

# Acclaim for JMW

---

The following is the entry in the 2008 Chambers Directory -

Having won many new instructions in the past twelve months JMW Solicitors has cemented its reputation as **one of the finest firms in the region.**

The team has expanded to cope with demand and can now deal with the full range of claims including birth injury, gynecological matters, general surgery mishaps and cerebral palsy claims. Expertise in the latter was recently demonstrated in the group's work in a £5.5 million periodical payment settlement.

Market commentators highlighted the team's "great commitment to its cases; they invest time, effort and money and often go beyond the call of duty."

Clients state that **Eddie Jones** "knows what he is talking about" and he receives further acclaim for his "realistic view of cases" and "incredible attention to detail."

Clients also accord considerable respect for **Olivia Scates**. "She is courteous while also being a tenacious advocate who fights tirelessly for her clients."

## More Training for Expert Witnesses

---

In its response to the recent report from the Chief medical Officer, "Bearing Good Witness", the British Medical Association (BMA) welcomes the suggestion that court skills should be taught in medical school and at post graduate level.

It proposes the free provision of training if doctors agree to complete a fixed number of court reports each year.

It also suggests that judges could provide written feedback to expert witnesses on how they have performed and where improvements could be made.

[www.bma.org.uk](http://www.bma.org.uk)



**Manchester Office:** No 1 Byrom Place, Spinningfields, Manchester M3 3HG. **t.** 0845 402 0001 **f.** 0161 828 1827 **dx.** 14372 MCR 1 **e.** [enquires@jmw.co.uk](mailto:enquires@jmw.co.uk)

**Altrincham Office:** Market Court, 20-24 Church Street, Altrincham WA14 4DW. **t.** 0161 926 9663 **f.** 0161 926 8331 **dx.** 29104 ALT 2 **e.** [enquires@jmw.co.uk](mailto:enquires@jmw.co.uk)

[www.jmw.co.uk](http://www.jmw.co.uk)



INVESTOR IN PEOPLE

# NEWSLETTER

## CLINICAL NEGLIGENCE

Issue: Winter 2007-2008

**jmw**  
SOLICITORS



# Nursing Negligence

Clinical negligence cases involving nurses are far less common than those involving doctors and there are probably several reasons for this. Nurses are often perceived as being overworked and doing their best in difficult circumstances and this can result in an acceptance of poor standards of care that would not be tolerated from medical staff.

Another reason is the difficulty of proving causation. Many complaints against nurses involve such things as abruptness or rudeness or a “lack of respect for a patient’s dignity” and it is almost impossible to quantify the damage such attitudes can produce in certain vulnerable individuals.

On the other hand a nurse’s duty is usually straightforward and relatively easy to prove. Once a nurse undertakes care for her patients she has a clear duty to provide this care in a reasonable and competent manner. Nurses owe a duty of care to all their patients and this is reflected in the term “on-duty” when referring to being at work.

Nurses are accountable for evaluating patients’ immediate health needs and responding to these needs and also for ongoing patient assessment and documentation. Whether they have too large a workload or are being deliberately neglectful of their patients nurses are considered to be negligent if they fail to exercise the degree of care that a reasonable and prudent nurse would exercise under the same, or similar, circumstances.

#### Also in this issue:

- Acclaim for JMW • More Training for Expert Witnesses
- Sciatic Nerve Damage • Development of Pressure Sores

# Sciatic Nerve Damage

---

L was 10 years old when she was diagnosed with Crohn's disease. After 3 years of medical treatment she underwent a colectomy as her symptoms were not being controlled.

After surgery L returned to the ward lying on her left side and she was not turned nor had her position changed until the following morning. This meant that she remained in the same position for about 16 hours.

Once L was fully awake she attempted to mobilise but found that her left leg felt numb and weak and she had difficulty walking. Over the following months she underwent a number of investigations including nerve and muscle studies and an MRI scan. A lesion of the sciatic nerve was identified with a total interruption of the nerve supply to the skin and muscle of the leg.

