Health Law: Quality & Liability

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Medical Malpractice -Standard of Care

Standard of Care

Analogize to informed consent PTF claims DEF failed to disclose X

PTF must 1st establish that had **duty** to disclose X

Medical malpractice

PTF claims DEF deviated from standard of care

PTF must 1st establish SOC

Almost always, PTF needs **expert witness** to establish SOC

Basic Flowcharts: Establishing SOC

No expert \rightarrow no SOC

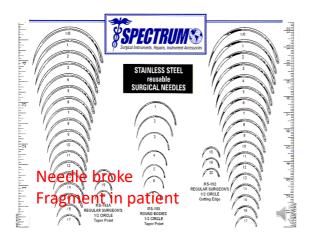
No SOC \rightarrow no breach

No breach \rightarrow no case

What question does the expert answer

What would the reasonable physician have done in the circumstances





PTF claims:

Wrong size needle

Used it wrong

Should have found it

Expert must establish

 RPP would have used bigger needle

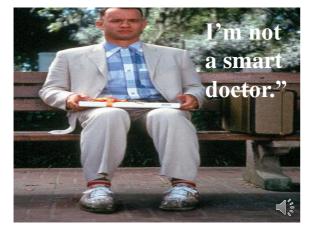
 RPP would have pushed with curve RPP would have found needle Irrelevant what expert personally would have done

Irrelevant if DEF tried "her best"

RPP is objective standard



No Forrest Gump defense



You can be below average yet not negligent

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Optimal care Very good care Good care Average Care Substandard care Negligence Reckless care Gross incompetence

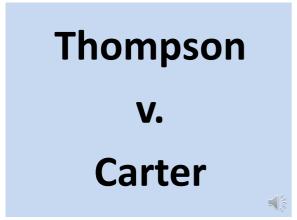
Experts

Qualification



Qualification

Credibility & weight

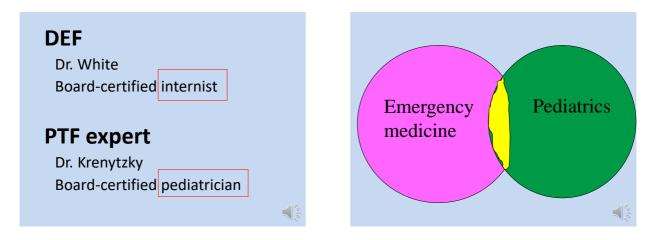




Experts should normally be of the same specialty

But title and degrees do not matter as much as knowledge and training Look to **specific** issue at hand

General surgeon can testify against **plastic** surgeon re general surgical issues



DeMuth v. Strong (Md. App. 2012)

Vascular surgeon testified that orthopedic surgeon breached SOC

In the context of post-op treatment, these specialties overlap Cornfeldt v. Tongen (Minn. 1977)

Nurse could testify against physician re anesthesia

Experts

Credibility & weight

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Standard of Care (variations)

There is **no single** standard of care applicable to all physicians Geography Economic factors Specialization School of thought Judicial CPG