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NO. 98868-4

SUPREME COURT OF THE STATE OF WASHINGTON

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THOMAS P. COLLINS,

Petitioner,

v.

JUERGENS CHIROPRACTIC, PLLC; CHRIS JUERGENS, D.C.,

Respondents.

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# RESPONDENTS' ANSWER TO PETITION FOR REVIEW

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Mark B. Melter, WSBA #46262
Eron Z. Cannon, WSBA #42706
FAIN ANDERSON VANDERHOEF ROSENDAHL
O'HALLORAN SPILLANE, PLLC
Attorneys for Respondents

701 Fifth Avenue, Suite 4750
Seattle, WA 98104
(206) 749-0094

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## I. IDENTITY OF RESPONDING PARTIES

Respondents Chris Juergens, DC, and Juergens Chiropractic, PLLC, submit this Answer to Appellant Thomas C. Collins' Petition for Review.

## II. THE COURT OF APPEALS' DECISION

In a July 8, 2020 published opinion, Division II affirmed in part and reversed in part the superior court's dismissal of Thomas Collins' chiropractor liability claims. *Collins v. Juergens Chiropractic, PLLC*, __ Wn. App. __, 467 P.3d 126 (2020). It affirmed the superior court's dismissal of Mr. Collins' medical negligence claim because Mr. Collins failed to create an issue of fact that any purported breach of the standard of care by Dr. Juergens proximately caused his injuries. But Division II reversed the superior court's dismissal of Mr. Collins' failure to obtain informed consent claim, holding he had created an issue of fact regarding the materiality of the risk of stroke associated with chiropractic manipulation.

Mr. Collins seeks review of the portion of the Court of Appeals' decision affirming the dismissal of his medical negligence claim.

## III. COUNTERSTATEMENT OF ISSUE PRESENTED FOR REVIEW

Did the Court of Appeals correctly dismiss Mr. Collins' medical negligence claim because he failed to present expert testimony establishing proximate cause—*i.e.*, that his outcome would have been different had Dr.

Juergens performed the pre-treatment work-up Mr. Collins' expert claimed was required by the standard of care?

## IV. COUNTERSTATEMENT OF THE CASE

### A. Mr. Collins' Care and Treatment.

In June 2013, after ten years of chiropractic treatment with Paul Randall, D.C., Thomas Collins transferred care to Chris Juergens, D.C., and Juergens Chiropractic. CP 60, 63, 287-98. Despite having received nearly 200 treatments from Dr. Randall, including 40-50 adjustments to his cervical spine, CP 63, Mr. Collins claimed to be unaware of the risk of vascular injury or stroke associated with chiropractic treatment when he started treating with Dr. Juergens. CP 290-91.

Dr. Juergens first treated Mr. Collins on June 21, 2013, and then again on June 28, 2013, performing manipulations to his lumbar spine both times without incident. CP 99-100. Mr. Collins testified that Dr. Juergens did not perform an examination of him during those visits, nor did he advise him of any risks of chiropractic treatment, including stroke. CP 298.

Six months later, in January 2014, Mr. Collins returned to Dr. Juergens complaining of "[r]ight cervical/thoracic pain" present for three days. CP 101. Dr. Juergens charted that, on examination, Mr. Collins had "[j]oint restrictions noted at C3, T2 rotation restriction." *Id.*

According to Mr. Collins, Dr. Juergens first treated him that day with an Activator device while Mr. Collins lay on his stomach. CP 299. Mr. Collins alleges Dr. Juergens then performed a forceful manual adjustment to his neck using his hands. CP 43; CP 305-06. He claims he heard crunching during these maneuvers and felt some pain. CP 43, 148. After the appointment, Mr. Collins drove himself home and began to feel lightheaded walking into his house. CP 308. He testified he immediately went to his couch where he fell asleep and awoke the following day with stroke-like symptoms. CP 308-11.

B. The Lawsuit and Its Procedural History.

1. Mr. Collins sues Dr. Juergens for medical negligence and for failure to obtain informed consent.

Mr. Collins sued Dr. Juergens on September 30, 2016, alleging Dr. Juergens failed to perform an adequate workup of Mr. Collins on the incident date and failed to properly advise him of risks of chiropractic treatment. CP 33-34.

