

Personal Statement Regarding Prior Medical Malpractice Karoline Suzanne Puder, MD

I have been in academic practice in Detroit, Michigan since completing my fellowship in Maternal-Fetal Medicine, in 1994. In that time period, two cases have been settled in which I was a named party. In both cases, the hospital/medical center was a co-defendant and dictated decisions regarding settlement.

The first case settled in 2003 and was related to a tubal ligation failure. The postpartum tubal ligation was performed in the usual manner and segments of the tubes were sent to pathology for exam. Review of the results showed that one tube may not have been ligated. The patient was contacted and informed. She was told to use alternative contraception and to come for follow up. She did not return, but did come to the emergency department stating that she had been told of this concern. She was instructed to follow-up in the gynecology office for further management, which she did not do. She then became pregnant, chose to have a termination, and ultimately had a laparoscopic tubal ligation. The case was settled for business purposes and I have a non-consent policy.

The second case in which I was named, I served as a consultant and not the primary caregiver. That case settled in 2013 and is referenced in the DataBank report. This matter is related to a diagnosis of vasa previa made in the midtrimester. The patient was counseled by me and her care was otherwise performed by her primary obstetrician. She had a hospital admission for preterm contractions. She was discharged from the hospital by her OB and with follow up with her OB. She agreed to discharge and outpatient follow up. She reported that she lived near the hospital, had transportation, had another adult in the house, and wished to be at home. She did not follow up with me, as recommended and presented with bleeding. Her child subsequently has developmental delay. The DataBank report is inaccurate, because the child was still alive at the time of the litigation (and I have no knowledge of a change in status). I was included as a defendant because I did not force her to stay in the hospital. I was not the discharging physician. Standard of care did not dictate inpatient management. This case was settled for business purposes due to hospital corporate concerns about excessive award at trial due to the child's developmental delay and the prevailing malpractice environment in the area. I had a non-consent policy for this, as well.