In The

Supreme Court of Virginia

RECORD NO. 131869

RICHARD D. FIORUCCI, D.D.S. and RICHARD D. FIORUCCI, D.D.S., LTD.,

Appellants,

v.

STEPHEN CHINN,

Appellee.

BRIEF OF APPELLEE

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Preliminary Statement

Stephen Chinn sued Richard D. Fiorucci, D.D.S. and his dental practice Richard D. Fiorucci, D.D.S. LTD. (collectively, "Fiorucci") after sustaining a severe injury during a series of tooth extractions. Chinn received a $300,000 jury verdict in his favor, which survived Fiorucci's motion to set aside the verdict and for a new trial.

In his appeal Fiorucci contends that the trial court misapplied this Court's precedent, *Wright v. Kaye*, 267 Va. 510 (2004), by not limiting its holding to the facts of that one case. But the facts of this case are square with *Wright*, Chinn did not open any door to the issue of informed consent, and the trial court did not abuse its discretion when it refused to admit certain exhibits or permit questioning about informed consent. This case is about the negligent care by the medical provider, not about whether the patient consented to treatment.

Chinn is resisting this appeal because the trial court acted properly and the record is free of reversible error.

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Statement of the Case

Fiorucci misstates the nature of the case and improperly mischaracterizes the nature of the dispute. The case flows from a misdiagnosis that did not meet the standard of care and from a series of extractions that also did not meet the standard of care.

This case was tried to a jury in the Alexandria Circuit Court, which awarded a verdict favorable to Chinn. Fiorucci moved to set aside the verdict and for a new trial. Fiorucci also requested remittitur and challenged the trial court's award of costs to Chinn. The Court denied Fiorucci's motions and entered final judgment. All issues raised in the post-trial motions were pursued in Fiorucci's Petition for Appeal, which this Court refused. In his Petition for Rehearing, Fiorucci asked only for review of the trial court's application of *Wright v. Kaye*.

Upon rehearing, this Court granted a certificate of appeal limited to one assignment of error with two subparts.

Statement of Facts

When a litigant comes before this Court with the favor of a jury verdict approved by the trial court, he occupies the strongest position known to the law, and in such case the facts should be stated and accepted in the light most favorable to him. *Oney v. Jamison*, 175 Va. 420, 422 (1940). Chinn now sets forth the facts in that proper light.

Chinn was in excellent dental health before he underwent oral surgery by Fiorucci. A. 293-94. He had three wisdom teeth that were undergoing benign resorption, were not infected and had no pathology. A. 618. Chinn did not have pain or other symptoms of dental problems that needed surgery. A. 284, 296, 438. Fiorucci misdiagnosed the condition of Chinn's teeth. A. 397-9, 578, 787-8, 1090-1, 1099-1101. In error, Fiorucci told Chinn that his wisdom teeth were decayed and should be extracted. A. 444-5.

During the extraction procedure, Fiorucci negligently transected Chinn's inferior alveolar nerve and the inferior alveolar artery and caused severe arterial bleeding. As a result of the

inferior alveolar injury Chinn is “anesthetic and numb.” “You could stick a needle in Mr. Chinn’s lip and chin right now and he won’t feel it.” A. 774.

Chinn established that Fiorucci (i) misdiagnosed the condition of Chinn’s wisdom teeth as decay rather than a benign process of resorption, (ii) decided to remove tooth number 16, (iii) perforated Chinn’s sinus while removing tooth number 16, (iv) decided to remove tooth number 17, (v) severed Chinn’s inferior alveolar artery and nerve with a dental drill while attempting to extract tooth number 17, and (vi) failed to refer Chinn timely to a neurosurgery specialist once it was apparent that Chinn’s nerve had been injured. A. 578-9.

Fiorucci failed to take proper diagnostic radiographs to precisely locate Chinn’s nerve canal before attempting the surgery, failed to request earlier radiographs from Chinn’s general dentist to correctly diagnose his condition, and failed to reevaluate the diagnosis of decay after extracting tooth 16 and before attempting to remove tooth 17. A. 699-702.

Inside his mouth, Chinn has no sensation on the gum in the area of the injury. A. 456. He also suffers parasthetic pain generated by the injured nerves. Brushing his teeth causes electric tingling sensations. A. 457. He is unable to chew on the left side of his mouth because doing so causes great discomfort. A. 457-8. "[T]he rest of the tingling and external skin sensation and numbness, numbness in the jaw remains and there is a background sensation of deadness, that's the only way I can describe it, which is really like a low level ache that persists all the time." A. 458. The sensations suffered by Chinn on a scale measured from "none" to "intolerable" were rated closer to intolerable. A. 776. These conditions have remained constant since May 2008, with the exception that the numbness in the area of his collar line has abated. These injuries are permanent. A. 595, 781.

