DEFENSE PRACTICE UPDATE

MARTIN CLEARWATER & BELL LLP

FALL 2019

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EFFECTIVELY USING SUB-SPECIALISTS AS EXPERT WITNESSES IN A SUMMARY JUDGMENT MOTION

BY: ROSALEEN T. MCCRORY AND THOMAS J. KROCZYNSKI

For medical malpractice lawsuits, the laws in the New York State tend to favor the plaintiff. With respect to motions for summary judgment, it is typically the defendant who moves to dismiss some or all claims in a lawsuit, rather than plaintiff moving to dismiss some or all of the defenses, and the deadline to make such a motion can be as short as 30 days.[1]

In the context of summary judgment motions, one area of decisional law that benefits defendants is that the Courts require an expert witness to demonstrate the requisite skill, training, education, knowledge or experience from which it can be assumed that their opinion is reliable.[2] When an expert witness is giving an opinion outside their medical specialty, the expert must demonstrate how he or she is familiar with the standard of care and provide a foundation that shows the reliability of the opinion.[3] When such a showing has not been made, the Court will not consider the opinions of the expert.[4] This is particularly helpful to defendants when the medicine in issue involves treatment by sub-specialists. When applicable, this body of law is cited by defense counsel in their reply papers to challenge the qualifications of a plaintiff's expert witness that opposes the motion for summary judgment. However, this body of law can be used offensively by the way in which the affirmation of the defendant's expert is drafted in support of the defendant's motion for summary judgment.

To illustrate this point, we recently defended a Neonatologist and Pediatrician where it was claimed that the defendants failed to timely diagnose and treat HSV-2. The medical records documented that the mother repeatedly denied having HSV during her pregnancy. The mother delivered the baby vaginally at a small, level 1, community hospital. During the infant's admission to the Nursery, he was

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1. CPLR 3212(a).
2. *Shank v. Mehling*, 84 A.D.3d 776 (2d Dep't 2011).
3. *Hoffman v. Pelletier*, 6 A.D.3d 889 (3d Dep't 2004).
4. *Behar v. Coren*, 21 A.D.3d 1045 (2d Dep't 2005).

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diagnosed by several Neonatologists and Pediatricians with pustular melanosis, a benign, asymptomatic, idiopathic skin condition that self-resolves within 48 – 72 hours. Other than pustular melanosis, all findings were normal during the birth admission and he was discharged home.

Five days after birth, the infant presented to the hospital's pediatric clinic for his first check-up. The treating Pediatrician documented that the only complaint reported by the mother was that the infant's eyes were jaundiced. The Pediatrician documented that physical examination was normal. Additionally, a transcutaneous bilirubin test was performed and the results were within normal limits. A routine follow-up appointment in four weeks was made.

Shortly before midnight that same day, the mother brought the infant to the hospital's emergency room. The mother related that the day before the pediatric clinic visit, she observed skin discoloration and gagging, dry coughing, intermittent difficulty breathing and that he turned purple several times during the day. A Pediatrician examined the infant and found him to be jaundiced with a 5 cm. brownish, blister on the back. Treatment for sepsis was started and a lumbar puncture was done. The infant had a witnessed apneic episode in the emergency room, and because there was no PICU or isolation unit at this hospital, he was transferred to a large medical center with a PICU.

On the day of admission to the medical center, he was admitted to the service of a Pediatric Critical Care specialist and examined by Pediatric Infectious Diseases. The blister on the back was noted, the baby was started on acyclovir and a blood sample was sent for a PCR test. The next day, a specimen from the blister was sent for Culture & Sensitivity which ultimately did not show HSV. The baby progressively deteriorated, experienced multiorgan failure and died three days later. On the date of death, the results of both PCR tests showed HSV-2. Coincidentally on the date of death, but before the infant expired, the mother presented to the emergency room of the medical center complaining of pain in the perineal area with blisters and was diagnosed with a primary outbreak of HSV-2.

