

DUFFY + PARTNERS

PHILADELPHIA LAWYERS

+ It's the middle of the night and you're experiencing a medical emergency. You head straight to the emergency room (ER) at the nearest hospital, the place where you'd expect to get immediate, lifesaving care. But even at excellent institutions, mistakes can happen. A delay before you are evaluated, a delay in treatment, a misdiagnosis or the wrong medication prescription could have severe, even life-threatening, consequences.

Anyone can be the victim of an ER injury. If you or a loved one suffer serious repercussions from an ER visit, experienced legal representation will help you obtain a fair recovery.



It is the nature of the ER to be chaotic. Critical medical decisions must be made with a great sense of urgency. Medical professionals are aware of this and must be trained and prepared to deal with these situations. But overworked employees, understaffed facilities and simple human error can lead to unintended consequences. A condition can be misdiagnosed. The wrong treatment may be prescribed because of poor communication (such as during a shift change), or something as simple as misunderstood handwriting or the wrong discharge instructions. Tragically, these errors can have fatal or life-changing implications.

Medical malpractice cases like these are often complex and difficult to prove, as hospitals generally employ aggressive defense tactics and do not easily admit fault.

However, at **Duffy + Partners**, we have years of experience successfully handling ER injury cases. Each case is subject to a rigorous investigation that scrutinizes each aspect of care from the moment the patient arrived in the emergency room to determine if the care met the strict standards required of healthcare professionals. When it does not, we follow a proven strategy that maximizes our client's chances of success at trial or settlement.

This strategy includes:

- +** A network of experts who are nationally known and board certified in their areas of expertise, including emergency room medicine, neuroradiology and critical care medicine.
- +** An intensive process of pretrial discovery that examines every entry into the electronic medical records and independently scrutinizes the role of each care provider through deposition and forensic analysis.
- +** The confidence in knowing that if we represent you, it is because we believe we can win. We work on a contingency fee basis. This means if we are not successful, we receive no payment at all.
- +** Recovery of damages, including cost of present and future medical care, out-of-pocket expenses (medicine, wheelchairs, home nursing), present and future lost wages (including long-term disability), pain and suffering, and punitive damages, if applicable.
- +** Giving you peace of mind knowing that we are on the job. We have a special bond with each and every one of our past clients, and those relationships remain strong long after the case has been won.



VERDICTS & SETTLEMENTS

Here are just a few examples of significant results we have obtained for our clients:

- + In *Campbell*, **Duffy + Partners** won a **\$21,400,000** verdict on behalf of a diabetic man for treatment he received in the emergency room of Temple University Hospital. When Ronald Campbell was taken to the hospital in October of 2007, he was administered glucagons and glucopaste by emergency medical technicians, then discharged to family members, who found him unresponsive in bed the next morning. The defense argued that the treatment and discharge was proper, as Mr. Campbell had been brought to the hospital 11 times for high or low blood sugar levels in the five years prior (including one visit two days earlier), and that he failed to properly manage his diabetes by not complying with medical advice. However, our firm successfully argued that diabetics who suffer from repeated episodes of hypoglycemia develop a condition termed 'hypoglycemic unawareness' in which the brain becomes less sensitive to lower and lower glucose levels.
- + A young professional man visited a hospital ER in the region complaining of back pain, chest pain, headache and cough. Even though a number of tests indicated emergency surgery was needed that could not be performed at that hospital, the hospital delayed the transfer of the patient to another hospital and failed to include critical test results when the patient was finally transferred. Sadly, the patient died. The defendants argued that underlying medical issues, including Marfan syndrome and mitral valve prolapse, were contributing factors out of their control, that the patient was in significant end-organ dysfunction upon arrival and that he would not have survived the surgery. However, **Duffy + Partners** obtained a **\$7,500,000** settlement for his surviving wife and young child.
- + In *Smith*, **Duffy + Partners** won a **\$4,500,000** verdict against Misericordia Hospital, finding the hospital negligent in their testing and treatment of David Smith, ultimately resulting in his death. Mr. Smith was taken by his mother to Misericordia, and ultimately died of an aortic dissection after the hospital staff failed to properly recognize Mr. Smith's condition. The jury returned its verdict after a 2 week trial. The verdict was reported as one of the largest malpractice verdicts in the state that year.
- + A 39-year-old man in good health was brought to the emergency room with complaints of a headache, so severe that he could not stand or function at work. After about an hour in the ER, he felt better. Without ordering a CAT scan or neurological consultation, the ER discharged the man. Weeks later, he collapsed on the street and was rushed to the hospital where imaging showed a brain lesion responsible for his headaches had ruptured, leaving him with irreversible and permanent brain damage. He never fully regained consciousness and died 3 years later. **Duffy + Partners** successfully negotiated a **\$3,500,000** settlement for the case.
- + When a young man in his 30's with a history of alcohol abuse was found unconscious at the apartment of a friend, he was brought to an area emergency room for treatment. While still in the ER, he had a series of seizures, and his condition deteriorated to the point where he was brought to the ICU and placed on a ventilator. Though he became well enough to be discharged to a rehabilitation facility, the damage had been done. His brain was injured to the point of having to re-learn basically every functional task and he now requires 24/7 supervision. Though the defendants claimed that the brain damage was from alcohol poisoning, **Duffy + Partners** brought in experts who testified that the brain damage was from hypoglycemia, which could have been easily treated and prevented brain injury. The case settled for **\$1,250,000**.
- + A 36-year-old woman went to the emergency room with difficulty breathing. Though initial testing showed she was in acute hypoxic respiratory failure, she was kept in the ER overnight as her conditions worsened without being admitted to the hospital. The next day, still in the ER, the woman died. Though the hospital argued that the woman's complicated medical history (including asthma, pneumonia and obesity) was the cause, **Duffy + Partners** secured an **\$850,000** settlement for the family she left behind.
- + A **Duffy + Partners** client sought care at a Philadelphia emergency room for pain in his left foot, left hip and left shoulder. Tests were done and the client was discharged with a diagnosis of shoulder pain, toe fracture and hub/thumb bruise/contusion. However, when the X-Rays were officially read after the discharge, the radiologist found an irregularity that was never communicated to the patient. The delay in treatment resulted in permanent shoulder problems for the client, for whom the firm obtained a **\$500,000** settlement.

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Referral fees paid pursuant to: Pa.RPC 1.5