

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO**

ALICE GARCIA; EDWIN RODRIGUEZ
LOPEZ; ERIC RODRIGUEZ VELEZ,

Plaintiffs,

v.

HOSPITAL EPISCOPAL SAN LUCAS, INC.;
DR. LUIS IRIZARRY PABON; A, B, C
INSURANCE COMPANIES, INC.; E, F, G
INSURANCE COMPANIES; JOHN DOE;
JAMES ROE; MOE-FOE CONJUGAL
PARTNERSHIPS I-X;

Defendants

CIVIL NO.: 18-2022

RE: TORT ACTION FOR
MEDICAL MALPRACTICE
PURSUANT TO ARTS. 1802 AND
1803, 31 P. R. Laws Ann. §§ 5141
AND 5142.

JURY TRIAL DEMANDED

COMPLAINT

TO THE HONORABLE COURT:

**APPEAR NOW, ALICE GARCIA, EDWIN RODRIGUEZ LOPEZ Y ERIC
RODRIGUEZ VELEZ** (hereinafter referred to as “Plaintiffs”, through the undersigned counsel,
and hereby state, allege, and request as follows:

JURISDICTIONAL BASIS

1. This case is based upon diversity jurisdiction under 28 U.S.C. §1332.
2. Plaintiffs are domiciled in and are residents of the state of New York and Florida.
3. All Defendants are either individuals who reside in Puerto Rico or corporations organized under the laws of the Commonwealth of Puerto Rico with their principal place of business in P.R. or of states other than New York and Florida.

4. The matter in controversy exceeds the sum of SEVENTY FIVE THOUSAND DOLLARS (\$75,000.00), exclusive of interest and costs, thus vesting jurisdiction on this Honorable Court pursuant to 28 U.S.C. § 1332.
5. Venue is proper in the District of Puerto Rico pursuant to 28 U.S.C. §1391, since the events and acts or omissions giving rise to this claim occurred in this district.

THE PARTIES

6. Plaintiff **ALICE GARCIA** (hereinafter “Ms. Garcia”) is the daughter of patient Edwin Rodriguez-González (hereinafter “Don Edwin”, "the patient" or "Mr. Rodriguez-González"), deceased on July 11, 2018. Ms. Garcia is domiciled in the state of New York.
7. Plaintiff **EDWIN RODRIGUEZ-LOPEZ** (hereinafter “Mr. Rodríguez-López”) is the son of the patient. Mr. Rodríguez-López is domiciled in the state of New York.
8. Plaintiff **ERIC RODRIGUEZ-VELEZ** (hereinafter “Mr. Rodríguez-Vélez”) is the son of the patient. Mr. Rodríguez-Vélez is domiciled in the state of Florida.
9. Co-Defendant **HOSPITAL EPISCOPAL SAN LUCAS, INC.**, (hereinafter “**HESL**”) is a corporation duly incorporated and registered in and with its principal place of business in Puerto Rico.
10. Co-Defendant **DR. LUIS IRIZARRY PABON** (hereinafter “**DR. IRIZARRY**”) is a physician authorized to practice medicine in Puerto Rico, who is designated in the relevant medical record as the patient’s attending physician and who treated Mr. Rodríguez-González while admitted to Defendant **HESL** on the relevant dates.
11. Co-Defendant **HESL** owns and/or operates a hospital located in Ponce, Puerto Rico, wherein it provides its patients with a gamut of hospital services and/or hospital care,

including nursing, emergency, surgery, ICU, respiratory, radiology, laboratory and other hospital care and services.

12. Co-Defendants **A, B, C Insurance Companies** are entities or corporations organized or operating under the laws of the Commonwealth of Puerto Rico, with their principal place of business in Puerto Rico or in a state other than New York and/or Florida, which issued insurance policies on behalf of **HESL** for the acts or omissions described herein, encompassing the relevant period of time.
13. Co-Defendants **E, F, G INSURANCE** are entities or corporations organized or operating under the laws of the Commonwealth of Puerto Rico, with their principal place of business in Puerto Rico or in a state other than New York and/or Florida, which issued insurance policies on behalf of one or more codefendants for the acts or omissions described herein, encompassing the relevant period of time.
14. Co-Defendants unknown joint tortfeasors **JOHN DOE** and **JAMES ROE** are physicians or other health care providers fictitiously named herein, to be later replaced by their actual names which may become known through further discovery in this litigation and who may be liable to Plaintiffs for the damages suffered, in whole or in part, for the actions and/or omissions herein described, encompassing the relevant period of time.
15. Co-Defendants **MOE-FOE CONJUGAL PARTNERSHIPS I-X** are unknown conjugal partnerships comprised of the individual defendants and their respective husbands and/or wives, who are currently unknown.

