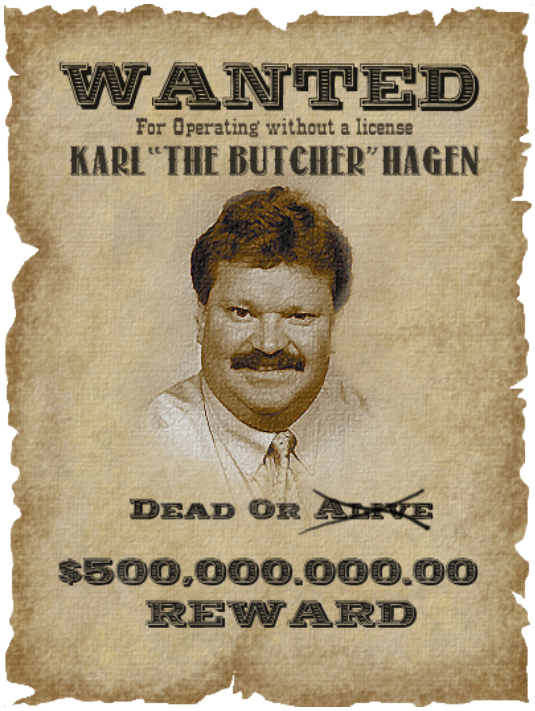
Is Your Surgeon Licensed? Are You Sure?



The mug seen in the poster is the surgeon that nearly cost me my life, Karl Hagen. This rant is not intended as simply a personal attack on a single surgeon, but I am using his story as an example of a very real problem that could affect you or your family. Until recently, I was not aware that a doctor or surgeon who has had their license revoked in one state can move their practice to another state and legally begin a new practice. The biggest mystery to me is why any state medical board would want to license a doctor that another state has deemed unfit to practice medicine. This is what the state of Florida granted to Karl Hagen – and this is not an isolated or rare case. I was shocked to discover that this is a quite common occurrence and it is not unique to Florida.

At first glance, this may not seem like as frightening of a prospect as it actually is, because any responsible person will do extensive research on their doctors and surgeons before submitting themselves for treatment. Prior offenses and reprimands on medical professionals are of public record and easily searchable through websites like HealthGrades.com. Most of us are not going to consider the fact that we may require emergency medical treatment at some point in our life and not be afforded the luxury of time necessary to research or seek recommendations for our doctors. Not all surgeries or treatments are scheduled.

I was admitted to South Lake Hospital for a simple blood transfusion and never thought that I may require surgery. I would have never went to a rural hospital for surgery. By the time I was taken in for surgery, I had been unconscious for more than 48 hours. Many patients are rushed into emergency rooms everyday needing immediate treatment. We all would hope that if we we're in need of emergency medical treatment or surgery, that the nearest hospital we were taken to would not have doctors on call that have had their licenses revoked in other states. After all, ER doctors and surgeons are the one doctor that the patient will not have the opportunity to conduct a background check on before ending up under their knives.

In an emergency situation, you could find your life in the hands of a doctor that was determined to be unqualified to practice medicine in another state, as was the case with Karl Hagen. To make matters worse, not only do hospitals hire these doctors, but they are not required to inform the patient, nor their family of the fact that an unlicensed doctor is about to begin invasive procedures on their loved ones. Karl Hagen's dismal record as a surgeon is of public record and can be verified here. In addition to several blunders, some of which cost the patients their life, he also had his license to practice medicine in California revoked on July 29, 2009. He operated on me on September 20, 2009, just two months later. At the time he was about to operate on me, my wife did a quick research of his credentials, but at that time all the information listed for Karl Hagen was reported as "pending". The record that exists now on-line, including the revocation of his license, did not appear until over a year later. South Lake Hospital certainly knew of his problems, because his case had been decided and the Florida State reprimand and California revocation of his license had all transpired months before he operated on me.

I am not sure whether Hagen ever practiced in California. His

online profiles always list both states, Florida and California as where he is licensed to practice. HealthGrades.com still lists him as being licensed in California and Florida here – even though he is no longer licensed in that state. His license in California was revoked in 2009, but as far as I can tell, it was based on reprimands he received while practicing in Florida. He has a long history of medical reprimands and did settle for $300,000.00 in a case which cost the patient their life. This seems a rather low amount of compensation for the loss of one's life, but seems common in the world of malpractice law. If a pharmaceutical company injures or kills a person, the financial damages can be staggering – usually in the millions, but as I have mentioned many times before, doctors are awarded special protection under the law that no other professional enjoys.

In the first account brought against Doctor (and I use that term loosely, because California no longer considers him a doctor) Karl Hagen in 2006, he failed to examine the x-ray for a woman who was scheduled to have a chest tube placed. The excuse given for this blunder reads like a gag from a bad sitcom. According to the public record, a doctor told the nurse to schedule the operation for a chest tube to be place. The nurse asked the doctor if it was to be placed on the left side and the doctor replied "right", indicating that it was to be placed on the right side. The nurse assumed the doctor was saying "right" in agreement with her and therefore prepped the left side for the surgery. The detailed legal account of this case can be found here and included a $5,000.00 fine – considerably less than the payment he received for the service, I'm sure.

Yes, it was an error in communication between the doctor and nurse – sort of an Abbott and Costello type deal – and might be a riot in a comedy routine, but is not very amusing when a patient's life is in jeopardy. Karl Hagen was reprimanded and

punished by the state of Florida because he failed to check the x-ray himself. But, even less excusable was the fact that the patient already had several chest tubes placed on the right side that had been ineffective.

So Karl Hagen is presented a patient who has several scars on her right side from prior chest tubes and still decides to place the new one on the left – you would think that the scars on the right side would have been a signal for him to examine the x-rays. The patient did eventually die, but I'm not sure whether his error contributed to her death or not. The punishment for this critical error was "education" – sort of like those courses you have to take after getting a traffic ticket. That'll teach him a lesson! Do you feel more comfortable letting this guy open you up now, knowing he took those courses? At this point, California still considered him licensed in their state and he continued to practice in Florida.

His worst sanction came from another deadly mistake and was very similar to the error he made on me. He operated on a man who suffered from diverticulitis, which is a bulging pocket in the colon that becomes impacted and infected. He was to resect that portion of the colon, which is the proper procedure for diverticulitis, and to then form a stoma for a colostomy – again, all typical treatment for this illness. Hagen obviously has a bad habit of not thoroughly checking the viability of the tissue when resecting bowels. He failed to send the material to pathology and instead discarded it. This caused a 17 hour delay in surgery when the necrotic tissue he left inside the patient caused a systemic infection which ultimately led to the death of the patient. The detailed legal account of this malpractice can be found here.

When I read that report, it was like deja vu and sent chills down my spine. Hagen had repeated this error while operating on me. We had to obtain all of the medical records to provide to the transplant surgeons in Miami in order to qualify for an

intestinal transplant. Going over Karl Hagen's surgical notes, he records that the section of jejunum, that he was forming into the stoma, appeared to be compromised and yet he used it and never sent a sample of the tissue to pathology to see if it was viable. To make matters worse, he even wrote in his surgical notes that the compromised tissue could result in a high morbidity and mortality (notes that he thought I would never see).

