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Received 09/09/2025 12:46 PM  
Filed 09/09/2025 12:46 PM

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*In the*  
**District of Columbia**  
**Court of Appeals**

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SYLVIA PEARSON, PR, Estate of BARRY MICHAEL PEARSON  
and Individually,

*Plaintiffs-Appellants,*

v.

MEDSTAR WASHINGTON HOSPITAL CENTER, *et. al.*,

*Defendants-Appellees.*

*On Appeal from the Superior Court of the District of Columbia Civil  
Division in Case 2022 CA 001213 M and 2022 CA 001311 M  
(Honorable Maurice A. Ross, Judge)*

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**REPLY BRIEF FOR PLAINTIFFS-APPELLANTS**

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September 9, 2025

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## INTRODUCTION

Defendants, in the introduction section of their briefs (particularly Defendant Medstar Washington Hospital Center) spend considerable time recounting Mr. Anderson's medical history. Typical in their defense of medical negligence occurring in their institutions, they go to great lengths establishing the "he was a very sick man" defense as a predicate to their legal arguments. The belief is that it places the Court in the best possible "posture" to accept their arguments, however untenable, and deny Plaintiff's appeal as unworthy of reversal and remand.

What's left out of the equation is that patients such as Mr. Anderson come to the hospital because they are ill and require care and treatment. In Mr. Anderson's case, it was chest pains. A656 at 121. In receiving treatment, they and their families don't expect or even imagine that they will develop a hospital-acquired injury such as a Stage IV pressure injury that the Centers for Medicare and Medicaid Services (CMS) state should not occur in 2019 and for which it will not reimburse the offender. A901. Patients such as Mr. Anderson also don't expect that the hospital then will offer their existing medical condition ...the reason they came to the hospital and was admitted as a patient... as justification why the hospital did not meet the standard of care and created a horrific injury that is life-threatening, leading to septic shock and infection, and in Mr. Anderson's case, was the cause of his injuries and death. A265. "Pressure sores are graphic, ugly, smelly

evidence of healthcare providers’ failure to take good enough care of the elderly.”

A1074.

## **ARGUMENT**

### **I. Res Ipsa Loquitur is Applicable Under the Circumstances of the Instant Case**

#### **A. Plaintiffs’ Showing That Mr. Pearson’s Injury Does Not Ordinarily Occur in the Absence of Negligence is Sufficient to Survive Summary Judgment**

Defendants argue that the trial court properly determined that the doctrine of *res ipsa loquitur* is inapplicable in this case, contending that Mr. Pearson’s fatal Stage IV hospital-acquired pressure injury developed in medical circumstances so complex that Plaintiffs’ experts are precluded from opining at the summary judgment stage that the subject injury does not ordinarily occur in the absence of negligence. (Defendant Kaiser Br. at 21) (Defendant Medstar Br. at 26).

Defendants’ argument lacks merit because it is based on: (1) a misapprehension of Plaintiffs’ *res ipsa loquitur* burden at the summary judgment stage, (2) a misconstrued reading of Plaintiffs’ experts’ testimony with no presentation of conflicting expert testimony, and (3) a misreading of literature issued by the National Pressure Ulcer Advisory Panel (hereinafter “NPUAP”).

For *res ipsa loquitur* to apply, a plaintiff must, as relevant here, establish by a preponderance of the evidence that “the occurrence is of the kind which ordinarily

does not occur in the absence of someone’s negligence.” *Hailey v. Otis Elevator Co.*, 636 A.2d 426, 428 (1994) (brackets and citations omitted); *Gubbins v. Hurson*, 885 A.2d 269, 282 (2005). “As a basis for invoking the doctrine of *res ipsa loquitur* in this type of situation, the plaintiff must at least present some expert opinion that the event will not usually occur if due care is used.” *Quin v. George Washington University*, 407 A.2d 580, 583 (1979) (brackets and citations omitted).

In this case, Plaintiff provided two expert opinions that Mr. Pearson’s “significant and serious” hospital-acquired pressure injury does not ordinarily occur in the absence of negligence and that had due care been provided by Defendants’ medical personnel, Mr. Pearson’s specific injuries would never have occurred. A63-68; A64; A946-947; A318; A834; A850; A900. Defendants acknowledge that Plaintiffs presented such expert opinion. (Defendant Kaiser Br. at 23) (Defendant Medstar Br. at 26), but then rely on misleading references to *Quin v. George Washington University, supra*, to deem Plaintiffs’ proffer insufficient.