GENERAL ALLEGATIONS

16. Plaintiffs are the adult children of Don Edwin Rodriguez-González.
17. Don Edwin Rodriguez-González was born on March 7, 1948 and was 70 years old at the time of the events.
18. Don Edwin was, a generally healthy 70 year-old, man who maintained an independent life before he was admitted at Hospital Episcopal San Lucas in June 2018.
19. Before he was hospitalized in June 2018, at Hospital San Lucas (HESL), he lived alone on his 19-acre farm in Adjuntas, P.R. where he labored the fields, growing coffee, bananas, plantains and raised livestock.
20. Before he was hospitalized in June 2018 at (HESL), he was self sufficient, cared for himself, drove his truck, bought his groceries, in sum he carried out his day to day life.
21. Don Edwin would keep in touch with his children and plaintiffs herein by visiting each other and speaking on the telephone.
22. On June 26, 2018, Don Edwin, while at home fainted, hit the back of his head, and sought medical care at a Hospital General Castañer, in Adjuntas, Puerto Rico.
23. On that same day, Don Edwin was transferred to San Lucas Hospital (HESL) emergency ward.
24. At San Lucas Hospital (HESL) emergency ward, ER physician, Freddie Guzman Cruz, treated Don Edwin by ordering a CT scan of the head to rule out intracranial bleeding or any such process.
25. The head CT scan report was signed on June 27, 2018 at 10:30 a.m. and revealed no intracranial hemorrhage, mass, mass effect or extra-axial fluid collections or acute ischemic changes.

26. The CT scan reading ruled out any intracranial process at the time of the study.
27. On June 27, 2018 HESL admitted Don Edwin with a diagnosis of syncope and NSTEMI, assigning Dr. Luis Irizarri Pabón as his treating physician.
28. At time of his admission to HESL, Don Edwin underwent a physical examination which revealed he was alert, active, oriented X3, stable, afebrile, no distress, CN intact, normal gate and able to walk with help.
29. Examination of HEENT revealed he was normocephalic, atraumatic, PEERLA.¹
30. On June 27, 2018 Dr. Irizarri, in his admission orders, ordered a Brain MRI.
31. The next day, June 28, 2018, Dr. Irizarri ordered a brain MRI stat (immediately).
32. No brain MRI studies were done.
33. Dr. Irizarri four days later, instructed not to carry out the MRI study.
34. Don Edwin was observed for a few days and by July 2, 2018, arrangements were being made to discharge him from San Lucas Episcopal Hospital.
35. On Monday July 2, 2018 Don Edwin's brother, Antonio Gonzalez, visited him at the hospital at around 5:00 p.m.
36. Antonio Gonzalez visited with Don Edwin, his brother, who was sitting on a chair in his hospital room.
37. Don Edwin seemed to be ready to be discharged and expressed his desired to be at home again.
38. Antonio was at the hospital for over an hour, and they spoke about Don Edwin's farm and roosters, which Antonio was taking care of.

¹ Pupils, equal, reactive to light, round and accommodation

39. Before leaving the hospital that afternoon, Antonio informed the nurses that he was leaving Don Edwin alone in the room on a chair, as he has found him, and not in his bed, and to please watch him closely.
40. According to the nurse's notes in the medical record, Don Edwin, at 9:00 p.m., minutes prior to his fall, was observed to be restless, with periods of disorientation and not following instructions.
41. At 9:10 p.m., the medical record has a nursing entry finding Don Edwin on the floor, alert and responsive when called, with an open wound in the area of his left eyebrow.
42. Dr. Vaslo Oliveira, a 1st year resident in internal medicine, also documented the fall from bed and head trauma to the supra orbital area.
43. According to the record, the 3 cm head wound was cleaned, lidocane was applied and sutures were set in place.
44. At that time, internal medicine resident Oliveira, after consulting with Dr. Irizarri Pabón, orders full physical restraint of Don Edwin and close observation for any further neurological deficit or loss of consciousness.
45. Nurses note indicate that Don Edwin was restrained by upper extremities and left leg and head wound was cleansed and sutured, and no radiologic exams ordered.
46. Nurses for the following three days describe Don Edwin in the restraint forms as disoriented, memory deficient and unable to follow instructions.
47. By July 4, 2018, nurses full restraint report on all three shifts, describe Don Edwin as before but now becoming increasingly agitated.