The mother sued the hospital, the Neonatologists who treated the baby during the birth admission, the Pediatrician at the pediatric clinic and the Pediatrician who examined the infant in the emergency room. Plaintiff testified that during delivery, a relative stated there was a visible lesion on the mother's vagina that was ignored by the Obstetricians. The mother also testified that at the infant's first check-up at the Clinic, she told the Pediatrician all of the complaints, signs and symptoms that had been documented in the emergency room records subsequently that evening (when in fact the only complaint documented at the earlier presentation was some yellowing of the eyes). As per the mother, the Pediatrician was dismissive of the complaints.

In the United States, it is estimated that there are approximately 1,219 physicians board certified in Pediatric Infectious Diseases, 2,234 physicians board certified in Pediatric Critical Care Medicine and 3,958 physicians board certified in Neonatal-Perinatal Medicine.[5] The number of physicians in these sub-specialties is small given that the population of the U.S. is approximately 329 million. Given the relative sparsity of sub-specialists in these fields, combined with the reality that most physicians do not want to review cases as expert witnesses, we suspected that the plaintiff's expert witness was a Pediatrician who was not board certified in any sub-specialty.

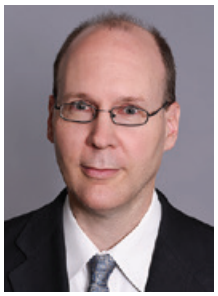
We retained an expert in Pediatric Infectious Diseases to submit an Affirmation in support of our summary judgment motion. In the Affirmation, the expert stated that it was the standard of care that a neonate with confirmed or suspected HSV-2 would be treated by a physician board certified in Pediatric Infectious Diseases, Pediatric Critical Care Medicine and/or Neonatology. The expert opined that only physicians in these sub-specialties had the requisite skill, training, education, knowledge or experience to treat HSV-2. The expert also stated that a physician who was only board certified in Pediatrics would not treat a neonate with confirmed or suspected HSV, but rather would only provide treatment to such a neonate under the supervision, control and guidance of a sub-specialist. These points were made purposely to undercut any potential opinions offered in opposition to the motion by the Plaintiff's suspected Pediatric expert witness. Our expert then explained how the treatment provided by the Neonatologist and Pediatrician that we represented comported with the standard of care.

After adjourning the motion for several months, the Plaintiff's lawyers ultimately did not oppose our motion and the Court dismissed our clients from the case without opposition. It was our

5. Pediatric Physicians Workforce Data Book 2017 – 2018, the American Board of Pediatrics.

impression that the motion was unopposed because the Plaintiff's lawyers and/or their Pediatrician expert witness could not dispute the assertion by our Pediatric Infectious Disease expert that Pediatricians do not have the requisite skill, training, education, knowledge or experience to treat HSV-2. Accordingly, when applicable, retaining sub-specialists for motions for summary judgment should be considered because their opinions may not be able to be contested by plaintiffs.

Rosaleen T. McCrory is a Senior Trial Partner with over 31 years of experience at the Firm. Her legal practice primarily encompasses medical malpractice defense and nursing home litigation in which she defends individual doctors, nurses, aides and technicians, along with hospitals, nursing homes and dialysis centers in professional liability matters.



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Discovery of Audit Trails and Metadata in Malpractice Matters: An Area of Expanding Discovery

By: Francesca L. Mountain and Michael F. Bastone

The 2009 American Recovery and Reinvestment Act mandated the conversion to Electronic Medical Records (EMRs) throughout our healthcare system. In the ten years that have elapsed since that mandate, healthcare providers, litigants and the Courts have had ample opportunity to explore the ancillary issues that arose from the conversion from paper medical charts to electronic records. One such issue involves the discovery and use in litigation of metadata and audit trails that underlie the EMR.

What is Metadata?

Metadata is second level information commonly referred to as "data about data."[1] It is electronically stored information that describes the characteristics, origins, usage and validity of other electronic data.[2] In EMRs, metadata can include audit trails, templates, drop-down menus, check boxes and pop-ups, among other examples.[3] Hospitals are required by law to maintain audit trails which track the activity of individual users creating modifying, accessing, and viewing protected health information.[4]

All of this metadata is stored separate and apart from the EMR and it is not necessary to review or access to when analyzing a patient's medical records.