Specifically, Defendant Kaiser invented a new bright-line rule that “expert testimony is not sufficient if there is ‘a lack of consensus in the medical field as to the cause of [the injury] following [the treatment], despite agreement that such [a result] is a rarity [.]’” (Defendant Kaiser Br. at 21-22, quoting *Quin v. George Washington University*, 407 A.2d at 584) While Defendant Medstar did not go so far as to generate a new rule of law, it similarly relies on the notion of “lack of

medical consensus” to refute Plaintiffs’ proffer. (Defendant Medstar Br. at 26). Notably, the unaltered quote from *Quin* – where this Court held that an appellant was not entitled to the *res ipsa loquitur* jury instruction *at trial after both parties presented conflicting medical expert opinions* as to the occurrence of an injury – is as follows: “The presence of conflicting medical testimony indicates a lack of consensus in the medical field as to the cause of abdominal hemorrhaging following a splenectomy, despite agreement that such hemorrhaging is a rarity.” *Quin v. George Washington University*, 407 A.2d at 584. As a threshold matter, the instant case does not present a fact pattern where opposing medical experts presented conflicting testimony. Further, *Quin* only stands for the proposition that conflicting expert testimony presented *at trial* demonstrated a lack of medical consensus as to the cause of a specific injury following a specific procedure such that the plaintiff was not entitled to the benefit of the *res ipsa loquitur* jury instruction. Here, insofar as Plaintiffs provided two expert opinions that Mr. Pearson’s specific injury does not ordinarily occur where due care is used – and Defendants wholly failed to present any expert opinion testimony to the contrary – Plaintiffs met their burden such that the trial court erroneously precluded application of the doctrine at the summary judgment stage of the proceeding. *See, e.g., Raza v. Sullivan*, 432 F.2d 617 (1970) (finding trial court erred by granting directed verdict and disallowing theory of *res*

*ipsa loquitur* where expert opined that dental extractions do not ordinarily result in jaw bone fractures).

Defendants' argument must fail given that *Quin* does not render expert opinion insufficient to establish the first element of *res ipsa loquitur* at the summary judgment stage where, as here, an opposing party merely pronounces a lack of medical consensus as to the cause of a specific injury by misconstruing the proffered opinion without introducing any conflicting expert opinion.

To that end, Defendants claim that Plaintiffs' experts opined that Mr. Pearson's pressure injury developed under circumstances that render pressure injuries unavoidable, and point to Mr. Pearson's comorbidities as evidence that the subject pressure injury was unavoidable – or that it is “at least equally plausible that the injury resulted from natural causes.” (Defendant Medstar Br. at 26-28) (Defendant Kaiser Br. at 23-24). Plaintiffs' experts provided no such opinion. Rather, Dr. Guerrero's opinion that Mr. Pearson's pressure injury would never have occurred in the absence of negligence was provided understanding that Mr. Pearson had other health issues for which he was receiving treatment. Dr. Guerrero opined: “If all of the standards of care had been followed and had been instituted starting with the identification of Mr. Pearson's high risk with the multiple comorbidities this would have never happened.” A318; A834. Additionally, Dr. Guerrero expressly testified to his opinion that Mr. Pearson's injury was not an unavoidable “end-of-

life” ulcer, A844, and that upon identification, the Mr. Pearson’s injury was of the type that could have been healed had proper care and treatment been instituted by Defendants’ medical personnel. A850.

The futility of Defendants’ mischaracterization of the law and Plaintiffs’ experts’ opinions is further exacerbated by Defendants’ use of cherry-picked passages from the NPUAP literature without expert testimony as to how or why Mr. Pearson’s comorbidities would have caused Mr. Pearson’s pressure injury to progress, or to prevent it from healing despite proper treatment under the standard of care. (Defendant Kaiser Br. at 24-25) (Defendant Medstar Br. at 29). Here, Defendants usurp the role of an expert witness and attempt to interpret the literature, offering sweeping statements that the NPUAP literature supports their unsubstantiated conclusion that it was at least equally probable that Mr. Pearson’s injury was unavoidable on account of hemodynamic instability and terminal illness, given that panelists at a consensus conference agreed that unavoidable pressure ulcers “may” develop in such circumstances. A539. (Defendant Kaiser Br. at 24-25) (Defendant Medstar Br. at 29). Defendants failed to include that the NPUAP literature also states that the panel opted to define broadly hemodynamic instability, but insofar as “none of the participants was a critical care clinician or represented a professional organization relevant to this concern,” discussion of the applicable definition was limited. A535.