Over the next five days, the stoma continued to darken in a manner referred to by doctors as a "dusky" appearance. The Attending Doctors were concerned about this and continued to consult with Hagen, but he refused to take the time to examine it. He also insisted it was fine and would begin to turn pink as blood began circulating to it. On the contrary, it continued to darken each day and became less and less active. The doctors of South Lake Hospital played a dangerous waiting game and refused to send me for an MRI, because the hospital's only MRI machine was located in small building across the parking lot and it would be very difficult to transport me with all of the IV pumps I was attached to.

I was literally dying from the three feet of necrotic bowels left inside of me and these doctors did not want to make the extra effort to move me to the equipment necessary, because for some strange reason they had it housed in a building over fifty yards from the hospital. By the time they decided that my condition was becoming too critical to ignore any further (four days) they did transport me to the machine.

Luckily for me, the MRI revealed what appeared to be a partial occlusion of the mesenteric artery (the artery that supplies blood to the intestines). Why do I say lucky? Because this hospital was not equipped for vascular surgery, so the decision had to finally be made to transfer me to a better equipped hospital. Even at this point, Karl Hagen was still maintaining that the stoma was fine and continued to ignore the problem. Hagen was quite clear about his position to my

family. He personally felt that I would have such a horrible quality of life if I lost that last three feet of intestines that I may be better off dead. He had obviously decided to himself to spare me the suffering and just let me die if the stoma did not come back to life on its own. This is not his decision to make. All of the other attending doctors were in agreement with Hagen, because they didn't know that intestinal transplants were possible. I really believe they transported me to the other hospital so I would die there, rather than at their hospital.

I arrived at the trauma hospital in Orlando, where I was prepped for the vascular procedure. The vascular surgeon hoped that after the clot removal that the stoma would begin to brighten up, once the blood flow was improved. He removed the occlusion and watched me closely over the next couple of hours really expecting the stoma to come back to life. By this time the stoma was nearly black in color. They left me alone for a couple of hours and I was in the room alone. It was during that time when I began to have seizures. There is a bit of missing time during the seizure, because the last thing I remember was a large oxygen mask being pulled off of my face and the room was suddenly filled with doctors, including the vascular surgeon.

At this point the vascular surgeon immediately called Karl Hagen to have him come over and examine the stoma and consult them on what actions needed to be taken. Hagen felt no need to make the twenty-minute trip to Orlando. He determined over the phone that the seizures were unrelated to the black stoma and that they needed to just wait another day or so for the blood to get to the stoma and I would be fine. It is certain that Karl Hagen was going to play the waiting game until I died, had I remained at that hospital. You would think that after all the patients he had lost in the past by leaving necrotic tissue inside, he would not continue to make the same dumb-ass mistake – but he's obviously quite a dumb-ass and

doesn’t learn from his past mistakes.

My wife asked the vascular surgeon to take action and he said something about me being Hagen’s patient and it would be wrong protocol for him to intervene. He must have used the word, territory, because the last thing I can clearly remember was my wife loudly proclaiming to the vascular surgeon that; “He isn’t anyone’s territory, he’s my husband!”. Then she added; “Can you just sit here and watch him die?”. He contacted the trauma surgeon who was on-call and assisted him in the an emergency surgery, because I was in septic shock by that time.

Several weeks later I had to visit the trauma surgeon so he could examine the incision. He actually told us that they had considered just closing me up and keeping me sedated until I died in the next couple of hours. It was the vascular surgeon that convinced him to go on with the long hard operation. It took hours for them to irrigate and suction out all of the necrotic tissue that had turned to liquid and spread throughout my abdomen. The vascular surgeon told us that it was only because of my age that they committed to the effort.

Because of just how critical the situation became, I know that had I not been transferred to the Orlando hospital my fate would have been death, because Karl Hagen would never had made the effort. This was the only difference between me and the other patient who had died several months earlier under Hagen’s care. Karl Hagen is still practicing medicine somewhere and I have no idea how many people he will have to kill before he loses his license to operate for good?

It was the incident with that other gentleman that ultimately caused Hagen to lose his license to practice in California. The lawsuit, reprimand and revocation of his license had all transpired prior to my operation. In other words, South Lake Hospital allowed a surgeon who had lost his license to practice in California to continue to practice and perform serious operations in their hospital. I have stated his name

many times in this article so that it may be found on any searches being done by any patient who may be under his care or considering him for a surgery. I did not realize that this problem existed and I wonder how many people know this is possible. I have since done research on this subject and have found that it is quite a large problem in this country. If you were unaware of this problem (as I was) and believe it may only be a Florida problem, here are some articles on how common this occurs:

New York Times: SOME ERRANT DOCTORS GET NEW U.S. FUNDS BY CHANGING STATES

WPTV.com: DOCTORS LOSE LICENSE BUT STILL TREATING PATIENTS

FSBCT: A FAILURE TO PROTECT THE PUBLIC

It seemed that there were a multitude of cases of doctors who had lost their license to practice in the state of New York that move their practice to Connecticut and continued treating patients. I really cannot understand the logic used by any state medical board to grant a license to doctors who had their license revoked to practice medicine in another state. If you have that many deadly mistakes in your career, maybe it's time to seek a new one.

I cannot expect the federal government to forbid states to license doctors based on the decision of another state to revoke their license, but it would seem reasonable to demand that hospitals that allow a doctor to practice must have to make that information known to potential patients and be liable for any damage that doctor commits. If a pack of cigarettes have to have warning information as to the danger they possess, then similar information should have to be provided for a dangerous doctor. There are hundreds of patients rushed into emergency surgery everyday – many are unconscious and in critical condition. How is it their responsibility to research the doctor or surgeon on-call at

the hospital they are rushed to? Is it too much to ask that hospitals not permit doctors with so many discipline problems administer to emergency or trauma cases? Maybe they could be restricted to private practice or clinics where the patients are of sound mind and not in a rush for treatment.

At the point it was determined that I required surgery, my family wanted me transferred to a better equipped hospital in Orlando, but the doctors actually refused, even though they had a helicopter pad and are part of the Orlando Health system who pays to equip them with emergency transport equipment for just such occasions. Time was not the motivating factor, because their on-call surgeon, Karl Hagen, was not available and they told my family that he had 24 hours to respond to the emergency page. I would have actually gotten faster treatment had they shipped me to ORMC, where trauma surgeons are on-call 24-7. The refusal to transport me was solely based on greed and pride. Most doctors are far too arrogant to admit when a case is beyond their training and experience.

Most recently, we were told by an employee of South Lake Hospital, that Karl Hagen had been banned from practicing there further. Though I cannot verify her reason for his dismissal, the employee told us that it had something do with an alcohol abuse problem. Why in the hell would South Lake Hospital allow such a surgeon to work out of their hospital? When you allow a doctor, who a major state like California decided was unfit to practice medicine, did you really believe he would achieve great things for your hospital? So this hospital allowed this surgeon to perform such a risky surgery on me knowing his past malpractice record, the loss of his license to practice in California and that he had a drinking problem. The most frightening part of this is that even though he has been removed from South Lake Hospital, he is still license to practice medicine in the state of Florida – if he loses his license in Florida anytime soon, he may move to another state and be practicing in a hospital near you.