Mr. Collins' chiropractic expert Alan Bragman, D.C., testified in deposition that Dr. Juergens (1) failed to obtain a main complaint history from Mr. Collins, (2) failed to perform a comprehensive physical examination, (3) failed to perform any x-rays, and (4) failed to properly advise Mr. Collins of the risks of chiropractic treatment. CP 348. Despite those criticisms, Dr. Bragman failed to identify how Mr. Collins' outcome

would have been different had Dr. Juergens performed the pre-treatment screening he says the standard of care required:

> So I don't know. I mean, he may have gone through, and there may have been other symptoms on that date. He may have done a thorough exam at some point and realized there were other issues, but I -- because they didn't do anything, I can't really answer that.

CP 77. Likewise, Dr. Bragman did not say how obtaining x-rays would have made any difference in Mr. Collins' outcome. *See* CP 354.

Dr. Bragman did not testify that the manner in which Dr. Juergens manipulated Mr. Collins' neck violated the standard of care. CP 80 ("[T]he manipulation . . . may have been okay."). Asked if there was any evidence that a neck manipulation was contraindicated for Mr. Collins, he responded that "the only contraindication" was that Dr. Juergens had not "done anything to establish a clinical basis" for treatment.[1] CP 78.

Dr. Bragman was also critical of Dr. Juergens' informed consent process, testifying that Dr. Juergens failed to inform Mr. Collins of the risk of vascular injury, dissection, or stroke. CP 81. Relying on literature published after the incident in question, Dr. Bragman testified that the risk

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[1] That statement, however, ignored Dr. Collins' unrefuted chart entries that Mr. Collins complained of "[r]ight cervical/thoracic pain" for the past three days and that, on examination, Mr. Collins had "[j]oint restrictions noted at C3, T2 rotation restriction." CP 101.

of stroke was “material” and ranged from as high in 1 in 958 manipulations, to as low as 1 in 5.85 million manipulations. CP 70.

2. Dr. Juergens moves for and obtains summary judgment.

Dr. Juergens moved for summary judgment dismissal of Mr. Collins’ claim for breach of the standard of care on grounds that Mr. Collins had no expert testimony linking Dr. Juergens’ purported standard-of-care violations to Mr. Collins’ ultimate outcome. Specifically, Dr. Juergens pointed out that, even if a more thorough work-up or x-rays had been performed, there was no medical evidence that any finding of significance or contraindication to neck manipulation would have been revealed. CP 25-28. Accordingly, Mr. Collins still would have received a neck adjustment and still would have suffered the exact same result.

Dr. Juergens also moved for summary judgment dismissal of Mr. Collins’ informed consent claim on grounds that he had not established the risk of stroke from chiropractic treatment was material as a matter of law or that an objective patient, acting under the same circumstances as Mr. Collins, would have refused chiropractic treatment on the incident date if advised of the marginal risk of stroke. CP 17-25.

Mr. Collins opposed Dr. Juergens’ motion, CP 117, and submitted a declaration from Dr. Bragman in which he modified his standard-of-care criticism to allege, “Dr. Juergens should not have provided the cervical

manipulation treatment until he had determined it was reasonably safe to do so," CP 138. In his declaration, Dr. Bragman also stated that Dr. Juergens "should not have performed the riskiest type of treatment on the patient's neck without having first met the standard of care in working up the patient to establish the basis to perform the treatment in the first place." *Id.*

Addressing informed consent, Mr. Collins argued his experts had created an issue of fact as to the materiality of the risk of stroke and there was a question of fact as to whether a reasonably prudent patient would have submitted to chiropractic treatment if advised of the risk of vascular injury from manipulation of his or her neck without having been advised that an inadequate history and examination had occurred, or that less risky alternatives existed. CP 125.