48. Don Edwin continued to exhibit central nervous system changes, yet no radiological studies were ordered or performed within a reasonable time from fall from the hospital bed.
49. There were no neurological consultations placed for several days after the fall from the bed.
50. There were no radiological studies ordered for several days after the fall from the bed.
51. Don Edwin continued to deteriorate neurologically, exhibiting lethargy, hypo-activity and sleepiness, which were brought to the nursing personnel's and physician's attention by Don Edwin's family members.
52. Physical restraints of Don Edwin continued throughout all three shifts of July 5, 2018.
53. On July 6, 2018, Don Edwin at around noon developed breathing difficulties and despite medication administered, Don Edwin developed respiratory failure.
54. Don Edwin was intubated endotracheally and placed on a mechanical ventilator support.
55. On July 6, 2018 at 1:30 p.m. Dr. Irizarri Pabón ordered Don Edwin to be transferred to intensive care unit and was received in critical state.
56. With the admission of Don Edwin to ICU, an order for a head ct without contrast was placed to be done "stat" or immediately.
57. The July 6, 2018 CT of the brain revealed a very large left hemispheric subdural hematoma with vasogenic edema of the left hemisphere causing midline shift and mass effect on the right hemisphere pons, severe compression of the left lateral ventricle, right lateral ventricle entrapment and subfalcine, uncal and transtentorial herniations.

58. Despite the clear neurological symptoms of brain deterioration, Don Edwin was not taken to have a head CT until July 6, 2018, four (4) days after his fall from the hospital bed.
59. The fall from the bed did not only cause an outside head wound, but also caused internal bleeding of the brain, referred to as a subdural hematoma.
60. The brain bleed caused the pressure in the brain to increase and because the cranium is sealed, it forced the brain stem down into the spinal column.
61. Medical and nursing personnel continued to order and administer, respectively, Lovenox and aspirin to Don Edwin, thereby increasing the brain bleed and herniation.
62. By July 7, 2018, Don Edwin was not reacting to any stimuli and had no brainstem reflexes.
63. A consultation was made to neurologist Ricardo Carrera Quiñones, who concluded after carrying out certain tests that Don Edwin had suffered brain herniation and was beyond neurosurgical salvage and was clinically brain dead.
64. If the brain bleed had been timely detected by a CT Scan, the pressure in the brain could have been avoided or lessened through medication or released, thus preventing the brain herniation with irreparable damage and the death of Don Edwin.
65. If the brain bleed had been timely detected by a CT Scan, the pressure in the brain could have been avoided or lessened through stopping the lovenox and aspirin which promote bleeding, thus slowing the process of brain herniation, allowing for alternative treatments, including neurosurgical treatment thus preventing irreparable damage and the death of Don Edwin.
66. There are irregular entries in the medical record that indicate spoliation of evidence.

**FIRST CAUSE OF ACTION FOR NEGLIGENCE UNDER
ARTICLE 1802 & 1803 OF THE PUERTO RICO CIVIL CODE
AGAINST HOSPITAL ESPISCOPAL SAN LUCAS AND ITS PERSONNEL**

67. The allegations contained above are incorporated by reference as if again fully set forth herein.
68. **HESL** has an emergency ward, radiological facilities, a hospital ward, telemetry, an intensive care unit, and surgery rooms within its hospital premises.
69. At the relevant times of this complaint, **HESL** operated or contracted to operate emergency, hospital, telemetry, radiology, intensive care, and surgery departments within its premises.
70. The hospital sets up policies, procedures and/or requirements for the treatment of the emergency, hospital, telemetry, intensive care, radiology and surgery departments within its premises.
71. **HESL** through its policies, procedures and/or requirements for hospital privileges admitted Don Edwin from its emergency department to its hospital ward and assigned Dr. Luis Irizarri Pabón to become his treating physician while at **HESL**.
72. As such **HESL** is liable for the negligent acts or omissions of Dr. Irizarri that caused damage to plaintiffs.
73. **HESL** supplies medical, nursing, clerical, administrative, and technical personnel to the emergency, hospital, telemetry, intensive care, radiology and surgery departments within its premises.
74. **HESL** derives revenue from the services provided to patients at these departments within its premises.
75. **HESL** is liable for medical malpractice occurring at the previously mentioned hospital

departments located on its premises.