Disclosure of Metadata in Malpractice Actions and Recent Case Law

Metadata is not typically included among the production of medical records in an action sounding in medical malpractice.[5] There are an increasing number of instances, however, in which parties have sought metadata, and specifically EMR audit trails, during the course of discovery. Discovery disputes concerning audit trails are typically first addressed to the trial court, and decisions regarding the discovery of metadata are within the sole discretion of the trial court.[6]

When analyzing the issue of disclosure of metadata, the Courts typically stake out the two endpoints of the inquiry: The CPLR provides that "[t] here shall be full disclosure of all matter material and necessary in the prosecution or defense of an action, regardless of the burden of proof."[7] The Court of Appeals directs that "material and necessary" be "interpreted liberally" in favor of disclosure of facts "bearing on the controversy" at hand.[8] On the other hand, a party is not entitled to "uncontrolled and

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1. Jeffrey L. Masor, Electronic Medical Records and E-Discovery: With New Technology Come New Challenges, 5 Hastings Sci. & Tech. L.J. 245, 252 (2013).
2. *Id.*
3. *Id.*
4. 45 C.F.R § 164.312.
5. *Vargas v. Lee*, 2015 NY Slip Op 31048 - NY: Supreme Court 2015.
6. *Forman v. Henkin*, 30 N.Y.3d 656 (2018).
7. CPLR § 3101(a).
8. *Vargas v. Lee*, 2019 N.Y. App. Div. LEXIS 2071, 2019 NY Slip Op 02142 (2d Dep't March 20, 2019).

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unfettered disclosure," and the party seeking discovery must demonstrate the disputed discovery "is reasonably calculated to lead to the discovery" of information bearing on the claim.[9]

In applying these principles to discovery disputes involving EMR audit trails, trial courts typically require the plaintiff make some showing as to why discovery of the audit trail is necessary to the particular claims in the Complaint or Bill of Particulars, and offer an explanation as to why the information contained in the EMR is insufficient to prosecute the plaintiff's claims.[10] Thus, early cases struck a balance between broad interpretation of the "material and necessary" and the "reasonable calculation" that metadata would lead to admissible evidence that afforded healthcare providers a basis to resist generic demands for audit trails or other metadata. A recent Appellate Division decision appears to alter this balance and tip the scales in the direction of disclosure of metadata.

In *Vargas v. Lee,* the Appellate Division, Second Department reviewed the decision of a Kings County trial court which denied plaintiff's motion to compel a hospital defendant to produce the EMR audit trial. The Appellate Division discussed that audit trails provide information about "the sequence of events related to the use of a patient's electronic medical records" and therefore would provide (or would reasonably lead to) information about the "care provided to the plaintiff." It also discussed that the audit trail would provide information about whether the EMR was "complete and unaltered." Given these findings, the Court found the audit trail met the standard for disclosure, and more importantly, that the trial court abused its discretion in finding otherwise.

In stating the threshold question regarding the discovery of audit trail data in such broad terms, it is unclear if there is any situation in which a plaintiff would be unable to demonstrate the need for this discovery of an audit trail or other metadata to provide information about the "care provided to the plaintiff." Further, all parties have an interest in establishing that EMRs provided in discovery are "complete and unaltered." As a result, plaintiffs will likely argue that the *Vargas* decision removes any barriers to obtaining audit trails or other metadata.

