A bill to be entitled

An act for the relief of Joseph G. Donahey, Jr., and Tena Donahey, his spouse; providing an appropriation to compensate them for injuries sustained as a result of the negligence of the University of South Florida; providing a limitation on the payment of fees and costs; providing an effective date.

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WHEREAS, Joseph G. Donahey, Jr., a former circuit judge of the State of Florida, has for years suffered a worsening condition of his back which caused him significant pain and suffering and affected his ability to serve as a circuit judge, and

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WHEREAS, Judge Donahey was referred by his personal physician to Dr. David Cahill, a neurosurgeon reputed to be skilled in orthopedic surgery, and

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WHEREAS, Judge Donahey was advised by Dr. Cahill that a surgical procedure could be performed which could significantly improve the condition of his back and that Dr. Cahill was the neurosurgeon responsible for developing that procedure, and

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WHEREAS, unknown to Judge Donahey, Dr. Cahill was on the faculty of the University of South Florida College of Medicine and employed by the Board of Regents of the State of Florida, and

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WHEREAS, although Dr. Cahill was on the faculty of the University of South Florida College of Medicine, a significant portion of his income was earned through an entity known as the University of South Florida Physicians Group, which claims the

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benefits of the state's sovereign immunity. The group provides multispecialty medical services, collects insurance proceeds and private payments for such services, and distributes a portion of these funds as income to providing physicians and health practitioners who are employees of the University of South Florida, and

WHEREAS, Judge Donahey consented to surgery by Dr. Cahill, to be conducted at Tampa General Hospital, where the surgery was performed on January 11, 1999, and

WHEREAS, a series of events took place during the surgery which resulted in Judge Donahey becoming totally blind, with those events summarized as follows:

- (1) Judge Donahey's surgery was scheduled to begin at 7:30 a.m. and last 4 hours.
- (2) The spinal surgery performed on Judge Donahey's back was a complicated and lengthy surgery.
- (a) Complicated surgery exposes patients to longer periods of time under anesthesia, 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) Unknown to Judge Donahey, the surgery was performed in part by a resident physician who, as part of his training, was employed by the Board of Regents and received training by observing and participating in surgery conducted by Dr. Cahill, who was the resident physician's professor.
- (c) During the same time that surgery was being performed on Judge Donahey, and unknown to Judge Donahey, Dr. Cahill supervised three other surgeries. The University of South

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Florida records reflect that Dr. Cahill was scheduled to begin another surgery at 7:30 a.m., which was scheduled to last 6 hours. Both this surgery and Judge Donahey's surgery were to be followed by a second, shorter surgery in the same operating room. All four procedures were elective and not emergency surgeries. However, the scheduled 6-hour surgery lasted 7 hours and 5 minutes, followed in the same operating room by the two short surgeries. For unknown reasons, Judge Donahey's surgery lasted 10 hours and 15 minutes. Each time Dr. Cahill went back and forth between operating rooms, he was required to do a complete scrub and re-gown, thus contributing to the length of each surgery.

- (d) Unknown to Judge Donahey, the anesthesiologist who provided anesthesia services was also a resident student employed by the Board of Regents and, as such, performed anesthesiology services for patients being operated on by Dr. Cahill and others while under only partial supervision by a board-certified anesthesiologist who was the anesthetist's professor. The supervising anesthesiologist was simultaneously supervising the anesthesia services of the other patients.
- (3) The risks 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 following risks were not known by Judge Donahey and were not conveyed to him by the physicians:
- (a) Hypotensive anesthesia was employed for Judge
 Donahey's surgery. Hypotensive anesthesia is a technique
 employed during spinal surgery in which blood pressure is kept

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artificially low through the administration of medicine in order to minimize bleeding.

- (b) Low blood pressure has an additive ischemic effect on blood flow when combined with blood loss, placing certain vital organs at risk for decreased blood flow. The optic nerve, which stimulates vision through the brain, is part of the organ of the eyes and, during spinal surgery, is at risk for decreased blood flow.
- (c) 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 the practice of hypotensive anesthesia.
- (d) Prone body positioning is known to exacerbate the cumulative effects of low hemoglobin and low blood pressures, and Judge Donahey's surgery was performed in the prone position.
- (e) The resident who provided anesthesia services was educated and trained in the increasing cumulative risk of vision loss due to low blood pressure, blood loss, and lengthy surgery and knew that a patient was at increased risk of loss of vision due to ischemic optic neuropathy when hemoglobin drops below 10. Testimony indicated that Judge Donahey's hemoglobin was below 10 for about 4 hours.
- (f) The resident who provided anesthesia services was educated and trained in these additive effects and also knew that increased risk of vision loss may occur due to ischemic optic neuropathy when systolic blood pressure drops below 100 mm Hg. Judge Donahey's systolic blood pressure dropped below 100 mm

