

Damage\$ Inside Moves Book One: Mommy Mommy Wake Up

by Richard Vazquez MD

I dedicate this literary work to the family of the person and to the person whose life was lost in real life.

Copyright 08-04-2025 Richard Vazquez MD

TXu 2-501-525

All rights reserved.

ISBN:

Disclaimer

This is a work of fiction inspired by real medical malpractice cases and legal proceedings. While certain incidents are based on actual occurrences, all characters, names, places, medical procedures, legal strategies, and specific details have been fictionalized, dramatized, or altered for literary purposes. Any resemblance to actual events, such as particular cases, or actual persons, living or dead, such as healthcare providers, legal professionals, or patients, is either coincidental or the result of the author's creative fictionalization.

The author has taken creative liberties in the portrayal of medical procedures, legal proceedings, and professional conduct. Dialogue, thoughts, medical decisions, and legal strategies attributed to characters are products of the author's imagination and should not be considered factual accounts of real conversations, medical practices, or legal proceedings.

This novel is not intended as medical or legal advice, nor as a factual record of any specific cases or individuals. Readers should not rely on this work as a source of medical

information or legal guidance. The author and publisher disclaim any liability for decisions made based on the fictional scenarios presented in this work.

For actual medical or legal concerns, consult qualified healthcare or legal professionals.

Foreword

The Art of Storytelling

Most stories of medical harm never see a courtroom.

In my experience as a medical consultant or expert witness with several hundred medical malpractice cases, fewer than thirty ever reached trial. The vast majority ended in settlements—quiet resolutions sealed behind confidentiality agreements that ensure the public will never know what really happened. These gag orders protect institutions and providers, but they also silence the voices of those who suffered and prevent other healthcare providers from learning how similar tragedies might be avoided.

When a faulty medical device causes harm, manufacturers routinely claim “user error” rather than acknowledge design flaws. When settlements silence these cases, the lessons learned that could save future patients die in conference rooms. Critical safety information that could prevent other doctors from making the same mistakes disappears behind legal agreements.

When cases do go to trial, two competing stories collide. The plaintiff’s attorney tells one of trust betrayed, of lives shattered by negligence, of families seeking justice for irreversible harm. The defense attorney counters with dedicated healers working under impossible conditions, of split-second decisions made with incomplete information, of the inherent risks that shadow every medical intervention.

But for every dramatic courtroom confrontation, there are dozens of cases that end in conference rooms with handshakes, settlements, and signatures on documents that promise silence. No jury hears these stories. No public record captures the lessons that might prevent future harm.

Behind every case file—whether it ends in settlement or trial—are real people whose lives intersected in moments of crisis. Patients who trusted their care to others, healthcare

providers who entered medicine to heal, families grappling with outcomes they never imagined were all bound by agreements that keep their experiences hidden from view.

The stories that follow are fiction, but they emerged from a truth I've observed across hundreds of cases: Justice from medical malpractice often happens in shadows, not spotlights. The question that haunts every settlement and every trial is whether silence serves healing, or whether some stories demand to be told.

These are the stories that couldn't be silenced.

DAMAGE\$ INSIDE MOVES: Book One

Mommy Mommy Wake Up

Introduction

"When somebody says it's not about the money, it's about the money." — commonly attributed to H.L. Mencken

The young mother's wrongful death case should have been worth maybe \$300,000. Standard payout for a life cut short—tragic, but not the kind of numbers that make plaintiff attorneys salivate or insurance companies panic.

Instead, the jury awarded her estate \$4.2 million.

What transformed an ordinary medical malpractice death into a multimillion-dollar judgment? The answer lies in the moves you never see—the calculations made in conference rooms, the strategies deployed in courthouse hallways, the secrets buried in settlement agreements that keep the jury and the public in the dark.

DAMAGE\$ isn't a typo. It's the brutal arithmetic that determines whether an injured patient gets their day in court or gets shown the door. No significant damages, no case. It's that simple. Plaintiff attorneys don't take on charity cases, and defense attorneys don't defend saints. Everyone in this system follows the money, because the money flows from the DAMAGE\$.

You've heard that justice is blind. What you haven't heard is that she's also an accountant.