If you think he is a unique case, you'd be wrong. Do a little research and it won't take long to see that this is happening all over the U.S.. We wonder why the U.S. is ranked 37th in health care. There are very talented people who become doctors and then there are people who were just not intended to be doctors, but become one anyway. It's kind of like those wannabe singers that turn up for auditions for American Idol and holler like a wounded moose – it makes you wonder what ever made them believe they were going to be the next singing sensation. Maybe we need a Simon Cowell in the medical auditions. Someone with the stones to tell an untalented doctor to get out of the business.

Some medical apologist posting as 'Kathleen" left a comment over at Paleohacks.com in response to a link that someone had provided to my article "How Common Are Medical Errors". Her brilliant rebuttal was to point out that all of the mistakes made on me were simply because I was in Florida. How much do you want to bet she works in the medical profession? This is the exact "stick-your-head-in-the-sand" mentality that allows this type of thing to perpetuate. Medical errors are the 3rd highest killer in the United States and this ignoramus wants us to believe that all of them happen only in Florida.

So if all the statistics concerning medical errors from Florida were removed, then the U.S. would magically leap to number one on the world stage. Can someone really be so mentally blind? I gave the national statistics in that article, yet her wishful thinking says "Yeah, but it's much better where I live". No it's not! As a matter of fact, it could be much worse. I'm sure that Florida has a very high hospital mortality rate compared to most states because they have more seniors as its populace. After all, Florida is the place most people go to die. Getting rid of Florida or avoiding treatment in Florida is not going to fix the problem, as this medical shill suggested. It's just another excuse to look the other way and why nothing is being done to fix the

problem – because they refuse to see a problem.

Doctors losing their license in one state and moving to another to practice is actually becoming quite a common problem in the U.S. medical system and I believe that few people are aware of it. It would seem to me that a license to practice medicine is a privilege, not a right. Just because someone spent all the time and money in education to become a doctor should not mean that they are perpetually granted the right to practice, even after leaving a population of cadavers in their wake.

So many lives could be spared if some of these problems I have pointed out in this series were given more awareness. The three main topics I would like to see made common knowledge are:

- Colonoscopies injure and kill more people than they save. (as a matter of fact, your chance of being killed by a colonoscopy are 3 time greater than ever getting colon cancer)

- Medical errors are the 3rd largest killer of humans in the U.S. (you really have to question and research any and all treatments offered by doctors and are best to have a family member or close friend with you as a much as possible if you are hospitalized)

- Doctors who lose their license in a U.S. state should not be able to work in emergency rooms or in any other manner where patients do not have the opportunity to do a background check prior to treatment.

The last topic in my series called “Medical Mayhem”, will address a very lethal problem in the medical systems that there is no hope of changing, but I will rant about it anyway. It concerns “The Cynical Attitude Of Doctors Towards Patients”. This attitude is where many of the following problems stem from. Everything bad that happened to me was

the result of a cynical approach by a doctor – and almost every doctor and more than half of the nurses had this very same cynical attitude. I hope you will return to read it.

Why Are Intestinal Transplants Such A Secret?

I have been very saddened by a series of emails I have been receiving recently. Some of these messages have been left in the comments, but I felt that their stories deserve more attention. Many people are suffering and dying because of the lack of information concerning intestinal transplants. If you have never heard of intestinal transplants, don't be embarrassed, as most doctors are unaware of them. This is due to a lack of media attention on the procedure and the fact that most doctors feel no need to learn anything new after they graduate medical school – except what the pharmaceutical companies pay them to learn.

In a way, the comments and emails has had a positive side, because the information I have provided has found its way to some people in need. Unfortunately, it was far too late for one reader, Jan, whose courageous mother, Marlyn, lost her life in a battle with intestinal necrosis. The doctors were refusing to remove the necrotic bowel for some unknown reason – most likely due to the fact that they had no knowledge of the success of intestinal transplants. It is in her mother's memory that I am writing this most important post that I hope you will take to heart.

The doctors here in Orlando had made a similar decision in my case following the first resection of bowels. I was left with

three feet of jejunum, but the tissue was necrotic and killing me. The surgeons refused to operate again. Because they had no knowledge of intestinal transplants, they had decided that I could not live on less than three feet of small bowel and would be better off dead. They made that quite clear. Fortunately for me, I was transferred to another hospital for a vascular procedure and the surgeons there did remove the necrotic tissue, even in spite of the fact that they did not know of intestinal transplants either and also felt I would die without the three feet. My wife was able to plead enough to guilt the doctors into doing the surgery, but they were reluctant and told her I would have a miserable existence and die a slow agonizing death. They were wrong, but surgeons are making these decisions strictly based on the lack of publicity concerning the success of intestinal transplants.

Whenever I tell someone that I was the recipient of a full intestinal transplant, I rarely get what I call the "Shock And Awe Reply.". I had never heard of intestinal transplants and was very shocked to find out it was possible. So by way of the "False Consensus Effect", I thought that this would be the typical reaction to this news. Instead, I am usually extended what I call, "The Gesundheit Reaction". This is when the person reacts as though I had my tonsils taken out and say something like; "well I hope you feel better" or any other casual response as if someone sneezed. It is not the type reaction I might expect if I were to tell them I was a cancer survivor – even though there are many more cancer survivors than intestinal transplant survivors. Losing your intestines is considered a death sentence to more than 90% of the doctors in the U.S..

If I were to tell someone that there is a cure for cancer, the news would spread like wildfire, so why hasn't the information concerning intestinal transplants? It's quite frustrating, but I am beginning to see why. It seems that most people do not want to admit that they are unaware of a medical

treatment. Many people I have encountered since my transplant simply smile and nod as if they have known many people who have received intestinal transplants. It is only if I specifically ask them, “have you ever heard of an intestinal transplant?”, that they will admit that they haven’t. It’s either a lack of curiosity or too much pride that causes this complacency.

Most people have heard of transplants. Kidneys, livers, heart and lung transplants have been possible for many decades, so most people assume that intestinal transplants are as common and this is very far from the truth. Intestinal transplants are the rarest of organ transplants and its outcome was not very promising until recently. The intestines presented a very large problem when it came to transplants. The intestines are considered the largest lymphoid organ in the human body. Because the intestines are a “dirty organ”, filled with thousands of different strains bacterial and fungal colonies, the human immune system reacts more rapidly and aggressively when defending the intestines than any other organ. We had to develop this system or we couldn’t have survived as a species.

We eat a tremendous amount of bacteria and fungus everyday. Much of these microbes colonize in our intestines and many of them are beneficial to our digestion and help us to break down foods that would otherwise be indigestible. But any of these microbes can become lethal if they enter our bloodstream. For this reason, the largest part of our immune system is located in our gut. When bowels from a donor (with different DNA) are placed within the recipient, the immune system cannot tell the difference between the new bowel and the pathogens within, so it unleashes an attack on everything and ultimately destroys the new intestines. A slow, horrible death is soon to follow.