Chinn now appears as if he had experienced a stroke when he speaks – only one side of his face moves. A. 741. The injury has affected Chinn's ability to eat, A. 743, hindered his ability to carry on conversations, A. 743, causes him to drool, A. 743-4,

and he is more withdrawn and no longer socializes with his professional contemporaries, *Id*. The injury has had an adverse and permanent effect on his enjoyment of life. A. 479.

The record is barren of evidence that Chinn alleged or sought damages for a failure of Fiorucci to obtain informed consent before attempting to extract his wisdom teeth. Chinn did not introduce evidence that Fiorucci failed to obtain his consent to undergo the surgery. Chinn did not argue to the jury for an award of damages based on an allegation of the absence of informed consent.

Argument

I. The trial court correctly excluded the evidence of informed consent because *Wright v. Kaye* applies to this case.

A. Standard of Review

Armed with a jury verdict approved by the trial court, Chinn stands in the most favored position known to the law. Chinn is entitled to have the evidence, and all inferences that may reasonably be drawn from it, viewed in the light most favorable to him. The judgment of the circuit court will not be set aside

unless it is plainly wrong or without evidence to support it. *Bitar v. Rahman*, 272 Va. 130, 137 (2006).

"A trial court's exercise of its discretion in determining whether to admit or exclude evidence will not be overturned on appeal absent evidence that the trial court abused that discretion." *Wright v. Kaye*, 267 Va. 510, 517 (2004). A trial court abuses it discretion when it (1) fails to take into account a significant relevant factor; or (2) gives significant weight to an irrelevancy; or (3) weighs the proper factors but commits a clear error of judgment in doing so." *Landrum v. Chippenham & Johnston-Willis Hosps., Inc.*, 282 Va. 346, 353 (2011).

B. Discussion

1. The Holding in Wright v. Kaye applies to this case; the "facts" are the same.

The major premise of Fiorucci's argument is that the trial court erred as a matter of law when it applied the holding in *Wright* to this case. Because that premise is flawed, Fiorucci's argument must fail.

Fiorucci argues, "If the facts of a subsequent case are different from those of an earlier case, the principles enunciated

in the earlier case should be carefully examined before being applied to the subsequent case—if at all." Opening Brief of Appellant, p. 8. But he fails to inform this Court about *which* facts are different.

Fiorucci argues that the trial court misapplied *Wright* because this case involves both a negligent diagnosis and negligent performance of a surgical procedure, whereas *Wright* was concerned only with negligence in the procedure itself. Fiorucci ignores the fact that the evidence of informed consent that Fiorucci contends the trial court improperly excluded concerned only the nature of the surgery Fiorucci planned to perform on Chinn; it had nothing to do with the preceding negligent misdiagnosis. The record is barren of any evidence proffered by Fiorucci or refused by the trial court that Chinn gave informed consent to a negligent diagnosis.

Chinn never alleged or sought to prove that Fiorucci failed to obtain his consent to perform the procedure itself. The only informed consent evidence that Fiorucci wanted admitted concerned the risks of the operation itself. Thus, this case stands

squarely with *Wright* on the admissibility of evidence of the patient's consent to a surgical procedure that actually is the subject of this appeal.

Here are the relevant sections of Part VI, RISK OF SURGERY DISCUSSIONS from the *Wright* opinion:

> In resolving this issue, it is a particularly salient fact that Wright does not plead or otherwise place in issue any failure on the part of the defendant to obtain her informed consent. Her claim is simply that Dr. Kaye was negligent by deviating from the standard of care in performing the medical procedure at issue.
>
> Seen in that context, evidence of information conveyed to Wright concerning the risks of surgery in obtaining her consent is neither relevant nor material to the issue of the standard of care. Further, the pre-operative discussion of risk is not probative upon the issue of causation: whether Dr. Kaye negligently performed the procedure.

Fiorucci cannot mean that the *Wright* decision applies only to the precise surgery at issue in *Wright*, *i.e.*, "to the risk of injury to the bladder during an urachal cystoscopy;" therefore he must mean that the term "facts" as used in *Wright* actually refers to the procedural "fact" that Wright only claimed negligence by her treating physician. That procedural "fact" exactly matches Chinn's claim – that Fiorucci was negligent in treating him.