For the moment, the *Vargas* case is just one appellate decision discussing the discovery of only one specific type of metadata – audit trails. There are, however, other signs that New York Courts are moving toward a broader view of the disclosure of electronic data. A 2018 Court of Appeals case, *Forman v. Henkin*, was repeatedly cited by the *Vargas* Court when discussing its rationale to allow for discovery of the EMR audit trail. The *Forman* decision, which expanded litigants' access to social media posts, included a similar discussion of balancing broad access to discovery with limitations of burdensome "fishing expeditions." In removing previous requirements that a party seeking social media account access identify the existence of actual relevant material in the account, the *Forman* Court held that discovery does not "condition a party's receipt of disclosure on a showing that the items the party seeks actually exist" but instead that the discovery request is "reasonably calculated to yield relevant information."[11] The Court noted that, in most instances, the party making the request will not be able to demonstrate that the requested materials contain material evidence until that party receives the disclosure.[12] Read together, the *Forman* and *Vargas* cases appear to weaken, if not eliminate, any threshold requirement to seeking EMR audit trails or metadata beyond a generic showing that they relate to the care and treatment provided to the plaintiff.

Francesca L. Mountain is a Partner at Martin Clearwater & Bell LLP. Her practice encompasses all aspects of medical malpractice litigation as well as professional and general liability. She defends our health care clients including some of the most distinguished medical centers and physicians in New York.

Michael F. Bastone is an Associate at Martin Clearwater & Bell LLP where he focuses his practice on the defense of medical malpractice matters. Mr. Bastone also has experience in handling health care law cases, product liability cases, and labor and employment matters.

9. *Foster v. Herbert Selpoy Corp.*, 74 A.D.3d 1139 (2nd Dep't. 2010), *Crazytown Furniture v. Brooklyn Union Gas Co.*, 150 A.D.2d 420 (2nd Dep't. 1989).
10. *See e.g. Punter v. New York City Health and Hosp. Corp.*, 2019 NY Slip Op 31065 - NY: Supreme Court 2019.
11. *Forman v. Henkin*, 30 N.Y.3d 656 (2018).
12. *Id.*

Labor & Employment Focus

#MeToo and the Backlash to the Backlash

By: Valerie K. Ferrier and Stacey J. Lococo

With the advent of the "#MeToo Era," more women who experienced sexual harassment have gone public with stories of bad behavior by men. It seems that it was only a matter of time before the inverse surfaced: men alleging reverse gender discrimination. Two recent cases from the Court of Appeals for the Second Circuit highlight this trend, *Doe v. Columbia University*, No. 15-1536 (2d Cir. 2016), and its progeny, *Menaker v. Hofstra University*, No. 18-3089 (2d Cir. 2019).

John Doe was a student at Columbia University in 2013, before the #MeToo movement, when a female student accused him of sexual assault. Columbia investigated and ultimately suspended Doe for a year and a half. He sued for gender discrimination under Title IX, the law that mandates gender equality in education.

Doe claimed that the University violated its own policies and procedures, meant to protect students accused of sexual misconduct, by favoring the complainant and failing to interview witnesses Doe identified. He alleged that contemporaneous news accounts attached to the complaint established that the University was under significant public pressure based on alleged past failures to treat allegations of sexual assault with sufficient gravity. He argued that this scrutiny motivated gender-based discrimination against male students accused of sexual assault in an effort to appease critics of the school. Columbia moved to dismiss, challenging Doe's allegation that "men against whom complaints of sexual misconduct are asserted are invariably found guilty."

The District Court for the Southern District of New York dismissed the case. While allowing that "a desire to avoid Title IX liability to the alleged victims of sexual assault or an effort to persuade … others that it take sexual assault complaints seriously caused Columbia to 'maladminister []' Plaintiff's disciplinary hearing," the court concluded that the University's subjective motivation "is not discrimination against Plaintiff because of sex." In so holding, the court determined that Doe's allegations failed to give rise to a "plausible inference that [he] was mistreated because of (rather than in spite of) his sex."

Doe appealed to the U.S. Court of Appeals for the Second Circuit, which reversed. Analogizing to Title VII, which mandates gender equality in the workplace, the appellate court held that Doe had raised the necessary "minimal plausible inference of discrimination" by alleging that he was subjected to differential treatment based on his gender, and Columbia's "pro-female, anti-male bias."