In his reply, Dr. Juergens reiterated that Mr. Collins failed to produce any medical testimony establishing that a more thorough work-up would have revealed that Mr. Collins was an inappropriate candidate for neck manipulation. CP 321. In addition, he noted that Mr. Collins had failed to produce any evidence that Dr. Juergens had made a misjudgment in deciding to manipulate Mr. Collins' neck. *Id.*

After oral argument, Thurston County Superior Court Judge John Skinder granted Dr. Juergens' motion for summary judgment. CP 384. He subsequently denied Mr. Collins' motion for reconsideration, CP 430.

3. <u>The Court of Appeals affirms the dismissal of Mr. Collins' medical negligence claim but reverses the dismissal of his informed consent claim.</u>

Mr. Collins appealed from the order granting summary judgment and the order denying reconsideration. On appeal, he conceded that he could not establish that a more thorough history, work-up, or x-rays would have resulted in a different outcome. *See* App. Br. at 13-14. But he argued he could establish proximate cause another way: by showing "what would have happened if [Dr.] Juergens met the standard of care by either refraining from caring for [Mr.] Collins without pre-treatment examinations or providing alternative, no-risk alternatives to the treatment he chose." *Id.* at 13. With respect to his informed consent claim, Mr. Collins argued that he had produced sufficient expert evidence regarding the materiality of the risk of stroke. *Id.* at 15-23.

Dr. Juergens responded that Mr. Collins was relying on circular logic to try to overcome his proximate cause deficiency. In particular, Dr. Juergens pointed out that Mr. Collins' claim that *Dr. Juergens should not have performed a manual neck adjustment without performing a work-up that met the standard of care* was a tautology and no different than saying *a reasonable doctor would not have treated negligently*. Resp. Br. at 25-26. Dr. Juergens argued that Mr. Collins should not be relieved of his burden of proof requiring a medical negligence plaintiff to establish, through expert

medical testimony offered on a more probable than not basis, that his injuries were proximately caused by the negligence alleged against the defendant health care provider. *Id.* at 27-28.

The Court of Appeals affirmed the superior court's summary judgment dismissal of Mr. Collins' medical negligence claim, but reversed the dismissal of his informed consent claim. As to the medical negligence claim, the Court of Appeals recognized that "Collins essentially concedes that he cannot show that a proper work-up would have prevented Dr. Juergens from performing the neck manipulation," and it specifically rejected Mr. Collins' attempt to prove proximate cause a "second way." Slip. Op. at 10-11. The Court of Appeals reasoned that Dr. Juergens' decision to proceed with neck manipulation in the absence of a proper work-up could not be the proximate cause of his injuries unless "the work-up would have contraindicated the treatment." *Id.* at 11. Moreover, the Court of Appeals noted that Mr. Collins' "position would lead to absurd results and would stretch proximate cause beyond its established limits in various areas of the law." *Id.* at 12. Finally, the Court of Appeals rejected Collins' request to change the burden of proving proximate cause to require "the doctor to establish that an examination would not have contraindicated treatment" simply because a plaintiff might encounter difficulty meeting the burden of proving proximate cause in a particular case. *Id.*

As to the informed consent claim, however, the Court of Appeals reversed the superior court's summary judgment dismissal, holding that Mr. Collins' evidence regarding the materiality of the risk of stroke was "not strong," but was sufficient to create a question of fact to be decided by the fact finder. *Id.* at 19. It further held that Mr. Collins' testimony that he would not have consented to a neck manipulation if he had known of the risk of stroke, was "at least minimally relevant and admissible" on the issue of what a reasonably prudent patient would do. *Id.* at 20.

## V. ARGUMENT WHY REVIEW SHOULD BE DENIED

### A. Mr. Collins Seeks Review Solely Under RAP 13.4(b)(4), Claiming that His Petition Raises an Issue of Substantial Public Interest that Should Be Decided by this Court.

The considerations governing acceptance of review are set forth in RAP 13.4(b)(1)-(4). Mr. Collins does not claim that the Court of Appeals' decision is in conflict with any decision of this Court or any published decision of the Court of Appeals so as to warrant review under RAP 13.4 (b)(1) or (2). Nor does he claim that his petition involves any question of federal or state constitutional law warranting review under RAP 13.4(b)(4). He relies solely on RAP 13.4(b)(4), claiming his case involves an issue of substantial public interest that should be decided by the Supreme Court.

