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A bill to be entitled An act relating to the relief of Judge Joseph G. Donahey, Jr., and Tena Donahey, his spouse; providing an appropriation to compensate them for injuries received by Joseph Donahey, Jr., and for damages sustained by Mr. and Mrs. Donahey as a result of the medical treatment of Judge Joseph G. Donahey, Jr., by employees of the State of Florida; providing an effective date. WHEREAS, Joseph G. Donahey, Jr., a circuit judge of the State of Florida, has for years suffered a continually worsening condition of the back which caused him significant pain and suffering and was beginning to affect his ability to serve as a circuit judge, and WHEREAS, Joseph G. Donahey, Jr., consulted with his personal physician and was referred by his personal physician to a surgeon who was reputed to be skilled in orthopedic surgery, and WHEREAS, Joseph G. Donahey, Jr., consulted with the surgeon and was advised that a surgical procedure could be performed on his back which would probably significantly improve the condition of his back, and WHEREAS, Joseph G. Donahey, Jr., consented to surgery by the surgeon, to be conducted at Tampa General Hospital in Tampa, Florida, and WHEREAS, unknown to Joseph G. Donahey, Jr., the surgeon who was to perform such surgery was an employee of the Board of Regents of the State of Florida, and Page 1 of 9

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WHEREAS, the surgery was performed on January 11, 1999, atTampa General Hospital, and

WHEREAS, a series of events took place which together 31 resulted in Joseph G. Donahey, Jr.'s becoming totally blind 32 during the surgery. As is so often true, any individual event 33 may not have been determinative; however, in combination, the 34 result to Judge Donahey was blindness, and such blindness 35 occurred not through any fault on his part but, undoubtedly, as 36 37 a result of a series of events attributable to several employees 38 of the Board of Regents. Those events are summarized as follows:

39 (1) The spinal surgery performed on Judge Donahey's back40 was a complicated and lengthy surgery.

(a) Complicated surgery exposes patients to longer periods
of anesthetization, greater blood loss, and decreased blood
pressure and, therefore, increases the risk of decreased blood
flow and loss of vision due to ischemic optic neuropathy.

(b) Joseph G. Donahey, Jr., was advised that such surgerywould likely last approximately 4-1/2 hours.

The surgery lasted for approximately 10 hours instead 47 (C) of the estimated 4-1/2 hours. During this unexpectedly long 48 time, the surgeon who had been employed by Judge Donahey also 49 supervised or performed surgery on two other patients. The 50 supervising anesthesiologist overseeing anesthesia services 51 52 being performed on Joseph G. Donahey, Jr., likewise at the same 53 time supervised anesthesia services performed on the other two 54 patients.

(d) Unknown to Joseph G. Donahey, Jr., such surgery wasnot performed solely by the surgeon whom he thought would

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57 perform the surgery but, in fact, was performed in part by a 58 different doctor who was only a resident physician who, as part 59 of his training procedure, was employed by the Board of Regents 60 and received training by observing and participating in surgery 61 conducted by the surgeon who was expected by Judge Donahey to 62 perform the surgery and who was the resident physician's 63 professor.

(e) Unknown to Joseph G. Donahey, Jr., the
anesthesiologist who was to provide anesthesia services was also
a resident student employed by the Board of Regents and, as
such, performed anesthesiology services on patients being
operated on by Joseph Donahey's surgeon and others while under
only partial supervision by a board-certified anesthesiologist
who was likewise the anesthetist's professor.

(2) The risk factors associated with this complicated and lengthy surgery, as known to all of the physicians participating in the surgery, were increased by a combination of factors. The risks, which were not known by Judge Donahey nor conveyed to him by his physicians, included:

76 (a) Hypotension anesthesia was employed for Joseph G.77 Donahey, Jr.'s surgery.

(b) Hypotensive anesthesia is a technique employed during
spinal surgery in which blood pressure is kept artificially low
through the administration of medicine in order to achieve the
goal of minimal bleeding.

