THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM EDGEFIELD COUNTY
Court of Common Pleas

Doyet A. Early, III, Circuit Court Judge

Appellate Case No. 2014-001031
Case No. 2009-CP-19-0276

Cecelia Jackson, PR of the
Estate of William Peterson ..... Appellant

v.

Edgefield Medical Clinic or
Edgefield Medical Clinic, P.A., ... Respondent.

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TABLE OF CONTENTS

Table of Authorities..... ii

Argument

I. The circuit court initiated a discussion of pain and suffering damages without prompting or suggestion from Respondent or any other party moving for directed verdict. 1

II. The circuit court based the directed verdict on a mistaken conclusion that Appellant failed to produce evidence that Mr. Peterson sustained conscious pain and suffering. 5

III. Respondent's failure to diagnose or treat Mr. Peterson's deteriorating medical condition proximately caused Mr. Peterson to sustain pain and suffering damages. 7

A. To the extent the circuit court's directed verdict referenced proximate causation, the issue is properly preserved for review. 7

B. Dr. Levine's testimony established a significant causal link between Respondent's conduct and Mr. Peterson's pain and suffering damages. 9

IV. The jury's verdict was grossly inadequate and the circuit court should have granted Appellant's motion for new trial nisi additur. 12

Conclusion..... 15

TABLE OF AUTHORITIES

Cases

Ballou v. Sigma Nu Gen. Fraternity, 291 S.C. 140, 352 S.E.2d 488 (Ct. App. 1986) 4

Baughman v. Am. Telephone & Telegraph Co., 306 S.C. 101, 410 S.E.2d 537 (1991) 13

Bramlette v. Charter-Medical-Columbia, 302 S.C. 68, 393 S.E.2d 914 (1990) 6

Chapman v. Upstate RV & Marine, 364 S.C. 82, 610 S.E.2d 852 (Ct. App. 2005) 13

Elam v. South Carolina Department of Transportation, 361 S.C. 9, 602 S.E.2d 772 (2004) 14

Ellis v. Niles, 324 S.C. 223, 479 S.E.2d 47 (1996) 3, 4

Ellis v. Niles, 316 S.C. 516, 450 S.E.2d 631 (Ct. App. 1994) 3

Gordon v. Busbee, 397 S.C. 119, 723 S.E.2d 822 (Ct. App. 2011) 2

Hancock v. Mid-South Management Co., 381 S.C. 326, 673 S.E.2d 801 (2009) 4

Harrison v. Bevilacqua, 354 S.C. 129, 580 S.E.2d 109 (2003) 12

I'On v. Town of Mt. Pleasant, 338 S.C. 406, 526 S.E.2d 716 (2000) 14

Jones v. Lott, 387 S.C. 339, 692 S.E.2d 900 (2010) 9

Lindsay v. Lindsay, 328 S.C. 329, 491 S.E.2d 583 (Ct. App. 1997) 9

Martasin v. Hilton Head Health System, 364 S.C. 430, 613 S.E.2d 795 (Ct. App. 2005) 13

Raino v. Goodyear Tire & Rubber Co., 309 S.C. 255, 422 S.E.2d 98 (1992) 11

Ramage v. Ramage, 283 S.C. 239, 322 S.E.2d 22 (Ct. App. 1984) 9

Renney v. Dobbs House, Inc., 275 S.C. 562, 274 S.E.2d 290 (1981) 4

Steele v. Dillard, 327 S.C. 340, 486 S.E.2d 278 (Ct. App. 1987) 2

Vinson v. Hartley, 324 S.C. 389, 477 S.E.2d 715 (Ct. App. 1996) 13

Waring v. Johnson, 341 S.C. 248, 533 S.E.2d 906 (Ct. App. 2000) 11

Wilder v. Blue Ribbon Taxicab Corp., 396 S.C. 139, 719 S.E.2d 703 (Ct. App. 2011) 4

Weaver v. Lentz, 348 S.C. 672, 561 S.E.2d 360 (Ct. App. 2002) 14

Court Rules

Rule 208(b)(1)(B), SCACR 7

Rule 50(a), SCRCP 2, 3

Other Sources

Black's Law Dictionary (9th ed. 2009) 2

Merriam-Webster's Collegiate Dictionary (11th ed. 2006) 8

REPLY ARGUMENT

I. The circuit court initiated a discussion of pain and suffering damages without prompting or suggestion from Respondent or any other party moving for directed verdict.

The circuit court entered a directed verdict in Respondent's favor on pain and suffering damages *sua sponte* rather than pursuant to a properly made motion by Respondent or its co-defendants. Respondent's characterization of the circumstances underlying the circuit court's directed verdict ruling is inconsistent with the trial transcript. Respondent argues that the circuit court's question introducing the pain and suffering damages issue was made "during the course of discussing" pending directed verdict motions. Resp't Br. at 4. However, the circuit court had heard and ruled on all pending directed verdict motions before the circuit court chose to introduce pain and suffering damages. Respondent's co-defendant Dr. Massey was the first to move for directed verdict. Tr. of Record at 251, lines 12-14. The circuit court denied her motion. Tr. of Record at 252, lines 10-11. Next, Dr. Rainsford and Dr. Leaphart moved for a directed verdict. Tr. of Record at 252, lines 16-18. The circuit court denied these motions as well. Tr. of Record at 254, lines 6-8.