Similarly, with regard to terminal illness, the literature states:

The identification of unavoidable situations in critically ill patients could not be fully explored. No clinical data are available to guide preventative action with regard to how much offloading or shear management is needed and for what periods of time in order to ascertain which specific situations support a claim that a pressure ulcer was unavoidable.

A535. If the literature on which Defendants rely cannot “ascertain which specific situations support a claim that a pressure ulcer was unavoidable,” how can Defendants? Their unsubstantiated claim that it is “at least” equally likely that Mr. Pearson’s specific situation rendered his injury unavoidable is unavailing against Plaintiffs’ proffer of expert testimony that Mr. Pearson’s injury is of the type that does not ordinarily occur absent negligence.

Dr. Guerrero and wound care nurse Rodriguez made clear an important distinction that Defendants have sought to obfuscate: both testified that, given their vast and present experience caring and treating patients at-risk for pressure injuries, the only pressure injury *identified in the literature* as “unavoidable” is the “end of life” pressure injury occurring (and rarely so) “2 to 3 days before death.” A535; A512; A 494. In contrast, Mr. Anderson’s pressure injuries began occurring around early October 2019, more than 2 months prior to his death in late December.

**B. Mr. Pearson’s Doctors and Nurses Were the Injury-Causing Mechanism and a Cognizable Source of Injury Under *Res Ipsa Loquitur***

Defendants further assert that the trial court’s refusal to permit Plaintiffs to pursue recovery under the theory of *res ipsa loquitur* was proper because Plaintiffs allegedly failed to demonstrate that Mr. Pearson’s injury was caused by an agency or instrumentality under the Defendants’ control and that Plaintiffs’ theory of causation is not more probable than any other theory based on the evidence. (Kaiser Br. 26) (Medstar Br. at 31). A plaintiff seeking to invoke *res ipsa loquitur* must demonstrate that the injury was “caused by an agency or instrumentality within the control (exclusive or joint) of the defendant.” *Hailey v. Otis Elevator Co.*, 636 A.2d 426, 428 (1994) (brackets and citations omitted). “When plaintiff relies on circumstantial evidence to establish causation as an element of *res ipsa loquitur*, the evidence must make plaintiff’s theory reasonably probable, not merely possible, and more probable than any other theory based on the evidence.” *Quin v. George Washington University*, 407 A.2d 580, 585 (1979).

Defendants insist – as did the trial court – that in order to satisfy this burden, Plaintiffs must point to a specific harm-causing instrumentality. The fatal flaw in Defendants’ argument is that this narrow interpretation of the doctrine is not supported in the case law. As a threshold matter, as this Court stated in *Otis Elevator Co.*, *supra*, the doctrine allows a plaintiff to demonstrate that an instrumentality *or* agency in the defendant’s control caused the injury. 636 A.2d at 428. In this context,

the relevant plain meaning of agency is “a person or thing through which power is exerted or an end is achieved.” “Agency,” *Merriam-Webster*, <https://www.merriam-webster.com/dictionary/agency> (last visited Sept. 6, 2025) (*emphasis added*). In *Raza v. Sullivan*, 432 F.2d 617 (1970), the DC Circuit Court of Appeals reversed the district court’s judgment directing a verdict on the basis that *res ipsa loquitur* was inapplicable where the patient-plaintiff’s expert testified to the accepted procedures for wisdom tooth extraction to avoid jaw fracture – injury suffered by the patient. 432 F.2d at 620. The expert testified that dentists:

first x-ray a patient’s jaw in order to make a prior determination of the force level which should not be exceeded. Then, dentists generally break the tooth and remove its pieces, or, as was done here, cut around the tooth and raise it with an “elevator.” During these procedures, dentists will use their experience and “sense of feel” as a check against exceeding the permissible force level. Acting by reference to this prior determination is an important part of the accepted procedure. [The expert] testified that ‘if you are following accepted procedures you don’t use excessive force.’

*Id.* at 618.