The current value of a human life? About \$1.5 million, depending on earning potential. But here's what the textbooks don't tell you: Death actually limits damages. A brain-injured patient requiring lifelong care is worth more to an attorney than a deceased one. Callous? Absolutely. True? Without question.

In this world, defense attorneys call plaintiff experts "truth whores"—witnesses who'll say anything for money. Plaintiff attorneys return the favor, painting defense experts as medical profession loyalists who'll bend any testimony to protect their colleagues. Both sides are probably right.

The real tragedy isn't the finger-pointing. It's that everyone involved—the injured patients, the healthcare providers, the families seeking answers—are casualties in a war between two professions that speak different languages but both worship the same god: money.

So what happened in that courtroom? What turned a routine wrongful death case into a multimillion-dollar verdict? What surprise factor did nobody see coming?

The story that follows reveals the inside moves that transformed tragedy into fortune, and why sometimes, when they tell you it's about justice, it's really all about the money.

Author's Note: The author does not practice law but has observed hundreds of medical malpractice cases, fewer than thirty of which reached trial. The system uses gag orders to hide medical errors from public view, preventing other healthcare providers from learning how similar tragedies might be avoided. These stories break that silence.

Damage\$: Inside Moves Book One: Mommy Mommy Wake Up

Chapter One

Memorial Hospital, Chicago Lakefront

Saturday morning

It's quiet on the orthopedic floor at Memorial Hospital on the Chicago lakefront this morning. Twenty-six year old first-year orthopedic resident, Dr. Julie Brendan tosses her files onto the desk and sits stretching her back from a long night on-call. Her wrinkled coffee stained green scrubs and light blue lab coat appeared rumpled and unflattering. Her eyes seemed hollow in the harsh glow of fluorescent lights humming overhead. She said "I am so glad that overflow gyne patient Sheila Flynn had a simple laparoscopic procedure."

Jennifer McMaster, RN the young day shift charge nurse just finished taking report of from the night shift. She stood at the printer filling out paperwork and she looked fresh and sharp since she had just arrived to start her day shift. Julie looked tired and irritated and constantly yawned. The whole nursing station looks like a yawn and a stretch crying for the touch of a caring cleaning crew.

Julie, "Too bad that Dr. Cohen won't be coming by today. He's at temple this morning. One of his junior partners, Dr. Fishman, is on call for the group."

McMaster tossed her paperwork into Julie's pile and asks, "When will he be up to discharge Ms. Flynn?" Without looking up, Nurse McMaster shakes her head saying, "All of this damn paperwork to fill out and file. Wouldn't it be great to have an electronic health record installed in this paper warehouse? And just think of the trees we will be saving."

Henrietta Johnson, the ward secretary, tried her hand at tackling the disorderly mess

adding, "I just heard from Dr. Fishman. He told me to proceed with discharging Sheila. He has been discharging healthy mothers and babies over in OB. I told Dr. Fishman that I called Sheila's husband James Moretti and told him to come to the hospital to pick her up. He knows our rule that all post-op discharges are required to ride to the lobby in a wheelchair. And about your electronic health record, be careful about new fangled things that you wish for."

Julie rubbed her heavy eyes. McMaster grabbed her clip board and started to walk off. Dr. Brendan blurted out, "Oh, I forgot to tell you, I spoke with Dr. Fishman at around 2:00 am. I told him I was concerned about Sheila's restlessness and anxiety. She had no complaints of any abdominal pain, but she said that she was sweating a lot. She seemed a bit confused and thought that she had been discharged already.

McMaster inquired, "What about her vitals?"

Dr. Brendan replied, "There was just slight decrease in her blood pressure to 90/60 and a tachycardia of 110, but she was making urine and in fact was incontinent times 1."

McMaster, "Incontinent? Why was she incontinent?"

Julie, "I do not know why she was incontinent. She was breathing a bit fast, but her chest was clear and her breath sounds were good. Her abdomen was mildly distended, but not tender to touch. She had no rebound abdominal tenderness and had a few bowel sounds. Her urine output was 50 ml per hour before she midnight, so I did not think that she was hypovolemic. To me she looked like she was having a really bad panic attack, so I decided to give her one milligram of Valium IV and 0.5 milligrams of Xanax PO over night to calm her down. She was a bit sweaty and disoriented, but she fell asleep."

