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This newsletter is published by the law offices of Benjamin W. Glass, III & Associates, P.C. It is for informational purposes only and no legal advice is intended. Each case is different and you are invited to discuss your legal question with Mr. Glass at no initial cost.

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New arrival Kevin Joseph-Hai Jun Glass

We'll stray from the straight business line to share with you some personal news. In late July, **Ben** and his wife **Sandi** traveled to China for two weeks to adopt 18-month-old **Kevin Joseph-Hai Jun**. They traveled with two other families from the United States. During their travels they met many other families from Canada and the United States who were traveling to adopt children from one of over 1,000 orphanages in China.

Kevin was born with a cleft lip and palate on January 19, 2002. Within days, he was found abandoned outside of the hospital in Guilin, China. He was very well cared for in an orphanage in that city. Ben and Sandi first "met" Kevin on "A Helping Hand's" Web site (www.ahh.to) in late 2002 and shortly thereafter began the process of adopting him. A Helping Hand has assisted hundreds of families in adopting children from China and other countries.

More good news! By the time you read this newsletter, Ben's sister (and chief assistant at the firm) **Terry** and her husband **Tony** will have returned from China with their second adopted daughter, **Rachel**. Terry and Tony adopted their almost-four-year-old daughter, **Grace**, three years ago. We wish all of them well.



Shocking insider report about disability claims practices

We have obtained two shocking affidavits from a former employee of the largest disability insurance company in the world. These affidavits consist of 20 pages of claims practices that this employee says existed at UnumProvident right up until the day she was fired in November 2002. These practices allegedly include...

- > setting financial goals and targets and denying claims to meet those targets.
- > claims consultants denying claims based solely on the financial targets that had already been set.
- > customer care specialists being forced to re-write letters to "bulletproof" claim denials.
- > "blitz searches" of claims files to find those claims that could be terminated to meet financial goals.
- > how "roundtables" are used to deny claims and document the file so that the denials would be unbeatable in court.
- > the targeting of specific types of claims for denial.

There's a lot more. These affidavits are available to you now by e-mailing us at Ben@BenGlassLaw.com. Ask for the **Nee Report**. You must certify in your e-mail that you don't work for any insurance company!

Free book offer

We managed to obtain 50 copies of the book *Damages*, which is the true story of one family's battle with the medical malpractice system. This book is better than anything Grisham ever put together, and you will certainly want to add it to your collection.

I am down to eight copies, and I'm giving them away. The only way you can get a copy mailed to you is to e-mail me and tell me that you are not a lawyer. The first eight e-mail responders will each get a copy of the book. You must include a postal mailing address in the note to me. Requests will be filled solely by the order that they appear in my in-box. E-mail your requests to Ben@BenGlassLaw.com.



PHARMACISTS' ERRORS

No one really knows how many patients receive incorrectly dispensed prescriptions annually. However, what is known is that:

■ In 2002, researchers found medication errors in one in five doses administered in 36 health-care facilities in two states.

■ The Institute of Medicine reports that hospitals alone are responsible for medication errors that cost more than \$2 billion annually.

■ More than 7,000 patients died from medication mistakes in 1993, up from just under 3,000 deaths in 1983, according to a university study.

The health-care industry has embarked on improving medication dispensing by appointing pharmacists to hospital treatment teams and using computerization to verify prescriptions, doses, and timing.

Patients can take an active role in making sure they get the right prescriptions. When picking up any medical prescription:

■ Ask the pharmacist to verify that the prescribed medication has been dispensed for the medical condition it will control.

■ Confirm the correct manufacturer, form, quantity, strength, and use schedule.

■ Question the physician or pharmacist about potential side effects.

■ Carefully read all accompanying literature to obtain effective treatment.

■ Comply with all directions.

■ Check with the physician if there are any questions.

A misfilled prescription

Verify medication correctness with every refill. A diabetic woman who had taken a blood pressure-reducing medication for years was mistakenly given tablets with twice the dosage that the pharmacy's label indicated. After taking an increased dosage for several weeks, she suffered severe reactions and required hospitalization. Although her daughter discovered the medication error and the patient resumed normal dosages, she suffered a fatal heart attack. Her son and daughter sued on behalf of her estate, alleging the pharmacy was negligent and caused wrongful death by misfilling a prescription. Upon retrial, a jury awarded damages.