76. The treatment offered by **HESL** to Edwin Rodríguez-González, through its medical, nursing, technical personnel, and/or the doctors who either are employees, such as interns or have privileges who used its facilities, was below the medical standard that satisfies the exigencies generally recognized by the medical profession in light of the modern means of communication and teaching and, as such, directly caused and/or contributed to causing Plaintiffs the untimely death of their beloved father, Edwin Rodríguez-González, and the injuries to each, as described herein.
77. **HESL's** personnel failed to exercise the care and precautions required under the circumstances in order to prevent the loss of Edwin Rodríguez-González's life, lacked the knowledge and medical skill required to treat a patient in their care, and failed to timely have available the personnel and equipment necessary to avoid the injuries, suffering and subsequent death of Edwin Rodríguez-González.
78. **HESL** medical and hospital personnel negligently failed to provide Don Edwin with the radiological tests to assess and follow up on the neurological status after the initial syncope/fall, including the MRI ordered stat (immediately) but put on hold days later by Dr. Irizarri.
79. **HESL** medical personnel negligently failed to follow up radiologic images to assess the neurological status after the fall from the bed.
80. **HESL** nursing and medical personnel negligently failed to recognize or otherwise ignored the signs and symptoms that Edwin Rodríguez-González developed consistent with deteriorating neurological and eventual brain herniation.
81. **HESL** nursing and medical personnel negligently failed to recognize or otherwise

ignored the signs that Edwin Rodríguez-González developed consistent with a developing subdural hematoma and resorted to restraining him to his bed by his extremities.

82. **HESL** nursing and medical personnel negligently and improperly roomed Edwin Rodríguez-González on the hospital floor, instead of the intensive care unit (ICU) when he exhibited neurological deterioration after the fall from the hospital bed.
83. **HESL** nursing and medical personnel failed to use available methods to timely prevent, diagnose and treat Edwin Rodríguez-González who was a likely candidate to develop a subdural hematoma due to his fall from the hospital bed.
84. While at **HESL's** ward, Edwin Rodríguez-González was inadequately monitored by nurses and physicians, leading to a fall from the bed and eventually a fatal outcome.
85. Edwin Rodríguez-González required closer nursing and medical supervision and fall prevention measures, to prevent his fall from the bed and eventual fatal outcome.
86. At all times herein pertinent, co-Defendant **HESL**, its directors, officers, and employees and physicians with privileges were negligent in failing to provide the proper medical attention to Edwin Rodríguez-González, in failing to provide the proper supervision of co-Defendant **DR. IRIZARRY** and other unknown physicians and residents employed by and/or practicing at **HESL**, and by otherwise failing to exercise due care and caution to prevent the tortious conduct, injuries, and suffering to Plaintiffs and to Edwin Rodríguez-González.
87. **HESL** not only failed to adequately supervise the Defendant physicians and/or ensure their prompt attention to the patient, but also permitted the use of its facilities by physicians with privileges, in this way allowing, encouraging, and condoning the

negligent care and improper treatment of Edwin Rodríguez-González, proximately and directly causing his death as well as his and Plaintiffs' injuries.