McMaster replied, "None of this makes sense. How does all of that add up to a panic attack? Did she have a history of panic attacks or have meds for panic attacks listed in

her meds pre-op? Why should she be having a panic attack in her hospital bed? Can't say that I have ever heard of such a thing."

Dr. Brendan added, "Dr. Fishman gave me permission to request a consult from the internal medicine resident on call. I spoke with the resident but he has not yet had a chance to come to see her. He told me to examine her again and consider getting an arterial blood gas (ABG) and a chest x-ray. He was thinking about ruling out a pulmonary embolus (PE). I told him that she did not have any shortness of breath so I decided to wait for him to see her before sending off the ABG."

"I have to grab a cup of coffee. I'll be back in a couple of minutes."

The Home of James Moretti

8:00 AM

Meanwhile, Sheila Flynn's husband James Moretti helped their six year old daughter Heather get ready to leave the house. Heather spoke up. "Daddy, look at the drawing that I made for mommy. Do you think that she will like it? I'll show it to her at the hospital."

The cool day, one of the first crisp autumn mornings, marked the end of Indian summer. James and Heather arrived at the front entrance of the hospital. A pleasant, uniformed security guard greeted James and handed him two visitor badges as a parking attendant valeted the car.

The security guard pointed to the elevator doors and said, "Take that elevator to the 9th floor." They are interrupted by the overhead audible paging system: "Code blue, room 1930." Doctors and nurses responding to the call rushed past. James held Heather's hand while she clutched her favorite stuffed animal.

As they entered the elevator James asked, "Heather, would you please push the 9 for

daddy?"

Heather smiled and pushed the right button. James and Heather exited the elevator and sat in the chairs in the 9th floor elevator lobby. James let Heather put her visitor's pass on her stuffed animal while they waited for Sheila to arrive by wheelchair. Ten minutes passed. James picked up the house telephone and asked the operator to connect him to the nurses' station. No answer. Another ten minutes passed and still no call back was made. He waited another twenty minutes and again received no communication from anyone. The house phone rang. The hospital operator called James back, "Mr. Moretti?" "Yes, this is Mr. Moretti." The operator apologetically announced, "I cannot find anyone on the ninth floor to speak with you."

James paced anxiously about the elevator lobby and then decided to make his way to the nurses' station. He kept Heather close and held her hand firmly. As they cautiously approached the Nurses Station James had an eery feeling about how quiet and deserted it was. No one was in sight.

James heard distant sounds that caused his attention to shift to their source at the end of another corridor. The level of commotion made him apprehensive. He felt the hair on the back of his neck standing up. He did not know why he felt frightened. He clutched Heather's hand and walked down the hallway towards the excitement.

CODE BLUE In Progress Room 1930

Earlier at 8:50 am

Just as Dr. Brendan arrived back at the unit. She looked over her cup as she sipped her tasty hot coffee. She furled her brow when she saw a patient care technician leave Sheila's room at the end of the corridor. Her eyes then sprang wide open as she saw the patient care tech shoot out of Sheila's room flailing her arms, yelling "CODE BLUE, CODE BLUE!"

Dr. Brendan jumped up and ran down the hall. The patient care tech ran past her

continuing to alert her superiors about the CODE BLUE in progress. Dr Brendan breathlessly entered Sheila's room. She saw Sheila's motionless bluish tinged body in the bed and said, "Oh my God," as she checked Sheila's neck for a carotid pulse -- none palpable. She listened for breathing but heard no air in motion. She quickly slipped on examination gloves, and swept Sheila's mouth to clear Sheila's airway with her gloved fingers. She again felt for a carotid pulse. Still no carotid pulse palpable. She placed the ambu bag mask over Sheila's face and delivered a series of assisted breaths. A floor nurse entered the room and together they lifted Sheila's head and back off the bed and placed a backboard under Sheila. The floor nurse then started to count chest compressions. Another nurse came to Julie's aid and hooked an oxygen line to the ambu bag.

