



Legal Advice For A New Medical School

Med-mal ace to offer guidance on how to avoid lawsuits

Quinnipiac University is in the process of creating a medical school, and hopes to welcome its first class to a North Haven campus in 2013 or 2014. It has hired a dean, Dr. Bruce Koeppen, formerly of the University of Connecticut, and is in the process of building a faculty and curriculum.

In an imaginatively gutsy move, the university has named trial lawyer Richard A. Silver to its advisory board. A nemesis of negligent doctors, Silver has repeatedly won state record medical malpractice verdicts and settlements against Connecticut physicians and hospitals, including one for \$37 million. Doctors and hospitals know and fear what he can do.

But in an interview last week, Silver told Senior Writer Tom Scheffey that his ambition is to help future doctors stay out of court. Silver, of Stamford's Silver Golub & Teitell LLP, is urging the school to teach them to avoid malpractice incidents by paying closer attention to the patient, his or her family, and to improve doctor-patient communication and trust. Doing so, he predicts, will improve the outlook for patient, physicians and lower the cost of liability insurance for doctors and hospitals.

LAW TRIBUNE: Tell us what you, a top medical malpractice lawyer, are doing for this new medical school.

RICHARD SILVER: I've been appointed to its medical school advisory board, and they've also put me on the board of trustees of Quinnipiac University. It's exciting. What they're going to do is concentrate on teaching people to become family practitioners, because Connecticut really needs these practitioners, a lot of whom go into specialties. Quinnipiac has a very strong nursing program right now. This is very

exciting, and it's gotten great cooperation from the Connecticut community.

LAW TRIBUNE: Explain a little more about your role.

SILVER: I've always been interested in patient safety, from what I see from the outside all the time. In other words, how hospitals can prevent harm to patients, how hospitals have the obligation to take physicians who are not competent and take [away] their attending status. There is a movement in patient safety that it should start at the medical schools. I believe patient safety means new physicians have to listen to the patient, which is very important. A lot of things are discovered by taking a very thorough [patient] history and paying attention to complaints; there has to be some relationship between the patient and the doctor. The new physicians have to listen to the attending staff, and they also have to listen to the nurses and the [physician's assistants] to get information. That's how, eventually, patients are going to be much safer.

LAW TRIBUNE: Developing a good bedside manner hasn't always been a primary objective....

SILVER: That's right. In medical schools, there's been an effort to start developing these kinds of relationships and impress on new physicians how important it is to have that relationship, to have a "bedside manner." You discover a lot more information with that relationship. The doctor is not always right. Sometimes a family will be in a hospital, and a nurse will come by and say, "I'm going to give your father some medication," and it's the wrong medication. So the family says it's the wrong medication, and the nurse or physician blows them off, only



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Attorney Richard Silver says many medical malpractice claims could be avoided if doctors listened more carefully to patients and their families.

to find out it was the wrong medication. So listening and developing a relationship is important.

LAW TRIBUNE: How will people at the new school be able to learn your insights?

SILVER: I'm not teaching; I'm only on the advisory board. But as we develop I'm certainly going to suggest they do this. The object is to train physicians who are going to remain in the state, and really give service. We're not talking about specialists. And there's a very great need for these physicians in Connecticut.

LAW TRIBUNE: You've personally had a lot of experience with the consequences of doctors' mistakes. Is there a common thread or theme in these medical malpractice scenarios?

SILVER: Probably communication. Listening to patients, listening to history, communicating can save an enormous amount of harm.

LAW TRIBUNE: Do you think that the medical profession is as tough in policing its members as the legal profession is in policing its bad apples?

SILVER: I don't think so. I've had a number of cases where physicians have really committed gross negligence. They've actually appeared before the [state] health commission, and they're still practicing. I see it because of the amount of medical malpractice work

that I do. I see these physicians continuing. A number of years ago I had a case against Dr. [Jay] Angeluzzi, with a mother of three children in a coma due to anesthetic negligence.

LAW TRIBUNE: He was a drug abuser, right?

SILVER: [Norwalk Hospital] didn't find that, until there was a second woman in a coma. Then they got rid of him. So there are two women in a coma because of the hospital not policing itself. I've said to the hospital that if you in fact take pains to eliminate these physicians, in the long run you're going to be better off. Patients are going to be better off, and your malpractice rates are going to be lower.

LAW TRIBUNE: What prevents hospitals from weeding out problem doctors?

SILVER: The hospitals in the past have said, 'Well, we've got to hire a lawyer. It's a big process, very costly, and a lot of times we can't get rid of the physician.' But I think over the last two years, a number of hospitals have taken the other position, and eliminated physicians who are really a danger to patients. There are shortcomings with the state health department as well. For example, we recently had a case where we got a \$5 million verdict against [New Milford obstetrician Orlito] Trias, and the woman is going to die from ovarian cancer. And not too many years ago, the same doctor performed a simple tubal ligation on another woman, the mother of three children. She bled to death. And he's still practicing, and the health department hasn't even reviewed the case. They don't have enough staff or money, they say. ■