88. **HESL** offered medical services to its patients but failed to staff its hospital with the medical personnel and equipment necessary to timely, appropriately, and safely treat its patients and ensure prompt and adequate medical attention.
89. As a result of all of the above, **HESL** misled those who sought full hospital treatment into thinking that they would be appropriately treated.
90. **HESL** did not provide the timely services of persons capable of properly and effectively coordinating its departments and providing proper nursing care and diagnostic studies to Edwin Rodríguez-González.
91. As a direct and proximate result of **HESL's** lack of supervision and failure to staff its emergency, hospital ward, telemetry and ICU units, and surgery departments with the medical personnel and personnel in charge of coordinating and communicating vital information necessary to appropriately treat emergency situations at **HESL**, **HESL** and its personnel negligently caused Plaintiffs the untimely death of their father Edwin Rodríguez-González and their injuries, as described herein.
92. As a direct and proximate cause of co-Defendant **HESL** and its personnel's failure to properly treat Edwin Rodríguez-González, Plaintiffs sustained severe pain and suffering and other damages, as described below.
93. As a direct and proximate cause of co-Defendant **HESL** and its personnel's failure to properly treat Edwin Rodríguez-González, he sustained severe pain and suffering and other damages, as described below, which corresponding cause of action is inherited by his heirs.

**SECOND CAUSE OF ACTION FOR NEGLIGENCE UNDER ARTICLE
1802 & 1803 OF THE PUERTO RICO CIVIL CODE AGAINST
PHYSICIAN DR. LUIS IRIZARRY PABON**

94. The allegations contained above are incorporated by reference as if again fully set forth herein.
95. The interventions of Co-Defendant **DR. LUIS IRIZARRY PABON** (hereinafter referred to as “Dr. Irizarry”) unknown physicians and/or medical residents/personnel under their supervision and independently, with Edwin Rodríguez-González while he was at **HESL**, were below the standards that satisfy the exigencies generally recognized by the medical profession in light of the modern means of communication and teaching and, as such, directly caused and/or contributed to causing the premature death of Mr. Rodríguez-González and, thus, his pain and suffering as well as that of Plaintiffs, as described herein.
96. Co-Defendant **DR. IRIZARRY** and unknown physicians and/or medical residents/personnel under their supervision and independently, failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like and similar circumstances when they failed to respond with appropriate treatment, including preventing patient’s fall, appropriate and timely radiologic imaging and follow up on imaging orders during Don Edwin’s hospital stay and especially after his fall from the hospital bed.
97. Co-Defendant **DR. IRIZARRY** and unknown physicians and/or medical residents/personnel under their supervision and independently, failed to exercise reasonable care and skill commensurate with the standard of care practiced in the

medical profession at that time and under like and similar circumstances when they failed to provide Mr. Rodríguez-González with timely neurological assessment.

98. Co-Defendant **DR. IRIZARRY** and unknown physicians and/or medical residents/personnel under their supervision and independently, failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like and similar circumstances when they failed to closely observe Mr. Rodríguez-González for his signs of neurological deterioration.
99. Co-Defendant **DR. IRIZARRY** and unknown physicians and/or medical residents/personnel under their supervision and independently, failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like and similar circumstances when they continued giving lovenox and aspirin, medication which promotes further bleeding, without first ruling out a brain bleed from the bed fall.
100. Co-Defendant **DR. IRIZARRY** and unknown physicians and/or medical residents/personnel under their supervision and independently, failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like and similar circumstances when they failed to provide timely neurosurgical service to patient Mr. Edwin Rodríguez-González after his fall from the bed.
101. Co-Defendant **DR. IRIZARRY** and unknown physicians and/or medical residents/personnel under their supervision and independently, failed to exercise reasonable care and skill commensurate with the standard of care practiced in the

medical profession at that time and under like and similar circumstances when they failed to recognize in Mr. Rodríguez-González the signs and symptoms of central nervous system changes and others consistent with the formation of a large subdural hematoma increasing brain pressure.

102. Co-Defendant **DR. IRIZARRY** and unknown physicians and/or medical residents/personnel under their supervision and independently, failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like and similar circumstances when they failed to timely provide Mr. Rodríguez-González with the studies available to promptly diagnose intracranial changes and actually placed on hold the previously ordered MRI.
103. Co-Defendant **DR. IRIZARRY** and unknown physicians and/or medical residents/personnel under their supervision and independently, failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like and similar circumstances when they failed to provide adequate care for Mr. Rodríguez-González, but resorted to severely restraining him while he suffered and reacted as his brain was herniating due to the subdural hematoma.
104. Co-Defendant **DR. IRIZARRY** and unknown physicians and/or medical residents/personnel under their supervision and independently, failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like and similar circumstances by failing to properly supervise the medical students/interns and ensure Mr. Rodríguez-González was receiving proper medical care.