82 (c) As known to all of the physicians involved in Judge
83 Donahey's surgery, low blood pressure has an additive ischemic
84 effect on blood flow when combined with blood loss, ultimately

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85 placing certain vital organs at risk for decreased blood flow.
86 The optic nerve, which stimulates vision through the brain, is
87 part of the organ of the eyes and, during spinal surgery, is at
88 risk for decreased blood flow.

(d) Hemoglobin drops with blood loss and, as such, is the parameter monitored, together with systolic and diastolic blood pressures, to ensure adequate blood flow to all parts of the body during surgery, especially during utilization of the practice of hypotensive anesthesia.

94 (e) Prone body positioning is known to exacerbate the
95 cumulative effects of low hemoglobin and low blood pressures,
96 and Judge Donahey's surgery was performed in the prone position.

97 (f) The resident who provided anesthesia services under 98 the partial supervision of a board-certified anesthesiologist 99 was educated and trained in the increasing cumulative risk of 100 visual loss in the face of low blood pressure blood loss 101 (reduced hemoglobin) and lengthy surgery and, further, knew that 102 increased risk of visual loss may occur due to ischemic optic 103 neuropathy when hemoglobin drops below 10.

104 (g) Testimony indicated that Judge Donahey's hemoglobin105 was below 10 for about 4 hours.

(h) The resident who provided anesthesia services under
the partial supervision of a board-certified anesthesiologist
was educated and trained in these additive effects and,
furthermore, knew that increased risk of visual loss may occur
due to ischemic optic neuropathy when systolic blood pressure
drops below 100 mm. Hg.

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(i) Judge Donahey's systolic blood pressure dropped below

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113 100 mm. Hg during the same time period in which his hemoglobin 114 was below 10, and, further, Judge Donahey required and received 115 neo-synephrine in order to elevate his systolic blood pressure.

(j) The surgeons who performed Judge Donahey's spinal surgery were never directly informed of the low hemoglobin or low systolic blood pressure, since those symptoms were not deemed a risk requiring the interruption of surgery.

Despite the knowledge of the risks associated with 120 (k) 121 hypotensive anesthesia and complicated spinal surgery, the 122 physicians ultimately relied on and employed slightly differing 123 minimum standards for blood pressure and hemoglobin, thereby creating confusion in the context of this specific surgery, and 124 thus increased the overall risk under which Judge Donahey's 125 126 surgery was performed and, correspondingly, increased the 127 likelihood that ischemic optic neuropathy would occur.

(3) The physicians involved in Judge Donahey's surgery all
acknowledged that the occurrence of blindness arising from
decreased blood flow to the optic nerve, or ischemic optic
neuropathy, had increased in the 5 years immediately preceding
Judge Donahey's surgery.

133 Vision problems related to surgery had been reported (4)approximately 120 times in medical literature for this surgery 134 and, on three previous patients, the particular surgeon involved 135 had performed surgery that resulted in unilateral vision loss. A 136 137 significant portion of these cases involved patients who were in the prone position during lengthy surgery. This problem had been 138 139 discussed by the surgeon involved, his resident students, and staff and had been discussed at national meetings. Both the 140

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141 literature and the discussions reflected that a significant 142 causative effect was reduced blood pressure and lowered 143 hemoglobin, which would cause damage to the optic nerve.

144 (5) The surgeons who performed Judge Donahey's surgery acknowledged the option of performing the surgery in two stages, 145 first to one level of the spine and then in a second stage to 146 the second level; however, Judge Donahey was never informed of 147 the cumulative risks as described above which were exacerbated 148 149 by the length of his surgery nor of the option of having his 150 surgery performed in two stages. If Judge Donahey had been 151 informed of all the risks and of the option of staged surgery, he would not be blind today, and 152

WHEREAS, in accordance with the Florida Medical Malpractice Act, Joseph G. Donahey, Jr., joined by his wife, Tena Donahey, filed a notice of intent to commence litigation and took statements of the physicians and the anesthesiologists involved and supported their notice of intent to commence litigation with the requisite affidavits required by law, and

WHEREAS, the Board of Regents of the State of Florida
denied liability as authorized by the Florida Medical
Malpractice Act, and