McMaster arrived with the crash cart. A nurse anesthetist (CRNA) on call took over airway management from Dr. Brendan. He swept Sheila's mouth again, checking to see if there was any vomit or foreign object in her mouth. There was none. He performed a stronger jaw thrust, and reapplied the mask to Sheila's face squeezing the bag hard to better ventilate her. McMaster listened to Sheila's chest with a stethoscope and she reported hearing good breath sounds on both sides of the chest. She reported that she saw good chest wall movement.

The Code Blue team arrived. The Team Leader took over directing the arrest. The Team Leader announced, "Sorry for the delay. We were running a code the ICU when you sounded the alarm over here. Another Code Blue team member applied EKG leads while chest compressions continued.

The Code Blue Team Leader asked, "Anesthesia are you prepared to intubate her? We need better control of her airway for better oxygenation."

"Suction please", said the CRNA as he removed the mask and suctioned saliva from Sheila's mouth. He performed a quick, skillful endotracheal intubation through Sheila's mouth. He attached the ambu bag to the endotracheal tube and began vigorously

squeeze the bag to hyperventilate Sheila.

The Team Leader listened to Sheila's chest and reported, "Better chest excursions and good breath sounds bilaterally. The CRNA handed off bagging the patient to Dr. Brendan so that he could finish stabilization of the endotracheal tube and then he resumed bagging Sheila through the endotracheal tube.

Discombobulated, Dr. Brendan stood back unsure about what to do.

The Code Blue Team Leader checked the ABC's of resuscitation airway, breathing, and circulation. He listened to her chest again and reported aloud, "Breath sounds bilateral". The monitor shows a cardiac rhythm returning but Sheila remained pulseless. The Team Leader called out the current cardiac diagnosis, "PEA (pulseless electrical activity) and ordered, "continue chest compressions". ABGs sent. Results back in 5 more minutes or less.

The Team Leader now uttered serial observations and orders.

She -- she's bradying down. Give her one amp of bicarb intravenously and 0.4 milligrams of atropine I.V. Turn her IV on full flow and start a second IV of another liter of normal saline at full flow. We have missed something here.

The Team Leader ordered, "Pass me a preloaded intra-cardiac epinephrine syringe." The Team Leader skillfully inserted the needle into her heart through her skin near the base of her breast bone. He aspirated on the syringe until brisk blood flow confirmed the needle tip position in her heart. He then injected the epinephrine.

The Team Scribe remarked, "Still no cardiac rhythm on EKG!" The Code Blue team leader said, "Why is she here?" Dr. Julie Brendan answered, "Uneventful Laparoscopic removal of uterine fibroid tumors yesterday."

The Team leader said, "Doesn't make sense. Any allergies to medications? Nurse

McMaster replied, "No known allergies to medications." The Team Leader replied, "Any complications during surgery?"

Nurse McMaster checked the chart and stated, "Chart's clean. She had good urine output overnight but lapsed into mental confusion and anxiety. She was given 0.5 mg of Xanax and 1 mg of valium IV at about 2 am for a presumed panic attack."

The Team Leader ordered, "Keep the IV's running full bore. She has to be bleeding. What do the ABG and STAT labs show?"

Nurse McMaster responded, "Just got the ABG results. STAT labs not ready yet. "

The Team Leader looked at the ABG results and barked, "Her hemoglobin is in the basement. Her heart is empty. No wonder our resuscitation is failing! Start another IV 0.9% Saline wide open. Get a couple units of O negative packed red blood cells up here STAT!. He commanded a runner, go to the blood bank, grab two units of O negative packed red blood cells(PRBC) and get back here with the blood immediately." Nurse McMaster, called the blood bank to notify them that their runner was on the way to pickup 2 units of O negative. Meanwhile she drew and sent a fresh red top tube of blood to the blood bank for them to do a STAT type and crossmatch of 6 units of packed red cells. She told the blood bank to send another 2 units of O negative PRBC now. Per additional order from the team leader she told the blood bank to initiate the massive transfusion protocol.

The Team Leader then said, "The EKG shows course disorganized wave forms. She has no pulse. Charge up the defibrillator. The Code Blue Team Leader applied the paddles to Sheila's chest. "Clear." All backed away. Sheila's body shuddered from the shock of the defibrillator. The scope-trace rang out.