The first intestinal transplants were attempted in the 1960s, with a 0% survival rate. Even though there were great strides being made with kidneys, livers and even hearts and lungs over

the next decade, all intestinal transplants attempted resulted in severe organ rejection and the patients died in a short period of time. There really was no success in this type of transplant until the 1990s, when the transplant program at the University of Pittsburgh had some level of success by first transplanting some of the donor's bone marrow into the recipient. This made the recipient's immune system accept the foreign organ better. Some of the recipients survived for the first year or so, but overall survival rates were still dismal. There was less than a 25% chance that a recipient would survive the first year after the transplant, so these transplants were only reserved as a desperate effort. The patient had to literally be at the point that all of their access arteries were gone and they could no longer receive TPN and were waiting to die of dehydration before a transplant would be attempted.

It wasn't until a drug called "Campath" was introduced to the process that the survival rate began to doubled. No one really understands how Campath works to make the body accept the organ – it just does. I did not have to go through the painful process of a bone marrow transplant prior to the intestinal transplant. Because I was given an IV infusion of Campath, my body accepted the organ and I had no signs of rejection.



Dr. Andreas Tzakis (pictured on the left), the surgeon that performed my transplant, was working at the University of Pittsburgh at the time of the first successful intestinal transplants. He was the first doctor to use Campath. There is little doubt that I had the best surgeon that you could hope for working on me. Dr. Tzakis has performed more transplants than any surgeon in the world. He has performed over 2,000 liver transplants and has the highest record of success in intestinal and multivisceral transplants.

Dr. Tzakis was actually successful at first transplanting a baboon liver into a human.

There are so few hospitals that can perform intestinal transplants, that I was able to get an organ after only 6 days on the transplant list. Most people in need of a kidney can be on the list for years, because kidney transplants are so common and nearly every hospital can perform them. A kidney transplant is less than a week stay in the hospital at Jackson Memorial. But most intestinal and multivisceral recipients can spend up to 6 months in the hospital recovering or longer.

There is a huge difference in the severity of these transplants. A liver transplant can still carry great risks, but no other transplant is as rare or complicated as an intestinal or multivisceral transplant (which include intestines). Less than 3,000 intestinal transplants have ever been performed and since few people survived them in the first 20 years they were attempted, there are probably less than 1,500 survivors walking around today. So, the chance that you have met someone else who had an intestinal transplant is highly unlikely. I wish people would stop acting as if they were aware of them, when 90% of doctors don't know that they are possible and that includes specialists in GI medicine. Not one gastroenterologist that worked on me here in Orlando had heard of these transplants.

I believe that this is the explanation for the "The Gesundheit Reaction". Most people feel a transplant is a transplant, so it's not a big deal. If you were to ask most doctors, they would tell you that intestinal transplants are impossible and no one survives them. Many people are going to die this year based on that information from their doctor. When Jan first contacted me, her mother was still alive, but her bowels were necrotic and she was dying. The doctors were refusing to remove the dying bowels. I wrote back and told her that the doctors were not aware of transplants and had made the decision that she would be better off dead – just like they

did with me. I provided her with the contact information to the doctors in Miami that performed my transplant.

Jan wrote back the next day and told me she had relayed my story to the doctor and he replied something like, “yeah,it would be nice to believe in magic.”. Asshole! This is the arrogance of most doctors. Does he think I’m making this shit up? I am living proof that they are successful and it wouldn’t take him 15 minutes of research on the internet to confirm that this procedure is not only possible, but hundreds of people will be saved by intestinal transplants this year. Even more could be saved, if the news about them could spread.

I have tried to get media attention on this life-saving procedure, but these type of things are never sexy enough for the mainstream media unless a celebrity has been afflicted. Had a celebrity ever needed an intestinal transplant, it would suddenly become a national crisis and everyone would know about them from the countless reports following the celebrity’s recovery. So far, no celebrity has needed an intestinal transplant, so the fact they exist has remained a secret. Can we wait until a celebrity needs an intestinal transplant to make this procedure common knowledge? In her last email, Jan not only informed me of her mother’s unfortunate passing, but also told me of a 34-year-old man who also lost his life at the same hospital, because the doctors did not know of these transplants.

If you read of my story, please do not keep this information to yourself. If you believe that my story is common and that doctors know what to do when someone loses their intestines – you are mistaken. I implore you to spread the word to as many people as possible. Email others, tweet about it, blog about it, mention it on Facebook or anyway you can think of to let everyone know that this procedure exists – it could save thousands, if not tens of thousands of lives. According to the statistic that Jan left in the comments, over 145,000

people are dependent on TPN. Many of these people will die, because a human can not live on TPN indefinitely . If you read my post on "The Effects Of Sugar On Arteries" and "The Truth About Soy", you will understand how TPN will keep someone alive, but is also killing them at the same time. People requiring full-time TPN will usually die within two years.

These people will die never knowing that there was a realistic option to live out their natural life. Living on TPN is a very poor quality of life – I know because I lived that way for more than six months. Besides the knowledge that it would ultimately destroy my liver and arteries, I suffered two systemic infections that nearly killed me. TPN is high in sugar and feeds both bacteria and fungus. The human body will not defend a plastic catheter, so the lines colonize with pathogens quickly – pathogens that are then flushed through the heart with the TPN infusions. An intestinal transplant is the only realistic long-term option for someone suffering with Short Bowel Syndrome.

These deaths are not just limited to adults and elderly. When I was at Jackson Memorial Hospital, there was an entire floor dedicated to the pediatric intestinal and multivisceral transplants. There were more children receiving these transplants than adults. There are children who are born with a birth defect known as "Short Bowel Syndrome". Some are born without much of their GI tract and some are born with their intestines outside of their body, which die and have to be removed. I seen toddlers who were getting full multivisceral (multi-organ) transplants. I met one young woman who was 18 years old when I met her, but was born without intestines and received a multivisceral transplant at the age of 8. Without the transplant, she would have never lived to the age of eighteen and she is still going.

I really don't get a tremendous amount of traffic at this site, so it is up to everyone to spread this vital information – information that could have saved Jan's mother's life or the

34-year-old man, had they found my site sooner. I have tried to contact a variety of talk shows, such as Ellen and Oprah, with absolutely no response. One letter rarely gets a response from these shows. If you have read my story and were amazed that someone could survive a full intestinal transplant (both small and large), please take the time to write a letter or email to some of these talk shows about it. Maybe if they were to receive a volume of letters they would feel this warrants some media attention. Feel free to send a link to my story (found here). I know of several other intestinal and multivisceral transplant survivors that would be willing to share their stories.

Even smaller internet venues seem to scoff at this story. I had contacted Jimmy Moore, who first agreed to interview me on his podcast over 6 months ago, but never followed up on his promise. I guess the 150th interview with someone who lost 20 pounds on a low carb diet is a more compelling account to Jimmy than someone who survived an intestinal transplant. He may be underestimating his listening audience – or maybe not. It's sad to believe that another Tom Naughton interview about "Fat Head" the movie, could be more vitally important than the news about someone left for dead being resurrected. News that could have easily saved a life, like Marlyn's, if we could get the information out there. Good luck Jimmy – hope you never need a transplant. I guess I'm not a big enough internet star to warrant his time. Funny how even a small amount of internet fame can go to someone's head real fast and to the point where they only want to suck up to other celebrities.