WHEREAS, Joseph G. Donahey, Jr., filed a lawsuit against the Board of Regents of the State of Florida in the Thirteenth Judicial Circuit of Hillsborough County, Florida, and took discovery depositions of the physicians involved and obtained the records relating to the care and treatment involved and fully complied with all pretrial requirements of law, and WHEREAS, the Board of Regents formally offered to settle

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169 all claims of the plaintiffs, Joseph G. Donahey, Jr., and Tena Donahey, by the payment of \$200,000, which represented the 170 171 maximum amount that the Board of Regents could be required to pay Joseph G. Donahey, Jr., and Tena Donahey if they won their 172 lawsuit, absent the passage of a legislative claim bill; and the 173 penalty for not accepting that offer would be that Joseph G. 174 Donahey, Jr., and Tena Donahey would have to pay the attorney's 175 fees of the Board of Regents if they lost the litigation, 176 177 although there is no like provision that would allow the 178 Donaheys to recover more than the \$200,000 without a claim bill, 179 no matter what occurred at the trial, and

180 WHEREAS, Joseph G. Donahey, Jr., and Tena Donahey formally 181 accepted the proposed offer of settlement conditioned upon the 182 release being a standard release of a defendant from liability, 183 and

WHEREAS, the Board of Regents submitted for signature to
Joseph and Tena Donahey a proposed release that would have
prevented them from seeking relief from the Legislature, and

WHEREAS, Joseph and Tena Donahey refused to sign a release containing such a limitation and, thereafter, the Board of Regents tendered a release from which the restriction from seeking legislative relief had been removed, which release was executed to the Board of Regents of the State of Florida and accepted by the board, and

WHEREAS, it was the intent of Joseph G. Donahey, Jr., and Tena Donahey that the acceptance of the offer of settlement and the giving and tendering of the release would have the effect of removing financial responsibility from the University of South

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Florida but would allow Joseph G. Donahey, Jr., and Tena Donahey 197 198 to make application to the Legislature for equitable relief 199 under the circumstances set forth in this act, and WHEREAS, Joseph G. Donahey, Jr., has suffered significant 200 mental pain and suffering and loss of the enjoyment of his life 201 by reason of his blindness and has continued to serve as a 202 circuit judge with great difficulty, and, upon his retirement 203 from the bench, his earning capacity either as a teacher or as a 204 205 lawyer will be significantly and adversely affected by his 206 blindness, and 207 WHEREAS, Joseph G. Donahey, Jr., has incurred economic expenses in his attempt to seek relief from his blindness not 208 209 compensated by insurance, and 210 WHEREAS, Tena Donahey has suffered an economic loss by reason of her husband's injuries by her need to assist him in 211 his daily life and has also suffered a significant loss of 212 213 consortium, NOW, THEREFORE, 214 215 Be It Enacted by the Legislature of the State of Florida: 216 217 Section 1. The facts stated in the preamble to this act 218 are found and declared to be true. Section 2. (1) The sum of \$1 million is appropriated from 219 220 the Faculty Practice Plan Revenue affiliated at the University 221 of South Florida Health Center for the relief of Joseph G. 222 Donahey, Jr., for damages sustained. 223 (2) The Chief Financial Officer is directed to draw a warrant in favor of Joseph G. Donahey, Jr., in the sum of \$1 224

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225 million upon funds in the Faculty Practice Plan Revenue 226 affiliated at the University of South Florida Health Center and 227 to pay the same out of such funds. 228 (1) The sum of \$500,000 is appropriated from Section 3. 229 the Faculty Practice Plan Revenue affiliated at the University 230 of South Florida Health Center for the relief of Tena Donahey 231 for damages sustained. (2) The Chief Financial Officer is directed to draw a 232 warrant in favor of Tena Donahey in the sum of \$500,000 upon 233 234 funds in the Faculty Practice Plan Revenue affiliated at the 235 University of South Florida Health Center and to pay the same 236 out of such funds. 237 Section 4. This act shall take effect upon becoming a law.

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