The runner arrived with the first two units of O negative blood. The nurses checked the blood type O Negative and started to infuse a unit of blood through each of the two large

bore IVs.

Dr. Fishman entered the room. Everyone in the room stood still and looked toward him for a moment. He asked the team lead, "How long has she been being resuscitated?"

The team leader responded, "Thirty minutes, never had a pulse or pressure. No response to intra-cardiac epinephrine and IV bicarbonate. She is on liters 3 and 4 of IV saline. Her EKG continues to show PEA. No response to defibrillation."

Dr. Fishman nodded to the Team Leader "What do you think." The Team Leader responded, "Call it," a CODE BLUE team member silenced the steady drone of the cardiac monitor as the Team Leader pronounced, "The time of death is 0935 hours.

Dr. Fishman threw a look of indignation to Julie Brendan.

Struck with anxiety, Dr. Brendan sensed something behind her and turned and saw James and Heather standing in the doorway, frozen and speechless. They had just witnessed the final moments of this horror.

Heather's drawing of a woman in a white gown flying in a blue sky with a little girl and man watching fell from her hand to the floor. A team member tried to block the family's view of the lifeless patient and another said to James, "Who are you and why are you here, and with a child?"

Before James could reply, the ward clerk Henrietta Johnson said, "Oh no! This must be Sheila's husband and daughter. With the commotion of her arrest, I forgot that I had called her husband to pick Sheila up for discharge!"

Everyone in the room remained still. Heather slipped her hand from her father's grasp and stepped further into the room. She moved closer to her lifeless mother and said. "Mommy?"

Heather then stood at the edge of the bed. She blankly stared toward her mother's sunken closed eyes. Suddenly, she slammed her arms against Sheila's dead body and ear-piercingly screamed, "Mommy, Mommy Wake up!"

The corridor outside Room 1930

Immediately Post Mortem

James, seriously caught off guard, consoled Heather as Nurse McMaster cautiously approached the family. Nurse McMaster in a quiet tone said, "Mr. Moretti, I am so sorry that this happened to your family and for the loss of your wife. Please allow me to show you into a private consultation room so that you may speak privately with your daughter while we attend to your wife. She solemnly led them down the hall into the consultation room. "Please make yourself comfortable Mr. Moretti. We'll bring in some ice water."

Heather remained tearful and obviously confused about the morning's events. James hugged Heather who was sitting next to him on a small sofa. James pondered calling Sheila's sister Kimberly. Heather asked, "Daddy, what happened to mommy? Mommy was supposed to come home."

James welled up and his face reddened as he held back tears and anger. He said, "Well I do not know. The doctors and nurses will be in to speak with us about what happened. They will probably let us say goodbye to your mother in a little while."

James thought to himself, "This just gets harder by the minute." In spite of the reality of this catastrophe James could not imagine their being without Sheila.

Nurse McMaster returned and James asked about next steps. Nurse McMaster gently announced, "You may now see Sheila. Your call about how to best handle this difficult situation with Heather."

James replied, "I think that we'll both go into the room if that's all right. I cannot see any alternative under the circumstances." Nurse McMaster nodded in agreement.

James escorted Heather into the room. "Heather, let's say goodbye to mommy. I am going to kiss her and hold her hand. We can both kiss her and hold her hand."

Soon, Nurse McMaster barely able to hold back her own tears escorted them back from Sheila's room back to the consultation room.

Dr. Fishman and Dr. Brendan had retreated to another consultation room down on the Ob/Gyne floor. Dr. Brendan successfully held back her tears until now.

Dr. Fishman asked Dr. Brendan who had begun crying, "What the hell happened? When you called me at 2:00 am, your report did not raise any suspicion of a looming fatal event. However, now we have to speak with the family. I will take the lead for the discussion but you need to be present or the family will wonder why you are not there."

Dr. Brendan responded, "I did not really detect any findings that would lead me to sound another alarm with you overnight."

Dr. Fishman replied, "Well my guess is that you missed a bleeding event and misdiagnosed the symptoms and signs of silent fatal painless hemorrhage as a panic attack. And oh my God the medications you administered covered up her mental confusion due to blood loss and probably caused respiratory depression."