Albert Pitts

Our good friend and former client, **Albert Pitts**, passed away on June 16 after a long battle with Shy-Drager syndrome. His wife, Anne, recently informed me of the news. Al was one of my all-time favorite clients. I represented him in a medical malpractice claim against a local hospital. His case did everything that the justice system is designed to do when it works. Not only did we recover good compensation for his injuries, but we actually effected changes at the hospital.

Al had come to the emergency department with severe gastric pain. They gave him some narcotic medication for the pain, but it caused a reaction and he passed out. This alerted the physicians there that he was allergic to the pain medication. Al was quickly revived and suffered no injury from what happened to him in the emergency department. However, what happened later that night was a preventable disaster. At that time, the hospital had a defective system for recording information in the emergency department and in making sure that this information got to the nurses who would take care of the patient later.

The physician responsible for Mr. Pitts in the emergency department dictated a note, but because of the system the hospital was using, that note was not to be typed up and made available to the chart for at least 24 hours. The physician failed to clearly write in his notes what had happened in the emergency department, and, thus, when Al Pitts was transferred to the floor and complained of pain later that night, he was again given the exact medication that he was allergic to. This time he suffered a full respiratory and coronary arrest. He survived the incident, but in undergoing aggressive CPR, he suffered substantial internal injuries. He was hospitalized for a long time followed by months of recovery at home.


When Al first came to see me, he told me that he never would have thought of suing the hospital if they had only treated him nicely after the incident. All he wanted was an "upgraded room" and not to be billed for all of the excess charges. He wanted someone at the hospital to explain to him exactly what had gone wrong and why. He wanted to know that this would not happen to someone else.

Nobody explained anything to Al at the hospital. After he was discharged, they billed him for all of the care they had caused. No apology ever came.

We sued the hospital and physicians involved, and even though the hospital ultimately admitted that they had been negligent, no reasonable offer of settlement was made. We tried the case in Al's hometown of Fredericksburg and won a substantial jury verdict. The most important part of the case is what came next.

Months after the trial had ended, Al forwarded to me an article from the local newspaper. The hospital had purchased new computerized equipment to manage its pharmacy and dispense narcotic medications like that he had received in the emergency room. The newspaper article said that by spending this money, the hospital hoped to dramatically reduce the number of medication errors in the hospital. This meant that Al Pitts' painful ordeal really meant something for future patients of that hospital.

After Al passed away, Anne wrote me this note: "We both appreciate the work you did for us. Al spoke many times at how pleased he was with your handling of the case. Thank you for helping him take a stand in trying to ensure safer medication procedures for everyone." We will always remember Al Pitts.



Oppose limits on patients' rights in medical malpractice

In March, the U.S. House voted along party lines and narrowly passed H.R. 5 (known as S. 607 in the U.S. Senate), an outrageous insurance industry-backed bill that would drastically limit the rights of many patients. These include patients who are the most seriously injured by medical malpractice, seniors who are victims of abuse in nursing homes, and anyone harmed by defective medical products and prescription drugs.

Linda McDougal

Linda McDougal, 46, a U.S. Navy veteran, accountant, wife, and mother of three from Woodville, Wisconsin, was advised after a routine mammogram in May 2002 that she should have a biopsy. Her



doctor advised her that tests showed she had a severe, aggressive form of breast cancer and recommended a double mastectomy if she wanted to live. She agreed to the surgery. After the surgery, she was told that her cancer diagnosis had been wrong. Her test results had been switched with another patient's.

In a speech advocating limits on the legal rights of medical malpractice victims like Linda McDougal, President Bush blamed high medical malpractice insurance premiums on "lousy juries." McDougal responded, "President Bush wants to put through, rather rapidly, a cap on medical malpractice [compensation]. His intent is to harm me, not to make doctors accountable for their actions. Don't penalize the patients. Don't penalize the victims."

