journal* reports](#).

In its 2011 review of that earlier law — passed to ensure that complainants had a reasonable basis for their claims — the high court went the legislature one better. It held that state courts had no "personal jurisdiction" in adjudicating malpractice claims in the absence of required supporting documents — specifically, a proper certificate and opinion letter from "a similar healthcare provider."

For the past 12 years, this meant that any suit lacking the proper documents could not only be halted but dismissed with prejudice, meaning that such a case couldn't be refiled.

That interpretation of the law was eventually challenged, however, by a Connecticut man who sued his dentist. Filed in 2018, the suit alleged that, during a root canal, the dentist had failed to properly diagnose and treat his patient's dental abscess, which ultimately required surgery.

Complying with what he regarded as state law, the man attached a letter of opinion to his complaint, which testified to the merits of his claim. But, in a twist with significant consequences, the letter was written by an endodontist, not a general dentist. In response, the dentist's attorneys submitted a motion to dismiss to the trial court, arguing that the plaintiff had breached the "similar provider" provision and that therefore the opinion letter was defective and the entire suit should be dismissed.

The trial court agreed — and the Connecticut Appellate Court went on to affirm the lower-court ruling. The case might have ended there, but the plaintiff appealed to the Connecticut Supreme Court, which agreed to review the appellate court finding.

In a 6-0 decision, the high court looked back on its 2011 interpretation of the med-mal statute, which in the intervening years had given rise to "a body of case law." The problem with that body of law, the justices argued, was that it had "imposed substantially greater burdens on plaintiffs than the legislature intended" — and it did so "by allowing potentially curable, technical, pre-litigation defects to defeat otherwise meritorious malpractice actions, [sometimes after several years of litigation](#)."

In short, said the justices, there was nothing in the original statute that required a court to dismiss a suit once it found a letter of opinion to be deficient. This was a "curable" defect, one that shouldn't be allowed to derail an otherwise meritorious claim.

As for the case that prompted the high court's latest review — that is, the Connecticut man's suit against his dentist — the justices found that the appellate court had also erred when it tossed out the endodontist's opinion letter. Technically, the dentist might not have been an endodontist, said the justices, but he had in fact practiced in the field during the course of a long career, so close enough.

The justices kicked the case back to the trial court, with instructions that it deny the defendant's motion to dismiss.

Stakeholders Divided Over New Awards Cap

Last month, Iowa Gov. Kim Reynolds signed a bill into law that limits the amount of noneconomic damages a successful med-mal plaintiff can collect, explains a story posted on [Radio Iowa](#), *among other news sites*.

Under the new law, the limit for suits involving hospitals is capped at \$2 million — while those involving all other healthcare providers are capped at \$1 million. Beginning in 2028, those caps will be adjusted annually for inflation by 2.1%.

"When mistakes happen, Iowans deserve compensation, but arbitrary multimillion-dollar awards do more than that," said Reynolds. "They act as a tax on all Iowans by raising the cost of care. They drive medical clinics out of business and medical students out of state."

The CEO of Knoxville Hospital and Clinics — a well-known regional provider — agreed, saying that the new law helped to make Iowa "a more attractive place to practice medicine."

But most Democrats in the GOP-controlled legislature — and 16 Republicans — voted against the legislation. For her part, House Minority Leader Jennifer Konfrst said there was absolutely no evidence that states with caps fared any better with medical workforce shortages than states without caps.

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