Dr. Brendan responded, "Well I was concerned enough about her to call you at 2 am to discuss my findings. That turned out to be a futile exercise."

Dr. Fishman briefly thought to himself about Friday night and how his intake of at least a liter of wine and failed attempt at sex with his dinner date who shared his bed had negatively influenced his clinical judgement.

He responded to Dr. Brendan, "Doubtless we will have many opportunities to review the records and to discuss what happened to lead up to the death of a young, healthy

mother. I will call Dr. Cohen as soon as we finish speaking with the family. This will be a coroner's case and even if it were not, we would need to request an autopsy so that we can understand what happened."

Let's get back up to the orthopedic conference room to meet with the family. Ready?"

Dr. Brendan quietly replied, "I could never be ready for this conversation."

They returned to the 9th floor nurses station. Nurse McMaster intercepted them and indicated that they should follow her to the family consultation room.

The 9th Floor Consultation Room

She gently knocked on the door and found James and Heather tearful. Nurse McMaster introduced the doctors to Mr. Moretti. She said, "This is Mr. James Moretti, Sheila Flynn's husband and their daughter. Heather. Dr. Fishman covered call for Dr. Cohen. Dr. Julie Brendan is the surgical resident doctor who took care of Sheila overnight."

Dr. Fishman offered, "Mr. Moretti, please accept our sincere condolences for your loss. We also apologize that you were prematurely called to pick up your wife to take her home only to well find the unthinkable situation that unfolded before you."

Dr. Brendan wisely remained silent.

Mr. Moretti replied, "We remain shocked at the morning's events and find it hard to believe that this happened to Sheila. I am finding it hard to hold back saying what I think, which is that you, all of you are fools and you all killed my wife. I think it best that you both leave now. We will settle this matter in a courtroom."

Dr. Fishman responded, "I certainly understand your position. I must tell you that your wife's death is a coroner's case. Our pathology team will contact the coroner to obtain

instructions about how the coroner wishes to manage where the mandatory autopsy will be performed and by whom."

The doctors left the conference room. James and Heather departed and Nurse McMaster accompanied the family to the lobby and valet parking stand. James and Heather got into their car for the drive home.

Nurse McMaster met with Drs. Fishman and Brendan back at the nurses station, "Well risk management is already all over this case. The administrator on weekend call has contacted the CEO, President, and CMO of the hospital. I am meeting with our overnight staff this evening to prepare them for the internal investigation and root cause analysis of this catastrophe.

Dr. Fishman responded, "Well our team does not know any of you over here in orthopedics. However, our group remains available to you for any multidisciplinary meetings that you conduct. Please plan and conduct the meetings with and through risk management."

* * *

Over a year later at the trial, the family's legal champion, Peter Richmond, stood at the podium to examine Dr. Fishman.

The jury leaned forward as Richmond began, his voice steady but sharp.

Q: *Doctor Fishman, how many glasses of wine did you drink the night of Ms. Flynn's operation while covering for Dr. Cohen?*

Dr. Fishman shifted uneasily in his chair.

A: *Yes.*

Each question cut deeper, exposing not only Dr. Fishman's poor judgment but also his indifference that had cost Sheila her life. For the jury — and for Sheila's family — Richmond was more than an advocate. He was their scalpel, carving away excuses until only the truth remained.

Q: *Of course not. And at 2 a.m., when Dr. Brendan called you about Sheila Flynn's worsening condition, you chose not to see her, isn't that right?*

A: *That's correct.*

Q: *And then when you finally arrived at the hospital at 7 a.m., you spent your morning discharging healthy mothers and newborns — instead of attending to Ms. Flynn.*

Q: *So the first time you saw Ms. Flynn that morning was when she was about to be pronounced dead?*

A: *Yes.*

Buy the novel *Damage\$ Inside Moves — Book One: Mommy Mommy Wake Up* to experience the full medicolegal drama, available soon.

And watch for Book Two: *As Clips Give Way, Life's in Play* — coming in 2026.

Richard Vazquez MD

8021 Brightwater Way

Spring Hill, Tennessee 37174

info@richardvazquezauthor.com

© 2025 Richard Vazquez MD — All rights reserved.