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

- (g) 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.
- (h) Despite the knowledge of the risks associated with hypotensive anesthesia and complicated spinal surgery, the physicians ultimately relied on and employed slightly differing minimum standards for blood pressure and hemoglobin, thereby creating confusion in the context of the surgery, thus increasing the overall risk to Judge Donahey, and correspondingly increased the likelihood that ischemic optic neuropathy would occur.
- (i) The physicians involved in Judge Donahey's surgery 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.
- (j) Vision problems related to surgery had been reported about 120 times in medical literature for this surgery and Dr. Cahill had performed surgery on three previous patients which resulted in unilateral vision loss. A significant portion of these cases involved patients who were in the prone position during lengthy surgery. This problem had been discussed by Dr. Cahill, his resident students, and staff and had been discussed at national meetings. Both the literature and the discussions

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

(4) The surgeons who performed Judge Donahey's surgery acknowledged the option of performing the surgery in two stages on different days, thereby limiting anesthesia time in each procedure. Judge Donahey was never informed of the cumulative risks that were exacerbated by the length of his surgery and was not informed of the option of having his surgery performed in two stages. If Judge Donahey had been informed of all the risks and of the option of staged surgery, he may have elected the staged surgery, thus avoiding the lengthy anesthesia, and would not be blind today, and

WHEREAS, all of the advice and consultation between Judge Donahey, Judge Donahey's wife, and Dr. Cahill was conducted in a manner that led Judge Donahey, with good cause, to believe that Dr. Cahill would perform his surgery or that it would be conducted by Dr. Cahill or his assistants under his direct and immediate supervision and in his presence. In fact, Dr. Cahill and the University of South Florida knew that a significant portion of the surgery would be performed by persons unknown to Judge Donahey, each of whom was significantly less qualified by training and experience than Dr. Cahill, and that significant portions of the surgery would be conducted during Dr. Cahill's lengthy absences from the operating room, and

WHEREAS, all communications to Judge Donahey from the staff of Tampa General Hospital and the staff of the University of South Florida reinforced and represented that it was Dr. Cahill,

the well-known and renowned physician, who would be performing the surgery. Documents admitting the patient to Tampa General Hospital reinforced Judge Donahey's belief that his care and treatment would be under the direct control and supervision of Dr. Cahill by referencing only Dr. Cahill by name as the surgeon, and

WHEREAS, it is the policy of the State of Florida to require physicians who are not insured for medical malpractice to notify their patients in clear, unequivocal language of the lack of insurance. However, the University of South Florida avoids informing potential patients that if one of its employees makes an error that results in devastating injury and damages, the patient may be limited to the recovery of \$100,000 per claim or \$200,000 per incident, regardless of the severity of the incident or injury, including death, unless the patient is able to have the Legislature order full payment pursuant to a claim bill, and

WHEREAS, the records of the University of South Florida are such that it is impossible to determine who was or was not present at any time during the surgery, who performed any parts of the surgery, or the length and number of times when nothing was taking place because of the absence of a specific surgeon to do a specific procedure. The university has provided no explanation of what went wrong. To the extent that any investigation was conducted by the university, such information has not been submitted for review. Even after repeated requests, the university has failed or refused to explain the delay to Judge Donahey. As a result, it is impossible to determine with

any degree of accuracy who performed what parts of the surgery during the four surgeries, or why a surgery scheduled to last 4 hours lasted more than 10 hours, and

WHEREAS, although Dr. Cahill's dictation of what occurred in the operating room during Judge Donahey's surgery was supposed to occur during the surgery, the dictation was completed one-half hour before the surgery was finished. In addition, the report was dictated as if describing a personally observed event. However, much of the surgery was conducted by others in Dr. Cahill's absence and without his direct supervision. No operative record was maintained by the other two surgeons who were present during Dr. Cahill's absence, and

WHEREAS, in sworn testimony Dr. Cahill admits that he doesn't remember what happened and that he cannot recall what parts of the procedure he performed, when he was absent, when he was present, or anything about what happened in his absence. In statements taken under oath, Dr. Cahill could not explain how he happened to be covering three other surgeries while Judge Donahey was under prolonged anesthesia. Dr. Cahill testified that it was his policy that although he might supervise more than one surgery at a time, this would be done only in circumstances in which one serious surgery was performed at the same time as minor surgery of short duration, and