But the issue in this case has already been decided by this Court—*i.e.*, a medical negligence plaintiff bears the burden of establishing the

health care provider's negligence proximately caused his injuries, and he must do so through expert medical testimony offered on a more probable than not basis. Mr. Collins' case provides no basis to abandon these fundamental principles of tort law, let alone the statutory requirements governing medical negligence claims enacted by the Legislature.

## B. Mr. Collins' Petition Does Not Raise an Issue of Substantial Public Importance that Should Be Determined by this Court Because this Court and the Legislature Have Already Determined that a Medical Negligence Plaintiff Bears the Burden of Proving that the Alleged Breach of the Standard of Care Was a Proximate Cause of the Plaintiff's Claimed Injury.

Although Mr. Collins cites RAP 13.4(b)(4) as the basis for seeking review of the Court of Appeals' decision, and although he claims his petition involves an issue of first impression, the issue presented for review has already been decided. Under RCW 7.70.040, a medical negligence plaintiff must establish the following elements of proof in support of a claim that the health care provider violated the standard of care:

> (1) The health care provider failed to exercise that degree of care, skill, and learning expected of a reasonably prudent health care provider at that time in the profession or class to which he or she belongs, in the state of Washington, acting in the same or similar circumstances;
>
> (2) Such failure was a proximate cause of the injury complained of.

This Court has long held that both of these elements must be established by expert testimony. *McLaughlin v. Cooke*, 112 Wn.2d 829, 836-37, 774 P.2d

1171 (1989); *Harris v. Groth*, 99 Wn.2d 438, 449-51, 663 P.2d 113 (1983). If the plaintiff lacks competent expert testimony in support of either element, the health care provider is entitled to summary judgment. *Young v. Key Pharm., Inc.*, 112 Wn.2d 216, 231, 770 P.2d 182, 190 (1989); *Guile v. Ballard Community Hosp.*, 70 Wn. App. 18, 25, 851 P.2d 689 (1993).

Thus, when Mr. Collins asks this Court to decide which party "should" bear the burden of proof with respect to establishing that a purported violation of the standard of care proximately caused a patient's injuries, he ignores that the legislature and this Court have already done so. The plaintiff bears that burden of proof. RCW 7.70.040; *e.g.*, *McLaughlin*, 112 Wn.2d at 836.

1. The Court of Appeals' refusal to shift the burden of proving proximate cause simply because Mr. Collins had difficulty meeting that burden does not raise an issue of substantial public interest that should be determined by this Court.

Mr. Collins argues that the Court of Appeals applied an "improper standard" to his medical negligence claim by requiring that he establish that Dr. Juergens' breach of the standard of care proximately caused his injuries. Pet. at 5. More specifically, he argues this standard is unfair because his inability to establish proximate cause was the result of Dr. Juergens having failed to perform a proper work-up. *Id.* But the Court of Appeals correctly denied Mr. Collins' invitation to change the law on this issue, noting that,

in Washington, the plaintiff bears the burden of proving proximate cause:

> We reject this argument. The law is clear that the plaintiff has the burden of proving proximate cause. *See LaRose v. King County*, 8 Wn. App. 2d 90, 122, 437 P.3d 701 (2019). We decline Collin's request to change the law simply because meeting that burden may be difficult in a particular case.

Slip. Op. at 12.

Mr. Collins is not the first plaintiff to have difficulties establishing proximate cause as a result of the defendant's alleged negligence. In *Gardner v. Porter*, the plaintiff alleged that he was struck by a rail that had been negligently placed by his employer in the path of an oncoming train. 45 Wash. 158, 158, 88 P. 121, 123 (1906). After a jury verdict in his favor, this Court reversed the verdict, finding a directed verdict should have been granted in favor of the defendant because the plaintiff, likely concussed, had "no independent memory" of the event and could not say for sure that he had been struck by the rail. *Id.* at 164. It held that "[t]he proximate cause of the accident and the consequent injuries, so far as the evidence discloses, are entirely within the domain of conjecture." *Id.*; *see Gardner v. Seymour*, 27 Wn.2d 802, 809, 180 P.2d 564, 569 (1947) ("Nor can a plaintiff meet his burden of proving negligence merely by showing that he himself was free from contributory negligence, and that statement applies equally to his burden in the matter of proximate cause.").