105. Co-Defendant **DR. IRIZARRY** and unknown physicians and/or medical residents/personnel under their supervision and independently, as well as the medical interns and the hospital's nursing and technical staff failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like and similar circumstances when they failed to provide close medical attention and monitoring, including but not limited to: promptly consulting with other specialists and providing the appropriate medical treatment and management to detect, prevent, and/or treat the subdural hematoma as it formed inside his cranium.
106. Co-Defendant **DR. IRIZARRY** and other medical personnel and/or residents/interns negligently and carelessly failed to treat the patient in an organized, competent manner and within the acceptable standard of care.
107. As a direct and proximate cause of Co-Defendant **DR. IRIZARRY** and other medical personnel's actions and omissions upon being presented with a patient in Mr. Rodríguez-González condition and with his clinical signs, Mr. Rodríguez-González was deprived of an opportunity to be promptly treated when time was of the essence and the Plaintiffs, through the premature death of their father, were deprived of his happiness, love and support.
108. In so doing, Co-Defendant **IRIZARRY** and other medical personnel committed professional negligence, including lack of expertise, fault and malpractice, which directly and proximately caused the suffering and death of Mr. Rodríguez-González and the damages to him and Plaintiffs, as detailed herein.

**THIRD CAUSE OF ACTION FOR NEGLIGENCE UNDER
ARTICLES 1802 & 1803 OF THE PUERTO RICO CIVIL CODE
A, B, C INSURANCE COMPANIES**

109. The allegations contained above are incorporated by reference as if again fully set forth herein.
110. Co-Defendants **A, B, C INSURANCE COMPANIES** were at all times herein pertinent as insurance companies authorized to do business in the Commonwealth of Puerto Rico and which issued public liability and/or malpractice insurance policies on behalf of Co-Defendant, **HOSPITAL EPISCOPAL SAN LUCAS, INC. (HESL)**
111. Pursuant to 26 P.R. Laws Ann. § 2001, an insurance company is liable for the negligence or fault of its insured.
112. Pursuant to 26 P.R. Laws Ann. § 2003, an action against an insurer may be brought separately or may be joined together with an action against its insured.
113. Therefore, Co-Defendants **A, B, C INSURANCE COMPANIES** are jointly and severally liable to Plaintiffs for the damages caused to them and their mother by Co-Defendant (**HESL**).

**FOURTH CAUSE OF ACTION FOR NEGLIGENCE UNDER ARTICLES
1802 & 1803 OF THE PUERTO RICO CIVIL CODE
AGAINST JOHN DOE AND JAMES ROE UNKNOWN JOINT TORTFEASORS**

114. The allegations contained above are incorporated by reference as if again fully set forth herein.
115. Co-Defendants John Doe and James Roe are so designated for lack of knowledge at this point in the proceedings.
116. Co-Defendants John Doe and James Roe's intervention in the nursing, technical or medical care of Mr. Rodríguez-González while at Co-Defendant **HESL** was below the

nursing, technical and medical standard that satisfies the exigencies generally recognized by the medical profession in light of the modern means of communication and teaching and, as such, directly caused and/or contributed to causing Mr. Rodríguez-González's death and, thus, the pain and suffering of Mr. Rodríguez-González while hospitalized and of Plaintiffs upon his premature death, as described herein.

117. Co-Defendants John Doe and James Roe negligently and carelessly, breaching the medical standard that satisfies the exigencies generally recognized by the medical profession in light of the modern means of communication and teaching, failed to perform a complete, thorough and adequate post fall from bed monitoring, testing and assessment of Mr. Rodríguez-González, commensurate with his reported symptoms of neurological deterioration, and, as such, directly caused and/or contributed to causing Mr. Rodríguez-González physical injury and emotional pain, as well as his premature death and the emotional pain and suffering such death caused upon Plaintiffs.
118. Co-Defendants John Doe and James Roe negligently and carelessly failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like and similar circumstances when they failed to correctly and promptly recognize and treat the patient's symptoms and condition and, thus, failed to provide a prompt, complete, thorough and adequate medical evaluation and treatment.
119. Co-Defendants John Doe and James Roe negligently and carelessly failed to promptly test, monitor, evaluate and treat Mr. Rodríguez-González's symptoms, thus denying him the provision of essential and life-saving treatment.