When surgery is recommended

A physician's diagnostic and surgical skills, aided by sophisticated medical technology, can alleviate many health problems and challenges.

When surgery is recommended, a patient often verifies a surgeon's reputation and obtains a second opinion before agreeing to surgery.

No one should feel uncomfortable about obtaining a second opinion for diagnosis or treatment of a medical problem. Studies show that many suggested surgeries may be unnecessary. Insurance carriers frequently encourage patients to obtain second opinions, and physicians welcome assessments from medical colleagues.

Unwarranted procedures

A rheumatoid arthritis patient agreed to surgery to remove a bump on her wrist. During surgery, the physician performed a surgical procedure different from that explained to the patient and for which she had not given informed consent. When the patient's wrist became unstable and painful, she sued the surgeon for performing an unnecessary alternate procedure that was inappropriate for her specific problem and to which she had not agreed. A jury awarded her damages as well as punitive damages.

CREDIT-REPORT ERRORS

Any consumer who wants to obtain a credit card, secure a loan such as a mortgage, or conduct most kinds of business needs to have an acceptable credit rating.

Three major agencies—Equifax, Experian, and Trans Union—compile individual consumer credit data and provide almost all of the credit-reporting services used by businesses, lenders, and anyone else investigating a person's credit quality.

Most credit reports issued by these companies have four parts:

Identifying information, such as name, address, Social Security number, date of birth, and other basics consumers provide when they apply for credit.

Credit information on accounts, including creditor names, dates accounts were opened, credit limits, debt, payment patterns, and other data from companies consumers do business with.

Public record details feature bankruptcy and court records, financial judgments, tax liens, and other information from public sources.

Inquiries identify anyone who has asked for a consumer's credit report.

Telemarketer alert

By now, you have all heard of the national "Do Not Call" registry (www.dontcall.gov) where you can have your home and cell phone numbers listed for free to prevent telemarketers from calling you. One of my loyal readers (okay, my dad) called to alert me to a tactic now being used by the telemarketers.

Telemarketing is a huge industry and it has very smart people working for it. The key is to look for the fine print on any application, subscription form, contest, or poll. Some of these documents will have language by which you are authorizing a telemarketer and any of its clients to call you, even though your name is on the national "Do Not Call" registry. So, as always, it pays to read the fine print.

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Representing Individuals Against Insurance Companies, Corporations, and the Government

Ben Glass awarded board certification

On June 5, 2003, **Ben Glass** became certified in Civil Trial Advocacy by the National Board of Trial Advocacy (NBTA). The NBTA is accredited by the American Bar Association to certify lawyers in the specialty areas of civil, criminal, and family law trial advocacy. Board certification by the NBTA requires that an attorney...



- ★ Be in good standing.
- ★ Concentrate in the specialty of trial advocacy.
- ★ Submit a writing sample.
- ★ Has participated in at least 45 hours of continuing legal education in the last three years.
- ★ Provide references from three judges and three attorneys familiar with his courtroom abilities.
- ★ Has been lead counsel in a number of trials to verdict or judgment.
- ★ Has been lead counsel in at least 40 contested matters involving the taking of evidence, such as hearings, motions, or depositions.
- ★ Pass a six-hour trial technique evidence and ethics essay exam.

For more information, ask for our Special Report on Lawyer Advertising. E-mail us at Ben@BenGlassLaw.com to get this free report.

We scooped U.S. News & World Report

Readers will recall that in our spring newsletter, we unveiled the truth behind such tort reform “myths” as the laughable story about the Winnebago motor-home owner who allegedly set his vehicle on cruise control, got up to make a cup of coffee, crashed, and sued the vehicle manufacturer. We told you that these were myths and directed you to our Web site, where we list a number of these stories (go to our site and type “myth” in the search box).

Well, apparently *U.S. News & World Report* did not get the truth and recently ran a column once again touting these stories as the truth. As the *Washington Post* disclosed, however, in its June 23, 2003, edition, these urban myths have been used by many publications to justify an assault on the legal system. Hopefully, *U.S. News & World Report* will check out our site first the next time it comes across one of these outrageous hoaxes.