The Circuit panel discussed the atmosphere of public scrutiny, noting that whether Doe was treated more harshly out of the University's desire to appear to be taking sexual assault complaints seriously, or because of an "anti-male bias" was irrelevant at this stage, and more facts were needed before dismissing the complaint. Thus, while the district court was unconcerned with the possibility that the University acted to counter criticism, the Second Circuit held that such motivation may have been sufficient.

In August, the Second Circuit extended the lessons of *Doe* in the case of *Menaker v. Hofstra University*. Menaker was the school's Head Coach of Men's and Women's tennis in 2016. He was terminated for unprofessional conduct after a freshman tennis player complained that Menaker sexually harassed her, including on social media. Menaker filed suit against Hofstra for gender discrimination, arguing that the school failed to follow its own sexual harassment policy with respect to investigating the complaint. Menaker cited media reports generally discussing sexual assault on college campuses.

Hofstra moved to dismiss, arguing that Menaker failed to establish a link between his termination and his gender, and that because Menaker was not fired for sexual harassment, the University's compliance (or lack thereof) with its policy was irrelevant.

Menaker's opposition relied on *Doe*'s determination that a school's failure "'to act in accordance with its own procedures designed to protect' the accused party supported an inference of bias," particularly when there had been significant criticism of a school's response to claims of sexual assault and harassment. In response, Hofstra distinguished Menaker, an at-will employee, from the student plaintiff in *Doe*, and the lack of public criticism

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#MeToo and the Backlash to the Backlash

directed at Hofstra specifically, versus those against Columbia, as cited in *Doe*.

The District Court for the Eastern District of New York determined that none of Menaker's claims supported an inference that the decision to terminate would have been different if a student made the same complaints against a female employee. The court agreed that because Menaker was not fired for sexual harassment, any alleged departure from policy was not at issue. Menaker appealed.

A panel of the Second Circuit found that the District Court "fail[ed] to appreciate the scope" of *Doe*'s precedent, and made impermissible factual findings. The panel applied *Doe* to the employment context, and clarified that the criticism of the defendant university's handling of sexual misconduct claims need not reach a "crescendo" to establish a discriminatory intent.

The Second Circuit, for the first time, enunciated the necessary elements to establish a *prima facie* case of sex discrimination in these circumstances:

> Where a university (1) takes an adverse action against a student or employee, (2) in response to allegations of sexual misconduct, (3) following a clearly irregular investigative or adjudicative process, (4) amid criticism for reacting inadequately to allegations of sexual misconduct by members of one sex, these circumstances provide the requisite support for a *prima facie* case of sex discrimination.

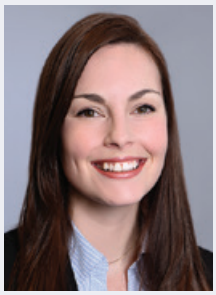
In Menaker's case, the Circuit's analysis focused on whether the alleged irregularity in process was sufficient enough to raise an inference of bias. The court reasoned that Hofstra was required to follow its sexual harassment policy once the student filed her complaint, and that its failure to do so, in conjunction with its decision to fire Menaker, albeit on different grounds, was nevertheless based on the student's complaint, and was therefore sufficient to raise a plausible inference of discrimination. The panel cautioned that "an employer cannot escape its promise of procedural protections by recharacterizing accusations of sexual misconduct in more generic terms."

The opinion also directed the District Court to consider whether the student's "discriminatory intent could be imputed to Hofstra" under the "cat's paw" theory of vicarious liability, in which an agent's intent is imputed to the employer if the "agent manipulates an employer into acting as a mere conduit for his [discriminatory] intent." Thus, the Circuit specified that Hofstra may face liability if (a) a student files a complaint against a university employee, (b) the student is motivated, at least in part, by invidious discrimination, (c) the student intends that the employee suffer an adverse employment action as a result, and (d) the university negligently or recklessly punishes the employee based on the complaint.

Conclusion

Doe and *Menaker* emphasize that when an employee has been accused of sexual misconduct, proper administration of existing investigative policies and procedures is critical. These cases reflect the burgeoning legal backlash against discrimination claims by women. The Second Circuit opinions highlight media attention to alleged previous lapses in responsiveness to claims of sexual assault and harassment by women against men, and caution employers and educational institutions not to swing the pendulum too far back the other way by being overly aggressive in the treatment of the accused men. However, no longer enjoying a historical privilege is not tantamount to discrimination.