Negligence was the issue at trial (Chinn called three expert witnesses to opine regarding Fiorucci's negligent misdiagnosis and surgery), and the trial court *properly* invoked *Wright* to exclude the consent issue and preclude error.

2. A negligent diagnosis is negligence just as much as the negligent performance of a medical procedure.

Fiorucci asks this Court to use the consent to treatment based on a negligent diagnosis as shield to preclude a claim for a subsequent negligent medical or dental procedure. According to Fiorucci, the rule in *Wright* applies only to cases in which (i) the plaintiff did not make a lack of informed consent claim, and (ii) the claim is limited to negligence in *how* a medical procedure was performed, but not to negligence in first diagnosing the medical issue.

Wright does not embrace the second half of Fiorucci's two-part test.

> " . . . it is a *particularly salient fact* that Wright does not plead or otherwise place in issue any failure on the part of the defendant to obtain her informed consent. Her claim is simply that Dr. Kaye was negligent by deviating from the standard of care in performing the medical procedure at issue." 267 Va. at 529 (emphasis added).

Wright is not limited only to how operations are performed and it applies to cases involving other medical practices and procedures. The decisive principle in *Wright* is that "[k]nowledge by the trier of fact of informed consent to risk, where lack of informed consent is not an issue, does not help the plaintiff prove negligence. Nor does it help the defendant show he was not negligent." *Id*. This principle is equally valid when the deviation from the standard of care is misdiagnosis of a medical or dental condition and when the deviation occurs in the subsequent treatment of that condition. Likewise, a pre-operative discussion of surgical risk does not affect the issue of causation, *i.e.*, whether the medical provider's negligence in diagnosis or subsequent treatment resulted in injury to the patient. *See, id*. at 529.

The only reason Fiorucci wanted to introduce evidence of the information he conveyed to Chinn before the surgery was to "show that Mr. Chinn knew of the risks of the procedure, understood he had the choice of not having any treatment at all, and elected to go forward with the procedure." Opening Br. of

Appellant at 4-5. Fiorucci wanted nothing less than for "the jury [to] conclude that consent amounted to a waiver, which is plainly wrong." *Wright*, at 529. *Wright* holds that the patient's awareness of the risks is not an affirmative defense to negligence because consent to medical treatment is not consent to the injury that results from the negligent performance of treatment.

> Wright's awareness of the general risks of surgery is not a defense available to Dr. Kaye against the claim of a deviation from the standard of care. *While Wright or any other patient may consent to risks, she does not consent to negligence.* Knowledge by the trier of fact of informed consent to risk, where lack of conformed consent is not an issue, does not help the plaintiff prove negligence. Nor does it help the defendant show he was not negligent. In such a case, the admission of evidence concerning a plaintiff's consent could only serve to confuse the jury because the jury could conclude, contrary to the law and the evidence, that consent to the surgery was tantamount to consent to the injury which resulted from that surgery.

267 Va. at 529 (internal citations omitted; emphasis added).

Consent based on a negligent diagnosis cannot waive negligence that occurs when the treatment is then performed improperly. One cannot consent to negligent treatment and a negligent misdiagnosis cannot shield subsequent negligence

during treatment. Consent based on a negligent diagnosis excuses nothing.

The trial court cannot have abused its discretion when it prevented Fiorucci from doing that which is "plainly wrong" during the trial. 267 Va. at 529.

3. Chinn did not open the door to informed consent evidence at trial and the trial court correctly applied Wright.

Fiorucci's argument turns on this phrase from *Wright*: "Knowledge by the trier of fact of informed consent to risk, *where lack of conformed consent is not an issue*, does not help the plaintiff prove negligence." *Wright*, at 529 (emphasis added). Fiorucci would have this Court rewrite its earlier sentence as, "Where lack of informed consent is in issue, knowledge by the trier of fact of informed consent to risk prevents the plaintiff from proving negligence." That is the back door to an assumption of risk defense.

Fiorucci wants this Court to equate knowledge or awareness of risk with consent to be injured. That is exactly what the holding in *Wright* is supposed to prevent. Fiorucci desperately

sought to bring consent into issue; Chinn did not plead it and did not invite it into the case.

a) Chinn did not inject any evidence on informed consent during voir dire.

During *voir dire*, to identify jurors who might be tempted to disregard the court's charge and invoke their own notions of assumption of risk, Chinn's counsel, as a preface to a question about their willingness to adhere to the court's instructions, commented to potential jurors about risk, not consent. "We all know that both medical and dental procedures involve risks and they involve potential complications." A. 180. A question or statement by counsel during *voir dire* is not evidence. If that statement is evidence of consent, then consent is at issue in every case and Part VI of *Wright* is meaningless. That cannot be.