As the preceding passage indicates, the dentist’s “person” was the injury-causing mechanism proffered by plaintiff under the theory of *res ipsa loquitur* – not a specific dental instrument used in the course of providing care to the patient. Without having a specific instrumentality to point to beyond the level of force applied to the patient by the dentist, the court determined that “the deviation of the kind” contemplated by the expert satisfied the causation prong of the plaintiff’s *res*

*ipsa loquitur* burden at the directed verdict stage of the proceeding. *Id.* at 621. In the instant case, it therefore follows that Plaintiffs' reference to the care – or lack thereof – provided by Defendants' medical personnel – for example, people capable of exerting force to turn and reposition immobilized patients (or failing to do so) – is not some inherently vague suggestion, but the most precise and accurate description of the cause of Mr. Pearson's injury available to Plaintiffs based on the evidence. Defendants' insistence that Plaintiffs must point to a specific instrument which was applied in the course of a specific procedure constitutes a narrow reading of the doctrine that disallows for medical negligence by virtue of neglect which, in its core, concerns what a care provider – as an individual – did or did not do.

Here, at minimum, Defendants' medical personnel failed to exercise their agency properly to turn and reposition Mr. Pearson, and to maintain skin integrity from admission, and thereafter, properly to treat and heal the initial injury that advanced from skin irritation, to skin breakage, to Stage II, to a fatal Stage IV pressure injury. And both experts, and Mr. Anderson's family members, strongly contend that Defendants' record-keeping suggesting that nurses did turn-and reposition, and maintain skin integrity throughout his hospital stay, is at best mistaken, and at worse, fraudulent. A284; A325; A903; A658; A1087-1088; "But it appears that some of them [nurses] copied and pasted from the previous nurse." A954.

## II. Plaintiffs' Experts' Testimony Meets the Standard of Reliability

Defendants also fail to establish their claim that Plaintiffs experts' opinions are unreliable. First, and stating the obvious, Plaintiffs experts' simple reliance on the *res ipsa loquitur* doctrine does not make their opinions unreliable. Notwithstanding Plaintiffs' position to the contrary that the doctrine of *res ipsa loquitur* is applicable in this case, Defendants have wholly failed to substantiate their conclusory claims of unreliability. To that end, Defendants do not convincingly identify any unreliable principles or methods employed by Plaintiffs' experts. *Motorola Inc. v. Murray*, 147 A.3d 751 (D.C. 2016). Although Defendants attempt to refute Plaintiffs' experts' basis for the national standard of care (Defendant Kaiser Br. at 17), Plaintiffs' experts' referenced the very standard of care acknowledged by the NPUAP – the literature on which Defendants base their arguments opposing the application of *res ipsa loquitur*. A528 (NPUAP publication citing CMS regulatory language addressing prevention of pressure ulcers in long-term care). Defendants then attempt to conflate their disagreement with Plaintiffs' experts' conclusion with an unreliable application of relevant principles to the facts of the case. The record demonstrates that Plaintiffs' experts formed their opinions based upon their knowledge and experience after reviewing Mr. Pearson's medical records and the law is clear that where such an opinion is formed, it is for the defendant to address the opinion through rigorous cross-examination and opposing expert testimony.

*District of Columbia v. Wilson*, 721 A.2d 591, 600 (D.C. 1998). Accordingly, Defendants' argument that the trial court properly excluded Plaintiffs' experts' testimony on the basis of reliability fails.

Defendant Kaiser further argues that the trial court properly excluded Plaintiffs' experts' testimony because they unfairly opined that every provider on Mr. Pearson's care team breached the standard of care. (Kaiser Br. at 15). Once again, Defendant Kaiser's argument is predicated on a mischaracterization of the record – one that entirely disregards the manner in which hospital-acquired pressure injuries like Mr. Pearson's develop and progress. As fully discussed in Plaintiffs' initial brief, Dr. Guerrero and Dr. Rodriguez respectively set forth their objective and balanced opinion that all members of Mr. Pearson's care team had a responsibility to prevent the initial development of the injury by instituting measures based on his high-risk status and that all members of the care team breached the standard of care by failing to maintain Mr. Pearson's skin integrity from the early days of his admission. A835-836; A370. Dr. Guerrero further opined that upon discovering the initial injury on October 7, 2019, all care providers who came into contact with Mr. Pearson had a collective responsibility to treat and heal the injury. A836. Plaintiffs' experts' opinions are predicated on the reality that preventing, treating, and healing hospital-acquired pressure injuries is a complex interdisciplinary process; it is axiomatic that no single health care provider can

address all of the factors that affect wound prevention and healing. Though each member of the care team may have a specific role, the entire team bears responsibility for the prevention and management of a pressure ulcer in a hospital setting. A370-A374; A961, 963. Here, it cannot be said that Plaintiffs' experts' testimony lacks reliability for a purported failure to identify a provider that breached the standard of care where the nature of the specific injury dictates that every care provider shares a collective responsibility for injury prevention and management.