120. Co-Defendants John Doe and James Roe negligently and carelessly failed to provide proper care to their patient, Mr. Rodríguez-González, by failing to engage in his examination, evaluation of symptoms, and care on a timely basis, so that they did not follow up on the signs and symptoms of neurological deterioration.
121. As a direct and proximate cause of Co-Defendants John Doe and James Roe's negligent actions and omissions upon being presented with a patient in Mr. Rodríguez-González's condition and with his clinical signs, Mr. Rodríguez-González was deprived of the opportunity to be promptly treated when time was of the essence and the Plaintiffs, through the premature death of Mr. Rodríguez-González, were deprived of his companionship, camaraderie, support and love.
122. As a direct and proximate cause of Co-Defendants John Doe and James Roe's negligent actions and omissions upon being presented with a patient in Mr. Rodríguez-González's condition and with his clinical signs, Mr. Rodríguez-González was deprived of the opportunity to be promptly treated when time was of the essence and Mr. Rodríguez-González, was caused physical and emotional damages which cause of action is inherited by plaintiffs.
123. In so doing, Co-Defendants John Doe and James Roe committed professional negligence, including lack of expertise, fault and malpractice, which directly and proximately caused the death of Mr. Rodríguez-González, as detailed herein.
124. As a direct and proximate cause of Co-Defendants John Doe and James Roe's negligence in failing to properly treat Mr. Rodríguez-González, Plaintiffs and Mr. Rodríguez-González sustained severe pain and suffering.

**FIFTH CAUSE OF ACTION AGAINST
THE UNKNOWN CONJUGAL PARTNERSHIPS**

125. The allegations contained above are incorporated by reference as if again fully set forth herein.
126. Upon information and belief, some of the defendant doctors were married without marriage capitulations during the events described in this complaint.
127. The activities by which the individual defendant doctors caused Plaintiffs' damages were activities that benefited their respective conjugal partnerships, referred to herein as Doe-Roe Conjugal Partnerships I-X, as Plaintiffs lack information as to the actual names of the respective wives and/or husbands.
128. As such, each conjugal partnership is jointly and severally liable to Plaintiffs for the damages caused to them and Mr. Rodríguez-González by the individual physician Defendants.

**SIXTH CAUSE OF ACTION FOR NEGLIGENCE UNDER
ARTICLES 1802 & 1803 OF THE PUERTO RICO CIVIL CODE
AGAINST E, F, G INSURANCE COMPANIES**

129. The allegations contained above are incorporated by reference as if again fully set forth herein.
130. Co-Defendants **E, F, G INSURANCE COMPANIES** were at all times herein pertinent insurance companies authorized to do business in the Commonwealth of Puerto Rico and which issued public liability and/or malpractice insurance policies on behalf of one or more Co-Defendants.
131. Pursuant to 26 P.R. Laws Ann. § 2001, an insurance company is liable for the negligence or fault of its insured.

132. Pursuant to 26 P.R. Laws Ann. § 2003, an action against an insurer may be brought separately or may be joined together with an action against its insured.
133. Therefore, **E, F, G INSURANCE COMPANIES** are jointly and severally liable to Plaintiffs for the damages caused to them by one or more Co-Defendants.
134. Therefore, Co-Defendants **E, F, G INSURANCE COMPANIES** are jointly and severally liable to Plaintiffs for the damages caused to them and Mr. Rodríguez-González by any and/or all Co-Defendants, joint tortfeasors.

DAMAGES

135. The allegations contained above are incorporated herein by reference as if again fully set forth.
136. Patient Edwin Rodríguez-González was the father of Plaintiffs, whom they loved dearly.
137. Plaintiffs visited their father in Puerto Rico or had him stay with them on the mainland for periods of weeks and months and enjoyed spending time with him.
138. Plaintiffs suffered intense pain and anxiety when medical and nursing staff at **(HESL)** failed to address their concerns about the deterioration of their father.
139. Plaintiffs suffered intense pain and anxiety when medical and nursing staff at **(HESL)** failed to inform them or any family member that their father had fallen from the bed at the hospital.
140. As a result of the professional negligence, lack of expertise, fault, and malpractice of all Co-Defendants, Plaintiffs unnecessarily and prematurely lost their beloved father Edwin.