WHEREAS, in accordance with s. 766.106, Florida Statutes, Joseph G. Donahey, Jr., joined by his wife, Tena Donahey, filed a notice of intent to commence litigation, 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 s. 766.106, Florida Statutes, 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, 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 all claims of the plaintiffs, Joseph G. Donahey, Jr., and Tena Donahey, by the payment of \$200,000, which, pursuant to s. 768.28, Florida Statutes, represented the maximum amount that the Board of Regents could be required to pay Joseph G. Donahey, Jr., and Tena Donahey if they won their lawsuit, absent the passage of a legislative claim bill. The penalty for not accepting that offer would be that Joseph G. Donahey, Jr., and Tena Donahey would have to pay the attorney's fees of the Board of Regents if they lost the litigation, and

WHEREAS, Joseph G. Donahey, Jr., and Tena Donahey formally accepted the proposed offer of settlement conditioned upon the release being a standard release of a defendant from liability, 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 Joseph and Tena Donahey refused to sign a release containing

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such a limitation, and

WHEREAS, the Board of Regents subsequently tendered a release from which the restriction against 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 responsibility for the financial expense of trial from the University of South Florida and the plaintiff but would allow Joseph G. Donahey, Jr., and Tena Donahey to make application to the Legislature for equitable relief under the circumstances set forth in this act. This intent was based on the well-founded belief that the university used a portion of a patient's deductible payments and payments from the patient's insurer for medical treatment to fund a self-insurance fund established for the purpose of covering the cost of injuries to patients receiving negligent medical care from medical personnel employed by the university, and

WHEREAS, the University of South Florida paid the sum of \$100,000 each to Joseph G. Donahey, Jr., and Tena Donahey from the University of South Florida Health Sciences Center's self-insurance fund, which is the agent of the University of South Florida Health Science Center Insurance Company, Inc. The South Florida Health Science Center Insurance Company, Inc., is a Vermont corporation, formerly registered in Bermuda, created to provide compensation to patients injured due to the fault of

employees of the university, including personnel providing medical treatment. The South Florida Health Science Center Insurance Company, Inc., is a wholly owned corporation of the University of South Florida. The corporation is not registered as an insurance company in Vermont or Florida, is registered as a for-profit corporation in the State of Vermont, and is not registered as doing business in the State of Florida even though all of its business is effectively related to the University of South Florida.

- (1) The self-insurance fund is funded from fees paid for medical treatment by patients and patients' insurers and is administered by the university apart from the state budget.
- (2) The policy of the university is to never make payments from the fund of more than \$100,000 per claimant unless required to do so by the Legislature pursuant to a claim bill.
- (3) The fund is also used to purchase reinsurance to reimburse amounts paid from the fund in excess of \$1 million per incident, and

WHEREAS, Joseph G. Donahey, Jr., has suffered significant mental pain and suffering and loss of the enjoyment of his life by reason of his blindness and continued to serve as a circuit judge with great difficulty, and, upon his retirement from the bench, has found that his earning capacity as a teacher or as a lawyer has been significantly and adversely affected by his blindness, and

WHEREAS, in his attempt to seek relief from his blindness, Joseph G. Donahey, Jr., has incurred economic expenses that have not been compensated by insurance, and

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WHEREAS, by reason of her husband's injuries, Tena Donahey has suffered an economic loss due to her need to assist him in his daily life and has also suffered a significant loss of consortium, and

WHEREAS, the payment of an additional \$3 million to Joseph G. Donahey, Jr., and Tena Donahey to compensate them for damages sustained will be in furtherance of the reason the self-insurance fund was created and in furtherance of the insurance contract purchased by the fund, to wit: to pay full and just compensation to patients of the University of South Florida injured by reason of the fault of employees of the university, NOW, THEREFORE,

Be It Enacted by the Legislature of the State of Florida:

Section 1. The facts stated in the preamble to this act are found and declared to be true.

Section 2. The University of South Florida is directed to draw a warrant in favor of Joseph G. Donahey, Jr., in the sum of \$2 million payable from the University of South Florida Health Sciences Center's self-insurance fund or the University of South Florida Health Science Center Insurance Company, Inc., as appropriate.

Section 3. The University of South Florida is directed to draw a warrant in favor of Tena Donahey in the sum of \$1 million payable from the University of South Florida Health Sciences

Center's self-insurance fund or the University of South Florida

Health Science Center Insurance Company, Inc., as appropriate.

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Section 4. The amount paid by the University of South
Florida pursuant to s. 768.28, Florida Statutes, and the amount
awarded under this act are intended to provide the sole
compensation for all present and future claims arising out of
the factual situation described in this act which resulted in
the injuries and damages to Joseph G. Donahey, Jr., and Tena
Donahey. The total amount paid for attorney's fees, lobbying
fees, costs, and other similar expenses relating to this claim
may not exceed 25 percent of the total amount awarded under this
act.

Section 5. This act shall take effect upon becoming a law.