Valerie K. Ferrier is a Partner and the Head of Martin Clearwater & Bell LLP's Labor & Employment Practice Group. Ms. Ferrier is an experienced litigator and counselor who has been practicing in the field for over 12 years, including the healthcare, hospitality, staffing and retail industries.



Stacey J. Lococo is an Associate at Martin Clearwater & Bell LLP. She focuses her practice on the defense of employment & labor matters as well as medical malpractice defense matters.

MCB CASE RESULTS

Defense Verdict: Alleged Delayed Diagnosis of Potentially Fatal Aortic Dissection – Richmond County

Partner Christopher A. Terzian, assisted by Associates Conrad A. Chayes and James O. LaRusso, obtained a defensed verdict in Supreme Court Richmond County in a case in which the plaintiff claimed that defendant doctor and hospital committed medical malpractice in the delayed diagnosis of a potentially fatal ascending aortic dissection. The plaintiff, a then 42-year-old retired man, arrived via ambulance to the ER at defendant hospital complaining of pain in his chest and abdomen, with difficulty breathing. He claimed that physician who treated him at the hospital failed to diagnose his aortic dissection, a life threatening condition in which the wall of the aorta begins to tear and could lead to death if not treated promptly. The plaintiff claimed that due to the alleged malpractice, he suffered permanent injuries of right foot drop; memory loss; and neurological impairment. MCB argued that defendant doctor and the hospital timely diagnosed the aortic dissection. We further argued that the plaintiff's claimed injuries were unrelated to the care he received at defendant hospital. Upon our cross examination, the plaintiff's expert conceded that all tests and exams the defendant doctor had ordered and performed yielded normal results, and had not revealed symptoms of aortic dissection. Plaintiff's expert also acknowledged he erred in thinking that the aortic dissection had led to a rupture in the plaintiff's aorta. The jury rendered a verdict for the defense.

Summary Judgment Motion: Maternal Fetal Medicine – Queens County

Senior Partner Anthony M. Sola, Partner Matthew M. Frank, and Associate Alyssa R. Rodriguez obtained a voluntary discontinuance in response to their summary judgment motion made in Queens County Supreme Court. Plaintiffs claimed that our maternal fetal medicine attendings, ob/gyn residents, and physician's assistants delayed in delivering the baby for non-reassuring fetal monitoring and alleged placental infection. The mother's prenatal, labor, and delivery care was managed by her private obstetrician, a co-defendant in the action. The baby was delivered preterm at 33 weeks and discharged from the NICU with no evidence of brain hemorrhage or hydrocephalus. Seven months later, seizure activity was observed and the baby was diagnosed with infantile spasms consistent with leukomalacia. The motion argued that our clients appropriately followed the co-defendant's directives and exercised no independent judgment in treating the plaintiffs. Rather than oppose the motion, plaintiffs' counsel discontinued the action against our clients. The case will continue against the co-defendant.

Summary Judgment Motion: Spontaneous Liver Rupture – Queens County

Senior Partner Kenneth R. Larywon, Of Counsel Gregory A. Cascino and Associate Jason F. Kaufman obtained dismissal of a case involving a then 37-year-old female admitted to defendant hospital, at 37+ weeks' gestation for abdominal pain. A crash C-section was performed due to the fetal status. During the surgery to deliver the baby, old and new blood was discovered in the abdomen. Further exploration revealed a large hematoma of the right lobe of the liver which was cauterized. Overnight, the patient deteriorated further despite multiple transfusions. Following additional surgery, decedent was transferred to the co-defendant facility, where she deteriorated further and ultimately expired on April 15th.