Notably, Fiorucci's counsel did not object to the statement during *voir dire*. This Court requires a contemporaneous objection to preserve error. Va. S. Ct. Rule 5:25. The relevant section of the record is devoid of any objection. A. 180-5. When Chinn's counsel made his statement, Fiorucci's lawyer sat silently by until after the mid-morning break. A. 186. Fiorucci is belatedly trying

to graft informed consent onto a stalk he allowed to wither; this Court should reject that attempt.

b) Chinn's expert did not opine on the issue of informed consent.

Fiorucci contends that Chinn's expert witness, oral and maxillofacial surgeon Gary Smagalski, D.D.S. introduced the subject of informed consent into the trial by testifying that he had patients who experienced inferior alveolar nerve injuries. Chinn did not elicit such testimony during direct examination.

When Fiorucci cross-examined Smagalski, however, Fiorucci introduced the subject of the injuries of Smagalski's own patients. A. 670. In an attempt to impeach Smagalski, defense counsel asked:

> Q. [Mr. Dillman] But in the time that you had a permanent inferior alveolar nerve injury you did not yourself refer that patient to a micro nerve repair surgeon; is that correct?
> A. [Dr. Smagalski] That's correct. But the situation is quite different than this one.
> Q. Much different case?
> A. Yes.
> * * *
> Q. So it's what you say, and not what you do; is that right Dr. Smagalski?
> A. No, not really. Because what you're doing here is that you're making comparisons between apples and

> oranges. If you like, we can go through the differences the patient I had and Dr. Fiorucci's patient.

A. 671-2.

Defense counsel declined to permit Smagalski to explain. Accordingly, on redirect examination he was given the opportunity to complete the answer to the question that defense counsel had asked.

> A. Yes. The situation that I had in these 8 to 10 patients very different from Dr. Fiorucci. In all but one of those situation where a wisdom tooth was taken out, the patient came back with some numbness or tingling in their lip which they can have, there was no indication during the surgery that anything had gone badly wrong, followed these patients, they resolved, everything was okay. I had one patient with some degree of permanent numbness. He was in his 40s. Came in. He was badly infected and the impacted tooth. It was intimately involved with the nerve. We discussed that he probably would have some numbness after we took the tooth out, although we tried to be as careful as we could be. I sectioned the tooth out, removed it. Did not have any acute bleeds, did not believe that we had damaged the nerve with any instrumentation. But he had a degree of numbness afterwards. It persisted for about a year. He didn't seem too upset about it because it was partial numbness. Then I lost track with him after a year. He went into the situation knowing that was the outcome. He seemed pretty happy with the treatment. Those were the 8 to 10 cases he referred to.

A. 711-2.

This testimony, invited by the defense in its cross-examination, did not then provide grounds for Fiorucci to bootstrap the introduction of evidence of the affirmative defense of waiver or informed consent. The question concerned Smagalski's patients, not the parties in this action, and Smagalski's answer was confined to his own patients.

Furthermore, there are many differences between the way Smagalski treated his patient and the handling that Chinn received from Fiorucci. Smagalski's patient presented with a "badly infected" tooth that was "intimately involved with the nerve." A. 712. Chinn presented to Fiorucci with no infection whatsoever. A. 614, 643. Smagalski sectioned and removed his patient's tooth without errors in instrumentation resulting in acute arterial bleeding. A. 712. Fiorucci cut the inferior alveolar artery and nerve through his incompetent handling of the drill and had to leave half of Chinn's tooth in place. A. 773-4. Smagalski's patient suffered only partial numbness. A. 712. Chinn suffers from permanent total numbness and paresthesia in the affected area. A. 457-8, 595, 612, 774, 781.

Again, Fiorucci did not object contemporaneously to the redirect testimony clarifying Smagalski's own experience, waiting until the next day, after the witness had been excused, to try once more to bootstrap informed consent into the trial. *See*, *Bitar v. Rahman*, 272 Va. 130 (2006).

Fiorucci now invites this Court to accept the logical fallacy known as *Tu Quoque* (You Yourself Do It). Ruggero J. Aldisert, *Logic for Lawyers* 213-4 (3rd Ed. 1997). Very simply, the individual being criticized (Fiorucci) attempts to defend his actions by accusing Chinn's expert witness of the same thing.