It's this starfucker mentality that keeps this type of information in the dark. Because I'm not famous, my story is irrelevant, because after all, only celebrities suffer, feel pain and need our help. Only a celebrity can be the arbiter of what the rest of us should be concerned about. Global warming myths and animal rights far out-trump the fact that people of little fame and wealth are dying unnecessarily.

None of the doctors, in two separate hospitals here in Orlando, had heard of intestinal transplants. As much as we'd like to believe that it is their responsibility to provide that information, they have chosen to ignore the call, so it is up to the rest of us.

It was my wife's tenacity and exhaustive research that led us to Jackson Memorial Hospital in Miami (one of a handful of hospitals in the world that have successfully performed this procedure). Most of the doctors here told me I was a fool for considering undergoing these transplants and that I had a small chance of survival. Actually, Jackson Memorial has over a 65% first year survival rate, so the odds were in my favor. I received my transplant over 2 years ago and am doing well – the doctors were giving me less than 2 years on the TPN, so I would have already been dead by now had I not have opted for the transplant. The fact that I suffered two deadly systemic infections during the time I was on TPN would certainly support the claim that I would have been dead by now. I was only approved for the transplant because I had nearly died twice from sepsis, due to the TPN line colonizing pathogens.

The longest living intestinal transplant patient is a woman who had her transplant over 20 years ago – and the medication and post operative treatments have been greatly improved since her operation, so my chances of living more than 20 years are better than hers. She is still alive and well. The young woman I met at Jackson in Miami, who was born without intestines, has now been alive for more than 11 years – that's 11 years more than she would have had without the transplant. She just graduated High School this year – amazing. Some other 8-year-old will not be so lucky and never see their graduation without your help. Any child living on TPN will die without a transplant – a senseless death strictly based on the doctors lack of knowledge about the success of the intestinal transplant programs at several hospitals across the United States. Here is a list of the hospitals that I know of

that have successful intestinal and multivisceral transplant programs.

University of Pittsburgh Pittsburgh Pennsylvania

Jackson Memorial Hospital Miami, Florida

Cleveland Clinic Cleveland, Ohio

Georgetown University Hospital Washington D.C.

UCLA Hospital Los Angeles, California

University of Nebraska Omaha, Nebraska

There may be others, but these programs have a high survival rate, especially The University of Pittsburgh, Jackson Memorial (in Miami) and the Cleveland Clinic. the University of Pittsburgh is where the first successful intestinal transplants occurred. Dr. Andreas Tzakis was one of the pioneers at the time and was working at the University of Pittsburgh. He has since established the intestinal and multivisceral transplant program at Jackson Memorial Hospital in Miami, so their program is equally as good as Pittsburgh.

It is easy to assume that the doctors know about this procedure and inform TPN patients of this option, but that is not the reality. Somehow, this life-saving procedure remains a secret to most doctors and hospitals. If you are reading this, you now know of a medical procedure that few doctors know are possible. It would seem irresponsible for doctors treating TPN patients, especially those who are failing to thrive, not to know about intestinal transplants, but for some reason, that's the reality. This is why I simply shake my head when people believe that their doctor is up on the latest research concerning any disease and why doctors continue to spout outdated advice concerning heart disease, diabetes or any other modern disease. Never trust that your doctor has all the answers. I know that many of you feel that's what you

pay the doctor for and just look to them for answers – that'll get you dead! You have to invest your own time in doing the research concerning your health. If my story, Jan's mother's story or the 34-year-old man's story is not enough to convince you not to place all your options at the discretion of your doctor, then you could well end up deceased long before your time.

The doctors were fine with letting me die on TPN, believing there was nothing more they could do. It was my wife's relentless research that discovered that the doctors were wrong or I wouldn't be writing this post. Not one of those doctors invested any time into doing the research. Even after my wife made the contacts in Miami, the doctors that were treating me attempted to talk us out of undergoing the transplant. While we were in Miami, the husband of the nurse manager told us of a dialysis clinic where the doctors hand out published pamphlets scaring patients away from getting kidney transplants, by exploiting all of the rare risks. Their motivation was strictly money. There is more money to be made by daily dialysis treatments, than curing the disease with a transplant. At over $200.00 a bag, TPN is also very profitable to the pharmaceutical companies, because a person with no intestines needs a bag everyday. While I was on TPN, the cost of medication, TPN and hydration infusions were costing over $500.00 per day! You can see why there is a motivation to keep those people on TPN.

Let's not wait until your favorite pop star, actor or politician needs a transplant to finally consider it interesting enough to tweet about it. You could help save countless lives by simply spreading my story. By all accounts, I shouldn't be alive. I am the closest thing to a walking miracle that you will find. Jan lost her mother due to complacency, please don't let the next person or child on TPN die because this subject is not sexy enough to pass on. The only way that the nightmare I lived through will have any

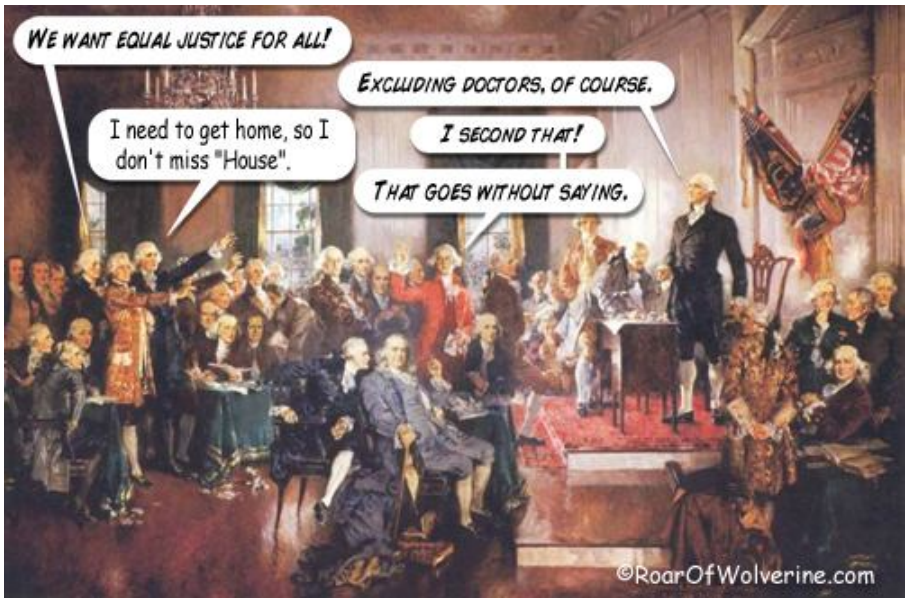
reason is if it can help someone else who is dying on TPN. Don't casually dismiss my story and think that this could never happen to you. You could be in an accident tomorrow and lose your intestines or you could be injured by a colonoscopy, like I was, and require an intestinal transplant to live. I am not selling anything at my site and I make no money from links sent out to my story – it's about saving lives. I would love to see more traffic come to my story, so I will know that the word is spreading and lives will be spared.

This deed will only cost you a few minutes of your Twitter time, but could certainly save a life or two. Trust me when I tell you that many doctors do not know about this procedure and are letting TPN patients die prematurely. Just take a minute and Tweet my story around. Better yet, take a minute to go to any talk show's website and shoot off an email with a link to my story. Making these transplants common knowledge will save lives of both adults and children.