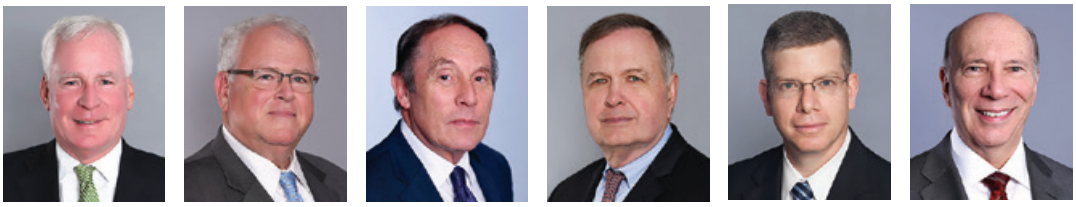
In our summary judgment motion, MCB established our prima facie entitlement to dismissal asserting that decedent's catastrophic and spontaneous liver rupture occurred prior to her presentation the hospital. We argued that repair of the decedent's liver during exploration was not possible. It was further argued that the decedent was continuously and appropriately treated in the ICU. The Court found that in addition to MCB's prima facie showing of entitlement to summary judgment, plaintiff's belated opinions and theories of liability, raised for the first time in their opposition, should not be considered by the Court.

Motion to Dismiss: Radiology Failure to Diagnose Cancer – Kings County

Senior Partner John J. Barbera, Partner Aryeh S. Klonsky and Of Counsel Gregory A. Cascino obtained a dismissal of this medical malpractice action which arose out of our radiologist's interpretation of Plaintiff's December 18, 2014 cervical MRI. Plaintiff underwent a cervical CT on November 18, 2016, which was worrisome for soft tissue sarcoma. In Plaintiff's May 6, 2019 Complaint he alleged that our radiologist misread the MRI and failed to diagnose his cancer at that time. MCB filed a pre-answer motion to dismiss all claims as time barred by the statute of limitations, which accrued upon the alleged misdiagnosis and expired 2 1/2 year later on June 18, 2017. The motion preemptively addressed Plaintiff's anticipated reliance on "Lavern's Law," which now provides that the statute of limitation on claims alleging a failure to diagnose cancer accrues at the time of the discovery of the misdiagnosis. Specifically MCB cited its legislative history, which allows for the revival of claims such as Plaintiff's which became time barred on or after March 31, 2017. Such revived claims must be brought by July 31, 2018, however, which Plaintiff's claims were not. Plaintiff did not oppose our motion and voluntarily withdrew all claims with prejudice.

What's New at MCB?

Martin Clearwater & Bell LLP Congratulates 6 Partners for Selection to *Best Lawyers*© – New York City!



Peter T. Crean, Sean F.X. Dugan, Bruce G. Habian, Kenneth R. Larywon, Michael A. Sonkin, and Anthony M. Sola (pictured left to right) were recognized in the 26th Edition of *The Best Lawyers in America*® 2020.

Peter T. Crean Named Lawyer of the Year

Martin Clearwater & Bell LLP is proud to congratulate Senior Partner Peter T. Crean on his recognition by *Best Lawyers*® as 2020 "Lawyer of the Year" - Legal Malpractice Defense - New York City to be published in the *New York Times* and the *Wall Street Journal* on December 6, 2019.

MCB Fall CLE Webinar:

Containing and Challenging Damages in High Exposure Cases

Registration is open for MCB's Fall CLE webinar, "Containing and Challenging Damages in High Exposure Cases" on Thursday, October 17, 2019 from 9:30 AM – 11:30 AM. Speakers Michael A. Sonkin and Karen B. Corbett will address various topics including: investigating life expectancy and work-life expectancy; challenging pain and suffering claims; discovery of economic damages and wrongful death damages.

SPEAKERS


Michael A. Sonkin


Karen B. Corbett

TO REGISTER:

Please visit **http://bit.ly/MCBwebinar** to register online, or contact KatieLynn Mulligan, Marketing Coordinator at (212) 471-1235 or katielynn.mulligan@mcblaw.com.

This course is approved for 2.0 New York State CLE Credits in the area of Professional Practice and provides transitional/non-transitional credit to all attorneys.

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