### **III. The Doctrine of Apparent Agency Applies to Defendants as a Matter of Law**

Defendants argue that the trial court properly refused to impose liability on all Defendants under the theory of apparent or ostensible agency because neither constitute a recognized theory of liability in medical malpractice cases in the District of Columbia, citing *Hill v. Medlantic Health Care Group*, 933 A.2d 314, 331 n. 17 (D.C. 2007) and *Street v. Washington Hosp. Center*, 558 A.2d 690, 692-93 (D.C. 1989). Kaiser Br. at 31-35; Medstar Br. at 42-43. Yet, Defendants' reliance on *Hill* and *Street* to defeat apparent or ostensible liability is misplaced. Neither case stands for the proposition that the District of Columbia does not recognize apparent or ostensible agency as a theory of liability in medical malpractice cases. Rather, as this Court stated in *Hill*: "because we conclude that Mr. Hill failed to establish Dr. Levitt's negligence, *we need not reach* whether WHC was liable for Dr. Levitt's acts, as an independently contracted physician, based on a theory of ostensible

agency pursuant to *Street v. Washington Hosp. Ctr.*, 558 A.2d 690 (D.C. 1989).” 933 A.2d at 331 n. 17 (emphasis added). In turn, in *Street*, where the appellant attempted to invoke the theory of ostensible agency in a medical malpractice case, this Court stated: “even if we assume that the law in this jurisdiction would permit inferences of representation and reliance based on an emergency room factual scenario, *an issue we do not decide* – we believe *the circumstances of the present case* differ so significantly as to render such inferences invalid here.” 558 A.2d at 693 (emphasis added).

The factual circumstances here are different. The doctrine of apparent agency applies as a matter of law when the evidence establishes: (1) that the apparent principal created, or acquiesced in, the appearance that an agency relationship existed; (2) the plaintiff relied on the appearance of an agency relationship in seeking the services of the apparent agent; and (3) the plaintiff’s reliance was reasonable. *Mehlman v. Powell*, 281 Md. 269 (1977); The Restatement (Second) of Agency § 267.

As fully set forth in Plaintiffs’ initial brief, Defendants purposely engineered a business affiliation to provide patients with a seamless blend of care from both MWHC personnel and Kaiser personnel – upon which Mr. Pearson and Plaintiffs relied throughout Mr. Pearson’s admission. Defendants claim that the theory of apparent or ostensible agency is inapplicable under the instant facts because

Plaintiffs do not name specific employees that represented themselves as an agent of either Defendant. This argument misses the mark and undermines the very premise of the theory that allows for the imposition of liability where a principal creates the appearance of an agency relationship. Defendants should not be permitted to escape liability on account of their intentional and effective presentation of one public institution providing coordinated care. Rather, given that the Defendants coordinated care model permits an inference of representation and reliance from the circumstances of Mr. Pearson's receipt of care, Plaintiffs need not proffer direct evidence of representation and reliance.

Defendants MWHC and Kaiser/MAPMG are principals, and the doctors and nurses caring for patients, in this case Mr. Anderson, are the agents in this planning business model. Their business model does not want patients to make distinctions in care. This Court also should not make such distinctions and apply the doctrine of apparent or ostensible agency to this relationship. A1028; A1029.

#### **IV. Plaintiff Established a Prima Facie Claim for Lack of Informed Consent**

Defendants' contentions that Plaintiff's claim of lack of informed consent fails because it is not a specific "proposed treatment" and that Plaintiff failed to adduce expert testimony concerning the materiality of the risk of developing a fatal Stage IV hospital-acquired pressure injury or causation (Defendant Kaiser Br. at 36-39) (Defendant Medstar Br. at 38-41) both lack merit.