Thanks,

Wolverine

Malpractice Law: Reserved For Only The Frivolous



It was only after I had created the image above that I remembered that George Washington was indeed killed by a doctor's mistake. He was bled to death during the treatment of Bloodletting, which was believed at the time to help balance the body's fluids or "humors" and was about as effective at treating disease as is colonoscopies or many of today's barbaric medical procedures. And just like colonoscopies, it certainly killed more patients than it ever cured. We haven't really come as far from bloodletting as we would like to believe. I'm sure that Martha couldn't sue that quack either. And even though he died unnaturally at the age of 68, he was the youngest death among our first ten presidents. So much for the myth that everyone dropped dead at the age of forty back then.

Most of those that read my story probably assume that I was the beneficiary of a healthy settlement from the quacks that destroyed two-thirds of my digestive system. Yeah, and there is such thing as Santa Clause and the Easter Bunny. There is a better chance that Saint Nick lives and breathes than any semblance of justice concerning malpractice lawsuits. It was not enough to leave me physically disabled, but financially as well. The doctors who neglected to treat the damage they had done, knew exactly what they were doing legally and made all the right moves to protect their asses. Saving my life or

arresting the spread of damage was of little concern to them at that point.

I have very little background or understanding when it applies to law. The law is a creation of lawyers (most politicians and lawmakers are attorneys) and therefore was made unnecessarily complicated, so no one could understand it but lawyers. That's not to say that they are intelligently written, but just made as confusion as possible. But when the law lacks any continuity, even a novice, such as myself, can clearly see that it is misguided. Laws are kept simple only when justice is the goal and are only made complex when special interests are its main objective. Our founders (mostly made up of non-lawyers) authored a five-page document that would set forth the foundation with which to build one of the greatest nations on earth, yet lawyers have turned those five pages into volumes of conflicting ideas, so misconstrued, that not only would the founders no longer recognize them, even the lawyers can no longer understand them. Had John Adams (a lawyer) framed the constitution, rather than James Madison, we probably would have begun with the clusterfuck that is our present legal system and dissolved into a another unsuccessful governmental experiment a long time ago.

When individual states began to enact tort reform to reduce the level of frivolous law suits, they were not actually swept broadly across the board, but medical professionals seemed to be the highest beneficiaries of this protection. I am not sure why medical practitioners and hospitals were afforded a greater protection under the law than any other citizen of this nation. I believe it was based on a misguided belief that this would somehow lower the cost of health care – how's that working out for us so far? The costs of health care are higher than ever before.

There certainly were a multitude of abuses in the U.S. legal system which incited a rash of frivolous lawsuits. As is true with all federal and state laws, when the scales of justice

bottoms out on the one side, the knee-jerk reaction of lawmakers is to pen a law that overcompensate, thereby bottoming out the opposing side. Government can never seem to get the scales of justice to balance. It always has to be one extreme or the other.

Tort reform laws did little to fix the problem and may have, in fact, made them worse or at least skewed in the wrong direction. The playing field was not leveled, but certainly slanted in favor of medical professionals (and their insurers). I will agree that prior to reform laws, lawyers and civilians both muddied up the court system with ridiculously inflated suits and many of them were targeted at the medical profession. There arose a "Lottery Mentality" towards the medical profession and people began to see it as a way to make a quick windfall, rather than compensation that fit the damages. This required practitioners to carry insurmountable amounts of malpractice insurance. We all understand that there are inherent risks associated with medical practices and all of these frivolous suits were inflating the cost of health care. But, instead of looking at each case on an individual basis and adjusting damages accordingly, government did what is always does and simply threw a blanket of protection over the medical practitioners by setting caps on damages and shortening the statute of limitation for filing an action against a doctor or hospital – giving them virtual impunity from any large-scale or "catastrophic" lawsuits.

Most states cut the statute of limitations on filing a malpractice suit to two years. Even a "fender-bender" automobile accident has a seven-year statute. This statue actually becomes less than 18 months, because most attorneys will not consider filing a malpractice claim if there is not six to seven months to prepare the case before filing. The scare tactic was pushed even further by the threat of taking away their license to practice law, if the case is determined

to be frivolous and this could simply include being beyond the statute of limitations. In other words, a malpractice case could be well prepared and completely justified – a slam dunk case if you will, but unfortunately be beyond the statute of limitation and the lawyer could lose his license to practice. I really don't believe that is so strictly enforced in other types of lawsuits. A very good essay on the statute of limitations concerning malpractice can be read here. This was written by a lawyer and gives some good examples of how good cases are thrown out, while bogus cases are let through the system.

Medical injustices can slip through this crack in two ways. In many cases, the mistake could take more than six months to a year to become apparent. In other cases (such as mine), the damage is so catastrophic that it is inconceivable that the patient could seek counsel when they spend months or years hospitalized and fighting for their life. So in the practitioner's world, the more catastrophic the damages of their mistake is, the better the chance that they will avert a large-scale lawsuit.

I can see why the lawmakers and attorneys have a difficult time empathizing with regular people, who actually would place the life of their loved ones above money, because filing a lawsuit would be the first order of business for the attorney, even while their child was dying. This is referred to as the "False-Consensus Effect" and why lawyers can feel that these laws are just. But not everyone could ignore the needs of a beloved family member in pursuit of money, especially when they have no reason to expect that there was a malpractice at the time. This would require that every person be both greedy and cynical, in other words; a lawyer. I have no problem believing that a lawyer would go for the money first, but the laws should be written for everyone, not just lawyers.

In a time of crisis, there is a great amount of confusion and stress on all those involved. For the law to expect the

common individual to have both the medical and legal knowledge, and clarity of thought in the midst of a catastrophe is sheer science fiction. But the False-Consensus Effect has allowed lawmakers not to weigh in the stress factor and lack of medical knowledge. Most people will believe what the doctors tell them at the time and only find out much later when doctors lied to them. Doctors are human beings and have been known to lie – especially to cover their ass.

Any patient who has been damaged by a doctor will need another doctor to treat or fix the problem created by the first doctor (only an insane person would allow the doctor that screwed them up to attempt to fix them). If that treatment requires an elective procedure, such as a transplant, the fact that they are involved in an action against another doctor could influence the decision as to whether they are accepted into the program. This could obviously become a deterrent to any doctors considering an elected and risky procedure, if they believe the patient is "sue happy". If lawyers are buzzing in and out of their hospital room, it's going to be difficult to hide the fact that they are seeking litigation. A patient should be allotted the time to become physically stable and out of critical condition before the clock begins to tick, but this is not the case.

Just to make it look reasonable, the lawmakers added a provision that allows the two-year clock to begin ticking from the time that the patient "discovers" that there has been a malpractice, but this rarely happens because the court will determine when that time of discovery SHOULD HAVE occurred, based on what they will deem to be "due diligence" and not the actual time discovery did occur. So the court will determine that a patient, flat on their back in the ICU and heavily sedated and being lied to by doctors, was supposed to realize what mistakes were made and conduct a full investigation – if they were being diligent. It's all quite ridiculous and

apparently designed to reduce the amount of cases brought forth.