Likewise, in *Little v. Countrywood Homes, Inc.*, the plaintiff workman was injured while installing gutters on a house and alleged that the defendant contractor failed to comply with multiple regulations pertaining to ladders and stable surfaces. 132 Wn. App. 777, 779-81, 133 P.3d 944 (2006). Pointing out the plaintiff had no memory of the incident and there were no witnesses, the defendant successfully moved for summary judgment on the basis that the plaintiff could not establish the alleged negligence of the defendant caused his injuries. *Id.* at 779. The Court of Appeals affirmed the dismissal noting that even if the defendant breached its duty pertaining to a safe worksite, including secured ladders, there was no "evidence showing more probably than not that one of those breaches caused his injuries." *Id.* at 782; *see Moore v. Hagge*, 158 Wn. App. 137, 152, 241 P.3d 787 (2010).

The issue Mr. Collins presents is not materially different than the issues in *Gardner* or *Little*, where the plaintiffs also faced difficulties proving their injuries were proximately caused by the defendants' alleged negligence. Nevertheless, Washington courts have consistently imposed the burden of proving proximate cause on the plaintiff. The Court of Appeals' rejection of Mr. Collins' invitation to change that well-settled law does not raise an issue of substantial public interest that warrants this Court's review.

2. The inapposite legal authority Mr. Collins cites does not raise an issue of substantial public interest that should be determined by this Court.

In support of his petition, Mr. Collins' inapposite citations a number of legal authorities that do not raise an issue of substantial public interest that should be determined by this Court. For example, he cites RCW 18.130.180(16) claiming that Washington "prohibits unnecessary treatment," Pet. at 6, yet he cites no case that uses that statute as a basis for civil liability or for eliminating a plaintiff's burden of proving proximate cause. Civil liability for injuries arising from health care is governed exclusively by RCW 7.70 *et seq.*, not RCW 18.130.180. *Branom v. State*, 94 Wn. App. 964, 969, 974 P.2d 335 (1999) (recognizing that RCW 7.70 "sweeps broadly" and exclusively governs "all civil actions for damages for injury occurring as a result of healthcare, regardless of how the action is characterized"). And RCW 7.70.040 explicitly places the burden on the plaintiff claiming medical negligence to prove that the alleged failure to follow the applicable standard of care proximately caused the injury complained of.

Mr. Collins next cites to *Brown v. MacPhersons, Inc.,* 86 Wn.2d 293, 545 P.2d 13 (1975), and Restatement (Second) of Torts § 323, both of which address the rescue doctrine, not medical negligence. Mr. Collins conspicuously omits any analysis as to how the rescue doctrine merits

consideration in this case, and he fails to cite any authority using the rescue doctrine as a framework for resolving a medical negligence case. Moreover, he ignores that, even under the rescue doctrine, a plaintiff must prove that that the rescuer's failure to use reasonable care caused the damages alleged. *Brown*, 122 Wn. App. at 299.

Mr. Collins then cites *Herskovits v. Group Health Cooperative* for the proposition that a medical negligence plaintiff need not prove that the negligence "resulted in the injury or death, but simply that the negligence increased the *risk* of injury or death." Pet. at 6-7 (citing 99 Wn.2d 609, 617, 664 P.2d 474, 479 (1983)). His reliance on *Herskovits*, however, is misplaced. Unlike Mr. Collins, the plaintiff in *Herskovits* produced expert testimony that the alleged negligence caused the injury at issue (a 14% lost chance of survival) on a more likely than not basis. 99 Wn.2d at 610. Mr. Collins' expert offered no such testimony and, in fact, freely admitted he would be speculating if he were to opine what a more thorough work-up would have revealed. CP 77.