L's injury is serious and permanent. She suffers pain and discomfort in the whole of the left leg and altered sensation in the foot and outer side of the leg. She has foot drop and is unable to lift her foot from the ground. She can walk for only 5 minutes before needing a rest and cannot participate in any of the physical activities most young people take for granted. She also has problems getting up and down stairs.

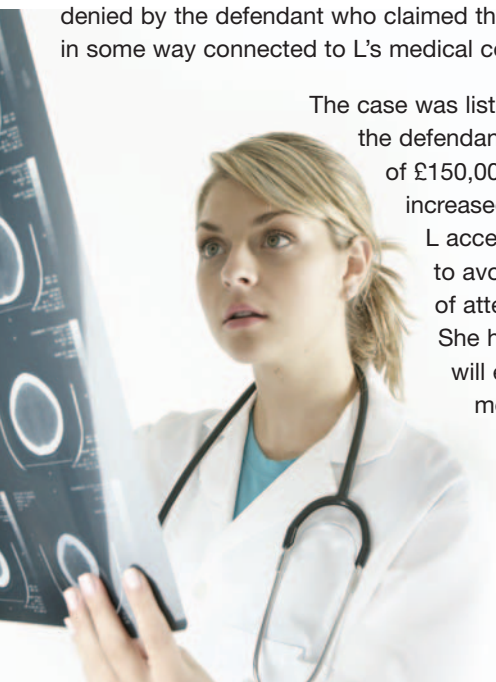
As L sustained the injury at the age of 13 her social development during her adolescence has been greatly affected. She is very self conscious about her disability and is reluctant to be seen in public or go out with friends. The growth of her left foot has been affected and is now more than 2 sizes smaller than her right.

L missed over 2 years of schooling and college because of the injury. Her continuing feelings of anger and frustration have led to a diagnosis of adjustment disorder.

It was alleged by L that her injury was due to pressure palsy of the sciatic nerve resulting directly from the failure of nursing staff to change her position over a 16 hour period. This was denied by the defendant who claimed that the injury was in some way connected to L's medical condition.

The case was listed for trial but the defendant made an offer of £150,000 that eventually increased to £400,000.

L accepted this in order to avoid the stress of attending the trial. She hopes the money will enable her to live a more independent life.



# Development of Pressure Sores

---

S developed a cyst on her spine as a very young child and following the operation to remove the cyst she became paralysed from the chest down and had no use of her left hand.

She subsequently developed severe scoliosis of the spine and had to wear a body brace in an attempt to correct this.

Unfortunately his was unsuccessful and after some years the brace was replaced by metal rods inserted into the spine in order to reduce the increasing curvature.

As she grew the size of the rods required adjustment and at 10 years old S was admitted to hospital for surgical revision of the rods.

Postoperatively S was admitted to the High Dependency Unit where she was nursed in a semi-upright position because of the risk of developing a chest infection. After 2 days she was transferred to a general ward where she was nursed in the same position.

Possibly because of nervousness about moving someone following spinal surgery S was not turned nor had her position changed for 4 days despite the fact that she was at high risk of developing pressure sores because of her paralysis.

On the 5th day following surgery S's mother went to administer an enema to her daughter and noticed an area of severely damaged tissue on her buttocks.

S was seen by a plastic surgeon and 2 weeks later underwent a skin graft from the thigh to the buttock. She remained in hospital for a further 2 weeks and on discharge had to remain on bed rest at home in order to allow the graft to heal. Because of this she could not return to school.

Over the following 6 months S required 2 further operations before closure of the pressure sore was achieved using a rotational skin graft. Because of the paralysis S experienced no pain during these procedures.

It was alleged that the defendant was negligent in failing to monitor S's skin in the period following her operation. In particular failing to turn S with sufficient regularity or re-position her in order to avoid the development of a pressure sore.

The Trust admitted liability and the case was settled for £20,000.