Unfortunately, it only reduces the amount of serious cases from ever seeing the light of day and does little to reduce the smaller, less significant cases which are usually highly inflated in proportion to the amount of damage. The government is only seeking a total reduction in the amount of damages awarded, not a reduction in the amount of cases. It is not about justice, but lowering the overall totals in money awarded, and what better way than to completely rid the system of the lawsuits that could be awarded millions and only allow the cosmetic damages, which will be awarded smaller damages and will most likely settle our of court.

So the way it is now, the person who is injured the least by a doctor has the greater chance of collecting damages. Seems ass-backwards to me. But this brings me to the second blunder – federal caps on the amount of damages awarded. This again creates an unfair advantage to the lesser injured patient and perpetuates small insignificant suits and deters the larger complaints, where insurmountable damage was done. The maximum damages allowed by the federal government in a malpractice is $350,000.00 and in rare cases, one million if the damage is deemed to be catastrophic. A million dollars will rarely cover the medical costs in truly catastrophic cases. My transplant alone was over a million dollars and that doesn't include the seven months of hospitalization that followed, nor the six months that preceded, nor the expensive medication and medical treatment I will need the remainder of my life.

So if a dentist misreads an x-ray and pulls the teeth on the wrong side of someone's face, they can sue the doctor for the same $350,000.00 as someone whose liver was destroyed by a malpractice and has to undergo a liver transplant. Which one would be more motivated to file a lawsuit? Which one would attract an attorney to take the case? The liver patient would have less to gain, because certainly the transplant

exceeded the damages they will be awarded and if Medicare or Medicaid paid for the transplant, the government can place a lien on the damages awarded to collect the money spent. The dental victim will not make a dent in his awarded largesse when purchasing a partial plate to fill the missing gap in their smile. This creates an unfair bias towards the smaller claims and they, and their lawyers, can actually profit from the doctor's mistake. This would seem to promote many insignificant lawsuits, not prevent them. Lawyers are eager to take the cases with smaller amounts of damages and outright reject the cases where tremendous damage was committed. Their 33 1/3% is only based on the net gain from the awarded money, so if the medical bills are extremely high, their cut will be far too small, based on the federal caps. Lawyers are not interested in justice – just money.

A person who is significantly injured or disabled will never see any of the money from the damages awarded, even if successful. By the time the attorneys take 33 1/3% and all court cost are settled, then they can have a lien applied by their insurance provider to recoup past medical expenses, plus any future medical expenses. A million dollars just does not stretch that far, given today's medical costs. Attorneys will not take these type catastrophic cases and prefer to defend the smaller cases that are more likely to settle out of court and reap a much higher profit after medical debts are settled. If the caps on the catastrophic cases were more realistic and based on present day medical prices (rather than 1970), then attorneys would be more willing to take these cases, because their cut could be substantial and well worth the effort.

You may have seen commercials advertising that an attorney has defended cases where millions were awarded in medical lawsuits. These are concerning medical products and pharmaceuticals. If you are damaged by a faulty piece of medical equipment, implants or drugs, the sky is the limit on the damages that can be sought. This is why lawyers prefer

those cases, which often become “class action” and make a wealth of money for the attorney when they receive over 33% of the damages from everyone involved in the suit, which can number in the hundreds or even thousands. The extreme limits are only placed on damages committed by doctors and hospitals. Why should there be a difference? It’s kind of like “Hate Crimes”. What can make the damages worse just because those involved were of a different race or sexual preference? In the same way, how can the damage done by a doctor be any less than one from a corporation?

Had the loss of my organs been the result of a drug or a faulty equipment, attorneys would have flocked on me like vultures on a two-day old roadkill. Yet, damage from a drug or product could well have been accidental or misuse of the product. What happened to me was no accident. The doctors refused to take any action for more than three days, making the amount of tissue damaged far greater. Had they moved right away, I would have only lost a few inches of colon. Even had I lost the entire colon, it would not be life-threatening and would not have required an expensive transplant. Humans can live without a colon. Because the infection was allowed to spread to the small intestines (a vital organ), all of my intestines had to be removed, leaving me in a condition where I was dependent on life support systems to stay alive. Then the surgeon that finally operated, left necrotic tissue inside of me, nearly costing me my life and requiring another near fatal surgery only five days after the first. We later discovered that this surgeon had a past record of multiple malpractice suits and had lost his license in another state and yet was allowed to practice at this hospital. Furthermore, he has since been removed from that hospital for a well-known alcohol abuse problem. I will cover this in more detail in my upcoming post “Is Your Surgeon Licensed? Are You Sure?”.

Even with all of that, no attorney would even consider the

case. Not because no wrong was committed – every lawyer confessed that it was gross negligence, but admitted that they simply were not a big enough firm to take on such a case, because the government has made catastrophic cases much more expensive to take to litigation. When I asked what type of cases they had successfully defended, their examples were all very petty lawsuits that caused more of a minor inconvenience in the victim's life, rather than any type of seriously life-altering damages like I have seen. The greater majority of all of the transplant recipients that I encountered at Jackson Memorial were the result of medical mistakes, rather than from disease. The most catastrophic example a lawyer could give me was the case of a woman who developed dropsy in her left leg from the failure of a nurse to reposition the leg. Because the damage was the fault of a nurse, he was able to sue the hospital.

Attorneys are far more interested in filing a case against a hospital than a doctor. You cannot sue a hospital for a malpractice committed by a doctor, even if that doctor damaged you in the hospital. The doctor is not considered an employee of the hospital, but rather a contractor. This again is unique in the business world. I have often contracted to companies like Disney, Viacom and Universal and if someone gets injured by one of my works, they will sue Disney, who will then sue me. Disney cannot simply waive their responsibility and pass the buck straight on to me, but according to our present laws, a hospital can.

Because of these laws, many doctors today are refusing to carry malpractice insurance at all. I encountered a few doctors who offered a paper to be signed that stated that I understood that the doctor was not insured for malpractice and waived any right to bring an action against them if mistreated. This further gives no incentive for an attorney to take a case against them. Many of the doctors and hospitals that still carry malpractice insurance have lowered

their amount of liability as a result of the obvious protection they feel under the new laws. Most of the doctors that I was treated by carry only $100,000.00 liability for malpractice. I am a contract artist and I am required to carry a general liability of 3 million to sell services to theme attractions. How much damage can my artwork inflict compared to a surgeon? Yet, they're required to carry less insurance than an artist. It's insane.

You will never get an attorney interested in taking a catastrophic case against a doctor who is only insured for $100,000.00. It will cost half of that just to bring the case to court! Malpractice cases are some of the most expensive to bring to trial and you can bet your ass that's by design. This does not even address the politics involved. Malpractice lawsuits require that several other doctors testify that the doctor in question did in fact screw up and that's not very easy. Given the fact that the AMA frowns on doctors who criticize other doctors – not to mention their other peers – few doctors will point the finger of blame at another. So, the mistakes have to be very blatant, like sewing their wristwatch into a patient. Negligence is absolutely impossible to prove based on the testimony of another doctor. But if you are injured by a nurse or other hospital employee, doctors have little problem passing blame to nurses, so you will get a quick out of court settlement.