Turning first to the specific treatment underlying Plaintiff's lack of informed consent claim, Mr. Pearson's long-term hospitalization was a treatment choice – not simply a passive setting in which he underwent procedures. When Mr. Pearson initially presented for chest pain, Defendants recommended hospitalization as a *course of treatment* to manage his condition. A946. Shortly following his admission, Defendant Kaiser's Patient Care Coordinator proposed that Mr. Pearson be transferred to a subacute rehabilitation facility. A943. This proposal, in and of itself, demonstrates that there were courses of alternative *treatment* available to Mr. Pearson. Accordingly, his long-term hospitalization and subsequent prolonged immobilization was a choice selected from several proposed options, including foregoing care. Defendants' attempt to relegate Mr. Pearson's long-term hospitalization as vague and incidental ignores the record.

As to Defendants' argument that expert testimony is required to establish a prima facie claim for lack of informed consent, it is notably well-established that “[t]here must be expert testimony to establish *some* of the elements of proof.” *Miller-McGee v. Wash. Hosp. Ctr.*, 920 A.2d 430, 440 (D.C. 2007), citing *Cleary v. Group Health Ass’n*, 691 A.2d 148, 155 (D.C. 1997) (emphasis added). To establish a prima facie case for a lack of informed consent, “a plaintiff must prove that there was an undisclosed risk that was material; that the risk materialized, injuring plaintiff; and that the plaintiff would not have consented to the procedure if she had been informed

of the risk.” *Miller-McGee, supra*, 920 A.2d at 440. Generally, “expert testimony is required to establish the nature of the risks inherent in a particular treatment, the probabilities of therapeutic success, the frequency of the occurrence of particular risks, the nature of available alternatives to treatment and whether or not disclosure would be detrimental to a patient.” *Miller-McGee, supra*, 920 A.2d at 440 (internal quotation marks and citations omitted). While “[experts] are normally needed on issues as to the cause of any injury or disability suffered by the patient,” there exist “relative infrequent instances where questions of this type are resolvable wholly within the realm of ordinary human knowledge and experience.” *Canterbury v. Spence*, 464 F.2d 772, 792 (D.C. Cir. 1972). Where expert testimony is required, a plaintiff “can establish a prima facie case of lack of informed consent through the expert testimony of defendant physicians and defense witnesses without calling independent experts.” *Abbey v. Jackson*, 483 A.2d 330, 333 (D.C. 1984); *accord Miller-McGee, supra*, 920 A.2d at 440.

Here, at the summary judgment stage of the proceeding, Plaintiff has proffered sufficient proof to establish a prima facie case for lack of informed consent through the expert testimony of Dr. Guerrero and Dr. Rodriguez. As to the first element of materiality, Dr. Guerrero opined that given the length of Mr. Pearson’s hospitalization, the standard of care required that Defendants implement measures to prevent skin deterioration. A900. With regard to the second element of causation,

Dr. Guerrero testified that had Defendants met the prescribed standards of preventative care, Mr. Pearson would not have developed the fatal Stage IV hospital-acquired pressure injury. A850; A857; A900-A903. Dr. Rodriguez similarly opined that multiple violations of the standard of care led to the development of Mr. Pearson's fatal injury. A63-68. Finally, the record establishes that had Mr. Pearson been fully informed of the subject risk, he would have not consented to undergoing the indisputably lengthy hospitalization. A1042; A663; A680; A789; A791-797. Defendants' arguments that Plaintiff did not proffer expert testimony as to the probabilities of therapeutic success of undergoing the long-term hospitalization are insufficient to support the dismissal of Plaintiff's claim at the summary judgment stage insofar as Plaintiff has established the three elements required for a prima facie case of lack of informed consent. *See Miller-McGee, supra*, 920 A.2d at 440. At trial, Plaintiff would be entitled to elicit testimony from her independent experts as well as defense witnesses as to the probabilities of therapeutic success, along with the nature of alternatives treatments that are established in the record.

## CONCLUSION

WHEREFORE, Plaintiffs respectfully request that this Court REVERSE the trial court's order of summary judgment in its entirety and REMAND the matter for further proceedings.

Respectfully submitted,  
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CERTIFICATE OF SERVICE

I, Robyn Cocho, being duly sworn according to law and being over the age of 18, upon my oath depose and say that:

Counsel Press was retained by THE GARROW LAW FIRM, PLLC, counsel for the Appellants to print this document. I am an employee of Counsel Press.

On the **September 9, 2025**, this document will be filed via the Court's electronic filing system which will send a notice of filing and service to all registered users.

Dated: September 9, 2025

/s/ Robyn Cocho  
Robyn Cocho  
Counsel Press