The argument does not address Fiorucci's negligence, nor can it open the door to informed consent because what happened to others cannot address Fiorucci's faults. The fact that Fiorucci *invited* testimony about an unrelated patient of Smagalski did not convert Chinn's case from one grounded in Fiorucci's negligence to one based on failure to obtain informed consent.

c) The trial court construed the Wright limitation so narrowly that Fiorucci was permitted to introduce evidence concerning choice and to argue informed consent.

The trial court exercised its discretion in excluding evidence of informed consent so narrowly that Fiorucci was permitted to introduce the substance of what Chinn was told and shown pre-operatively concerning the risks of the procedure. Defense counsel then argued to the jury that Chinn was "an informed patient going into the surgery." A. 1264.

Fiorucci was permitted to testify that he showed Chinn an x-ray on which he marked the location of the impacted tooth and the inferior alveolar nerve canal during a pre-operative consultation and again immediately preceding the surgery.

> Q. [Mr. Dillman] Dr. Fiorucci, did you also make those markings in the lower area [of the x-ray]?
> A. [Dr. Fiorucci] I did.
> Q. Did you make those markings in front of Mr. Chinn?
> A. I did.
> Q. Did you make those markings in the lower area in order to show Mr. Chinn the relationship between the tooth and the bony canal that holds the inferior alveolar nerve?
> A. I did.

A. 890-1.

In his cross-examination of Plaintiff's expert witness, defense counsel also raised the issue of the pre-operative consultation disclosure by Fiorucci to Chinn.

> Q. [Mr. Dillman] And have you seen this version of it [the x-ray] that has pen marks on the upper and lower third molars?
> A. [Dr. Coletti] Yes.
> Q. And you understand that these pen marks were made in Dr. Fiorucci's office by Dr. Fiorucci?
> A. That's my understanding.
> Q. With Mr. Chinn the patient right there in the office looking at Dr. Fiorucci as marking these structures out?
> [Objection by plaintiff's counsel]
> Q. Did you read Dr. Fiorucci's deposition testimony?
> A. Yes.
> Q. Did you read where Dr. Fiorucci testified that he made these pen markings mapping out where these structures were in relation to the sinus and the inferior alveolar nerve right there in his office with Mr. Chinn present?
> A. I don't dispute that Dr. Fiorucci made these notes.

A. 842-3.

Defense counsel also argued his informed consent defense in closing argument.

> The plaintiff has to prove malpractice here and the plaintiff has not done that. What the plaintiff has shown what Mr. Chinn has shown is that he had a complication that other oral surgeons have had. There were two separate discussions. *And Mr. Chinn with these two separate discussions was an informed patient going into this surgery. No question. The structures*

> *were shown to him. And he chose to have the surgery which was a reasonable option.*

A. 1264 (emphasis added).

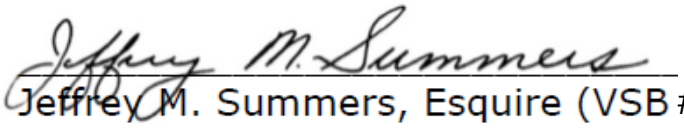
Having been permitted to present evidence that Fiorucci informed Chinn about the location of his impacted wisdom teeth and their proximity to his inferior alveolar nerves and having argued in closing that Chinn "was an informed patient going into this surgery," Fiorucci has no grounds to argue that he was unfairly prejudiced by the court's refusal to permit him to introduce additional evidence that would be "plainly wrong" under *Wright*. Furthermore, the jury heard it all, recognized it for what it was, and discounted it.

Conclusion

Fiorucci asks this Court to find reversible error where there is none. Fiorucci misdiagnosed Chinn's condition and advised Chinn to undergo unnecessary surgery to correct something that did not need to be fixed; then Fiorucci botched that procedure. Even when Fiorucci was allowed to argue informed consent, this argument could not help Fiorucci show he was not negligent.

This case falls squarely within the holding of *Wright v. Kaye*. This Court should deny the appeal and leave Chinn in the most favored position known in the law – that of having a jury verdict affirmed by the trial judge.

Stephen Chinn
By Counsel



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Certificate

Pursuant to Rule 5:26(h), the undersigned hereby certifies that on the 27th day of June, 2014, fifteen paper copies of the foregoing Brief of Appellee, with one electronic copy on CD-Rom, were hand-filed with the Clerk of the Supreme Court of Virginia, and three paper copies of the Brief, along with one electronic copy on CD-Rom, were served, via UPS Ground Transportation, upon:

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