Malpractice lawsuits are the most costly actions to bring to litigation. Few victims of a medical accident, especially being put out of their livelihood and bearing tremendous medical bills, can afford the filing fees and associated costs of bringing an action against a doctor. Most people injured in a malpractice would depend on an attorney taking a case Pro Bono for any likelihood of seeking justice. Yet, every attorney knows that a huge sum of their money will be tied up for years into filing a case that has a very low percentage of seeing victory, because juries will more often side with the

doctors. We are, after all, a doctors worshiping society.

Two different attorneys flat-out told me that they had lost malpractice cases that were so successfully executed that the doctors admitted to the court that they had made a mistake, but apologized and claimed they had learned their lesson and the jury ruled in favor of the doctor. They also admitted that this was unique to malpractice cases. No CEO of a multi-national corporation has ever stood up and admitted that their product injured or killed someone, but they had learned their lesson and won't do it again and were let off the hook. Do you believe that the CEOs of Philip Morris or R.J. Reynolds would be extended such grace with a simple oral statement of contrition? Somehow doctors are granted immunity from the same corruption as businessmen – even though doctors are some of the most ruthless businessmen.

One of my clients is a venture capitalist, who assembles syndicates of investors for projects, including theme attractions here in Orlando. He often contracted me to do design work on the theme attractions. He and his wife (a law partner in his investment firm) once told me that they are now reluctant to allow doctors to invest. They both swore that the doctors were not only the most greedy, but having the least experience at finance, they were more preoccupied and nervous about their investments than the other entrepreneurs. His wife claimed that the doctors would call the most often to check on their investments and that a couple of the surgeons actually called during surgery to check on their money. So your surgeon may be getting an update on his portfolio while he is operating on you, but doctors are much better people, by nature, than the rest of us dregs.

Is it any wonder why medical errors are the second highest killer of humans in the U.S. with this kind of impunity awarded to doctors? Is there some sort of magical enchantment at medical school graduation that enables every doctor to be excellent at their job? Can no one conceive of a reality

where maybe some doctors chose the wrong career and are just not very good doctors? Some even have drug and alcohol abuse problem. I guess because some fictitious character like Gregory House can be a flawless doctor and a strung-out hydrocodone addict has convinced a gullible public that doctors are beyond mortal.

If you are the type of juror who would let a doctor out of their financial obligation for horrible damages inflicted on a patient, just because they apologize, it would be poetic justice that you are the next victim of a surgeon who decides to finish his weekend golf game or check on his investments before responding to an emergency page for your surgery. It's not like they're going to go to prison and if it eventually cost them their career from multiple lawsuits, then so be it. That's how the filtration system works to get rid of bad practitioners – and believe it or not, there are bad practitioners. Have people gone completely bat-shit crazy!?

If you have read my post; "How Common Are Medical Errors?", you get an idea of how many mistakes were made during my stay in the hospitals. These were truly mistakes and though a few of them nearly cost me my life, I would never consider seeking damages for them – because they were accidents. The doctors that treated me immediately following the perforation knowingly ignored my complaint. They were extremely cynical and unable to accept the fact they had made a mistake and tried to cover it up. They were hoping that if they ignored the perforation, it would heal itself (they often do) and no one would be the wiser. The perforation was an accident and had they rushed to action, I would have no reason to have a problem with them. But their neglect was near criminal and caused a far greater loss of organ tissue.

The doctors kept me sedated for those three days, so I was unconscious and not aware how much time had passed before I had surgery. To then add insult to injury, the doctors lied and told me that I had lost my organs to Crohn's Disease (this

is written in all of their records). It was not until my transplant, seven months later, that I was told by the surgeons in Miami that I never had Crohn's Disease. The transplant doctors were even mislead by the previous doctors that I suffered from Crohn's, because that is what they had reported. Yet, every test ran in Miami came back negative for Crohn's based on the pathologies of the remaining tissue. The diagnosis of Crohn's was very unlikely given my age and prior history, but I did not know that at that time. Crohn's typically onsets at a much younger age (15-30) and I was over 48, with no prior history of gastric problems. There was also the fact that I had been a former smoker and tobacco use worsens the symptoms of Crohn's, so it would have been impossible for a Crohn's sufferer to live 48 years, as a former smoker, and show no signs of the disease. So not only was the diagnosis for Crohn's Disease an example of bad doctoring, but a complete fraud in order to cover for their negligence.

If you are a patient suffering a catastrophic injury from a malpractice, all the odds are stacked against you ever getting a day in court, much less being awarded any damages. The more catastrophic the injury and the longer you are laid up in the hospital, the higher the chance that the clock will run out on you. The doctors can and will lie to stall your discovery of their error, knowing that the clock is ticking away every minute you accept their lies. It is completely ridiculous that the law would expect that a legal action should be the priority of a patient struggling to survive and if it's not their top priority, then their case should have no merit. Of course someone with a minor injury will place a lawsuit on the top of their to-do list, which is why I believe that the present tort reform laws favor the smaller, less significant cases and discriminate against the truly life-altering and crippling wrongs committed by medical professionals.

It would seem unconstitutional to award one group of citizens

a different set of rules than any others. How can a system be just that awards special privileges and protection to one group of citizens? No one is so morally superior because of a particular degree of education to be awarded freedom from the justice system and can be policed by their own moral compass. I believe the record speaks for itself. Because of their legal impunity, the medical profession have become the highest error-ridden profession. This would happen to any industry if they were given the same protection under the law. Given the supreme money generating ability of the medical system, $350,000.00 caps are not even a slap on the wrist. If the laws are not constructed in a way that allows a hard smack on the ass to doctors and hospitals that intentionally neglect patients and hire medical personnel that have proven not to be qualified at their job, we will continue to see the medical system decay even further. It is already the single highest killer of humans in the United States and has no incentive to clean up its act.

The United States is not the best health care system in the world (far from it) and yet it should be, because we spend more on health care than any other nation. People need to quit simply saying we're #1 – we aren't. Wishful thinking is not going to make it the best and helping to sweep all of the mistakes under the carpet may give the illusion that our medical system is better than it truly is, but how's that going to help you when you end up needing their services?

The only way that this system will improve is the same way that every other business does – by making them accountable for their mistakes – especially the big ones. If all malpractice lawsuits were allowed to truly reflect the damage inflicted, we would see less of the frivolous lawsuits and the lawsuits where multi-million dollars worth of damages were committed would be allowed a day in court. The media would find those large-scale cases sexy enough to cover and everyone would soon be aware of just how fucked up and dangerous our

medical system truly is. That would actually be good for the patients, because there would be an outcry and changes would finally be made. Until then, I hope you don't end up in a U.S. hospital and certainly don't expect to get any compensation if you are disabled by a doctor.

Had there been any justice in our system, I would only have to bear the physical stress of what the doctors reaped upon me. Unfortunately, I also must endure the financial stress these doctors caused, which is often greater than the injuries and pain I still suffer. The only advice I get from attorneys is; "Wow, that was really horrible what happened to you. It really sucks to be you!". Meanwhile, those doctors who cost me my intestines will tee-off at their private country club comfortable in the fact that they did everything right to cover their ass, even if it cost me my life. Yet, everyone will continue to believe that they are morally superior to the rest of us, because after all, they chose to become a doctor, not for the money, but because they wanted to help people. I wonder how many of them would still be in medicine if it paid an average wage?