141. As a result of the professional negligence, lack of expertise, fault, and malpractice of all Co-Defendants, Plaintiffs lived through the extraordinary pain and suffering of seeing their suffer, deteriorate and die an untimely death and extremely painful death while the physicians failed to see the signs and symptoms of their father's subdural hematoma and brain herniation.
142. As a result of the professional negligence, lack of expertise, fault, and malpractice of all Co-Defendants, Patient Edwin Rodríguez-González lived through the extraordinary pain and suffering in the hospital while tied down as the increasing intercranial pressure from the brain bleed continued to force his brain down the spinal chord.
143. As a result of the professional negligence, lack of expertise, fault, and malpractice of all Co-Defendants, Patient Edwin Rodríguez-González demonstrated increased agitation while tied down to his bed, a symptom which went ignored and untreated, among which are respiratory distress, anxiety, bradycardia among other conditions caused by subdural hematoma and brain herniation.
144. With their father's death, Plaintiffs lost a lifelong source of love and comfort.
145. Plaintiffs have suffered dearly the unnecessary loss of their father, with whom they will not be able to share any more special moments of his life.
146. Plaintiffs quality of life has been severely and permanently eviscerated as a result of their father's death.
147. Plaintiffs were very close to their father and have lost his company, counsel and love for the rest of their lives.

148. As a direct and proximate result of the negligence of all Defendants, Plaintiffs will continue to suffer the irreparable loss of their father and their quality of life will continue to be severely affected for the rest of their lives.
149. As a direct and proximate result of the negligence of all Defendants, Plaintiffs have suffered and will continue to suffer an intense sense of frustration and guilt at not having been able to ensure that their father obtained proper medical care.
150. As a direct and proximate result of the negligence of all Defendants, Plaintiffs have a sense of frustration, guilt and a deep pain that affects them daily, knowing that his death was preventable.
151. Patient Edwin Rodríguez-González suffered intense pain, suffering, and anxiety when medical and nursing staff at **HESL** restrained him for days as his brain herniated and was dying a slow and painful death.
152. Patient Edwin Rodríguez-González suffered intense pain, suffering, and anxiety when medical and nursing staff at **HESL** failed to take seriously the signs that he was deteriorating neurologically and he feared for his life.
153. As Patient Edwin Rodríguez-González heirs, Plaintiffs inherit their father's cause of action for the pain and suffering he experienced during his hospitalization at Hospital San Lucas and which led to his premature death.
154. The acts and omissions of the Defendants have caused Plaintiff **ALICE GARCIA** a terrible loss, intense, emotional pain and suffering, frustration and a grave sense of injustice equal to a sum not less than **ONE MILLION DOLLARS (\$1,000,000.00)**.
155. The acts and omissions of the Defendants have caused Plaintiff **EDWIN RODRIGUEZ LOPEZ** a terrible loss, intense, emotional pain and suffering,

frustration and a grave sense of injustice equal to a sum not less than **ONE MILLION DOLLARS (\$1,000,000.00)**

156. The acts and omissions of the Defendants have caused Plaintiff **ERIC RODRIGUEZ VELEZ** a terrible loss, intense, emotional pain and suffering, frustration and a grave sense of injustice equal to a sum not less than **ONE MILLION DOLLARS (\$1,000,000.00)**

157. Patient Edwin Rodríguez-González's physical and emotional pain and suffering, which is inherited by Plaintiffs, has a reasonable value of no less than **ONE MILLION DOLLARS (\$1,000,000.00)**.

158. The total damages suffered by Plaintiffs and those suffered by their father, inherited in turn by Plaintiffs, have a reasonable value in excess of **FOUR MILLION DOLLARS (\$4,000,000.00)** including, but not limited to, Plaintiff's own past, present, and future mental and emotional pain and suffering, as well as the inherited pain and suffering experienced by his mother as described above.

TRIAL BY JURY DEMANDED

159. Plaintiff demands trial by jury on all causes of action herein raised.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs demand judgment against all Defendants jointly and severally, in an amount not less than **FOUR MILION DOLLARS (\$4,000,000.00)**, as well as costs incurred, reasonable attorneys' fees, and such other and further relief as this Honorable Court may deem just and proper under the law.

RESPECTFULLY SUBMITTED.

In San Juan, Puerto Rico, on this 28th day of December 2018.

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