Last, Mr. Collins continues to cite *Gates v. Jensen*, 92 Wn.2d 246, 595 P.2d 919 (1979), a case that highlights, rather than cures, his proximate cause deficiency. As Dr. Juergens argued at both the superior court and the Court of Appeals, *Gates* is inapposite because the plaintiff would have avoided her injuries (*i.e.*, blindness) had the provider met the purported

standard of care, *id.* at 249, 253, whereas Mr. Collins presented no evidence that he would have avoided his injuries had Dr. Juergens done a more detailed work-up.

Taken together, none of the authorities Mr. Collins cites suggests that the Court of Appeals erred in affirming dismissal of his medical negligence claim. Nor do they create an issue of substantial public importance that should be decided by this Court.

3. Division II correctly rejected Mr. Collins' attempt to recharacterize his medical negligence claim, and his continued re-phrasing of the issue does not create an issue of substantial public interest that this Court should review.

In affirming the superior court's dismissal of his medical negligence claim, Division II recognized that Mr. Collins was attempting to overcome his proximate cause deficiency by recharacterizing his medical negligence claim. Slip Op. at 10-11. Namely, rather than showing what would have happened if Dr. Juergens met the standard of care by administering a proper work-up, Mr. Collins argued he only needed to show what would have happened had Dr. Juergens met the standard of care by not performing any manipulation in the absence of a proper work-up. *Id.*; App. Br. at 13-14. Division II correctly rejected this argument, noting that the alleged breach of the standard of care was "*failing*" to perform a proper work-up and, therefore, "[t]he proximate cause inquiry necessarily focuses on whether

that failure made any difference." Slip Op. at 11. And, "unless the work-up would have contraindicate the treatment, the decision to proceed with the treatment also could not be the proximate cause of the stroke." *Id.*

The Court of Appeals further recognized that Mr. Collins' attempt to re-phrase his medical negligence claim would entirely do away with the element of proximate cause in a wide variety of situations:

> Multiple examples demonstrate the absurdity of the results that would under Collins' approach. A surgeon's negligent failure to take the patient's blood pressure before a surgery would be the proximate cause of anything that happened during the surgery even if the result had nothing to do with blood pressure. A truck driver's negligent failure to check his tires before starting a trip would be the proximate cause of an accident occurring on the trip even if the accident had nothing to do with tires or the driver's fault. A person's negligent decision to drive while intoxicated would be the proximate cause of a tree falling on his car and injuring a passenger through no fault of the driver.

Slip Op. at 12.

In his petition, Mr. Collins again recharacterizes his medical negligence claim, this time asserting that the treatment at issue was not "medically necessary," Pet. at 5-6, was "unnecessary," Pet. at 9, and could not be "clinically justified," Pet. at 10. But neither Dr. Bragman nor any other expert testified that Dr. Juergens' treatment of Mr. Collins was not

medically necessary, was unnecessary, or could not be clinically justified.[2] Dr. Bragman's testimony was that Dr. Juergens failed to establish a "clinical basis" prior to treating Mr. Collins, and that criticism was based solely on his belief that Dr. Juergens failed to perform an adequate work-up. CP at 78 ("[T]he only contraindication is you haven't done anything to establish a clinical basis"). The fact that Mr. Collins has revised his medical negligence claim again—in a manner inconsistent with the record, no less—does not alleviate him of his burden of establishing proximate cause, nor does it present a question of substantial public interest that should be resolved by this Court.

Finally, Mr. Collins' attempt to re-frame his informed consent claim as one for violation of the standard of care does not raise an issue of substantial public importance that should be determined by this Court. Mr. Collins argues that this Court should accept review because Dr. Juergens "administered the riskiest and most aggressive treatment" even though Mr. Collins had not previously received "forceful spinal manipulation," "had risk factors for artery dissection before seeing Dr. Juergens," and "other,

[2]Again, in asserting that Dr. Juergens had no "clinical justification" for treatment, Mr. Collins ignores that Dr. Juergens documented that Mr. Collins reported cervical pain for three days and, on examination, had joint restriction in his C3 vertebra and rotation restriction in his T2 vertebra. CP 101.

virtually risk-free treatments were available." Pet. at 10. These facts describe a claim for failure to obtain informed consent, not one for violation of the standard of care.

"The doctrine of informed consent has been distinguished from malpractice as applying to fundamentally different situations." *Anaya Gomez v. Sauerwein*, 180 Wn.2d 610, 618, 331 P.3d 19 (2014). Informed consent focuses on the patient's right to know his bodily condition and to decide what should be done. *Burnet v. Spokane Ambulance*, 54 Wn. App. 162, 168, 772 P.2d 1027 (1989) (citing RCW 7.70.050). Informed consent is "an alternative method to impose liability" to a claim for violation of the standard of care. *Id.* at 169.

"There are situations where a provider could be liable for failure to inform without negligence," including when "a provider who knows about two alternative treatments but informs the patient of only one treatment, which is subsequently performed perfectly." *Anaya Gomez*, 180 Wn.2d at 619. Similarly, "a high risk method of treatment rendered in a nonnegligent manner, but without an informed consent of the patient, may result in liability." *Burnet*, 54 Wn. App. at 169. In either event, Washington law is clear that the doctrines of informed consent and medical negligence should not be used to "impos[e] double liability on the provider for the same alleged misconduct." *E.g.*, *Anaya Gomez*, 180 Wn.2d at 618.

Mr. Collins' argument that he should have been apprised of the risks of manual manipulation and the availability of other, less risky alternatives is a textbook claim for failure to obtain informed consent, which, under the Court of Appeals' decision, he remains free to pursue. It is not a claim for violation of the standard of care. Mr. Collins' attempt to create liability under a medical negligence theory vis-à-vis the same conduct that supports his informed consent theory does not present an issue of substantial public importance that should be decided by this Court.

## VI. CONCLUSION

Mr. Collins fails to set forth an issue of substantial public importance that should be decided by this Court. His petition for review should be denied.

RESPECTFULLY SUBMITTED this 4th day of September, 2020.

FAIN ANDERSON VANDERHOEF
ROSENDAHL O'HALLORAN SPILLANE, PLLC

*s/Mark B. Melter*
Mark B. Melter, WSBA #46262
Eron Z. Cannon, WSBA #42706
Attorneys for Respondents
701 Fifth Avenue, Suite 4750
Seattle, WA 98104
Ph: 206.749.0094
Fx: 206.749.0194
mark@favros.com
eron@favros.com

CERTIFICATE OF SERVICE

I hereby certify under penalty of perjury that under the laws of the State of Washington that on the 4th day of September, 2020, I caused a true and correct copy of the foregoing document, "Respondents' Answer to Petition for Review," to be delivered in the manner indicated below to the following counsel of record:

| Counsel for Appellant: | SENT VIA: |
|---|---|
| Daniel L. Hannula, WSBA #07830 | ☐ Fax |
| John R. Wilson, WSBA #24501 | ☐ ABC Legal Services |
| RUSH, HANNULA, HARKINS & KYLER, LLP | ☐ Express Mail |
| 4701 S. 19th St., Suite 300 | ☐ Regular U.S. Mail |
| Tacoma, WA 98405 | ☑ E-file / E-mail |
| Ph: 253.383.5388 | |
| Email: dhannula@rhhk.com | |
| jwilson@rhhk.com | |

| Counsel for Appellant: | SENT VIA: |
|---|---|
| Timothy R. Gosselin, WSBA #13730 | ☐ Fax |
| GOSSELIN LAW OFFICE PLLC | ☐ ABC Legal Services |
| 1901 Jefferson Ave., Suite 304 | ☐ Express Mail |
| Tacoma, WA 98402-1611 | ☐ Regular U.S. Mail |
| Ph: 253.627.0684 | ☑ E-file / E-mail |
| Email: tim@gosselinlawoffice.com | |

DATED this 4th day of September, 2020, at Seattle, Washington.

*s/Carrie A. Custer*
Carrie A. Custer, Legal Assistant

## FAVROS LAW

## September 04, 2020 - 9:36 AM

## Transmittal Information

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|---|---|
| **Filed with Court:** | Supreme Court |
| **Appellate Court Case Number:** | 98868-4 |
| **Appellate Court Case Title:** | Thomas P. Collins v. Juergens Chiropractic, PLLC, et al |
| **Superior Court Case Number:** | 16-2-03958-5 |

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