All defendants acknowledged the circuit court's ruling on their motions. Tr. of Record at 252, line 12; 254, line 9. After denying Dr. Rainsford and Dr. Leaphart's motion, the circuit court asked if the parties had any additional motions. Tr. of Record at 254, line 10. Neither Respondent nor its co-defendants presented an additional motion.[1]

[1] Arguably, Respondent's further suggestion that "Dr. Massey made a motion for directed verdict on the claim for conscious pain and suffering" is also at odds with the transcript. See Resp't Br. at 4. After the circuit court brought up pain and suffering damages, Dr. Massey's counsel said only "I should have made that motion . . ." Tr. of Record at 255, lines 19-20.

Thus, contrary to Respondent's argument in its brief, the circuit court initiated a discussion of pain and suffering evidence after all directed verdict motions had been raised, heard, and ruled on. Tr. of Record at 254.

None of the directed verdict motions made by Respondent or its co-defendants were legally sufficient to present the pain and suffering damages issue to the circuit court for its consideration. Rule 50(a), SCRCP, requires a directed verdict motion to "state the specific grounds" for which the movant seeks relief. See also Gordon v. Busbee, 397 S.C. 119, 130, 723 S.E.2d 822, 828 (Ct. App. 2011). The specificity of a directed verdict motion affects whether either a circuit court or appellate court may address an issue. Steele v. Dillard, 327 S.C. 340, 344, 486 S.E.2d 278, 280 (Ct. App. 1987) (finding a directed verdict motion deficient when it raised a broad objection but "not the specific issue" for which the movant actually sought relief). None of the directed verdict motions mentioned a perceived lack of pain and suffering damages or, as Respondent now asserts, a lack of evidence on proximate cause. Dr. Massey's motion alleged only that Appellant's case-in-chief lacked evidence Dr. Massey violated the standard of care. Tr. of Record at 251, lines 18-21. Dr. Rainsford and Dr. Leaphart's motion was "basically on the same grounds." Tr. of Record at 252, line 18.

In sum, the entire pain and suffering damages discussion qualifies as *sua sponte*. See Black's Law Dictionary 1560 (9th ed. 2009) (meaning "without prompting or suggestion"). The circuit court was not prompted by Respondent or its co-defendants to discuss pain and suffering damages and none of the moving parties suggested pain and suffering damages as a basis for a directed verdict. There is no reason to believe the issue would have ever been discussed had the circuit court not chosen to bring it up. The circuit

court's unprompted question on damages was an unsolicited and improper reminder to defense counsel of an argument counsel neglected to make. Tr. of Record at 255, lines 19-20. The plain language of Rule 50(a), SCRCP, places the burden on "a party who moves for a directed verdict." The rule only permits a party to obtain a directed verdict by determining for itself a perceived evidentiary deficiency and proactively asking the circuit court for a verdict based on that deficiency. This was not the procedure followed in the circuit court.

Respondent argues that the South Carolina Supreme Court approved *sua sponte* directed verdicts in Ellis v. Niles, 324 S.C. 223, 479 S.E.2d 47 (1996). Ellis should not be read as creating a generally applicable rule permitting a circuit court to grant a directed verdict *sua sponte*. While the ultimate effect of Ellis was to affirm the result of a circuit court's *sua sponte* ruling, the Supreme Court's focus was limited to the duty issue before it, a "pure question of law" for which neither the timing nor the circumstances of the directed verdict ultimately mattered. Ellis 324 S.C. at 225, 479 S.E.2d at 48. This Court's opinion in Ellis, 316 S.C. 516, 450 S.E.2d 631 (Ct. App. 1994), discussed the timing of the directed verdict motion (i.e. before the end of a plaintiff's case-in-chief) but the Supreme Court vacated that opinion, finding that "the pure question of law" on duty would not have been affected if the directed verdict motion had been made after the plaintiff's case-in-chief and initiated by a party rather than the circuit court. In vacating this Court's opinion, the Supreme Court shifted focus from procedure to the substantive problems with the Ellis plaintiff's "largely discredited" duty assertion. 324 S.C. at 227, 479 S.E.2d at 49. In the Supreme Court opinion, Ellis does not discuss the timing and circumstances of a directed verdict motion in any detail and never mentions Rule 50(a),

SCRCP's plain language regarding the party responsible for initiating a directed verdict motion.

Ellis should not be used to authorize the circuit court's *sua sponte* ruling here, especially given the pertinent ways in which this case is distinguishable from Ellis. The circuit court's directed verdict ruling on pain and suffering damages is not a pure question of law. Damages is a jury issue in every case in which there is a scintilla of evidence to support the plaintiff's position.[2] Additionally, Ellis did not directly or implicitly address the propriety of a *sua sponte* directed verdict in the unusual circumstances of this case. Respondent and its co-defendants moved for a directed verdict based on breach of duty, the circuit court considered and ruled on those motions, and the moving parties at least implicitly indicated they had no additional motions to make. That is the point at which the circuit court stepped in and initiated a discussion of pain and suffering damages. Ellis does not address this situation and should not be read as authorizing the circuit court's procedure in this case.

[2] The amount of damages suffered in a personal injury case is a jury issue. Wilder v. Blue Ribbon Taxicab Corp., 396 S.C. 139, 148, 719 S.E.2d 703, 708 (Ct. App. 2011). The amount of a plaintiff's damages "must be proved by a preponderance of the evidence." Renney v. Dobbs House, Inc., 275 S.C. 562, 566, 274 S.E.2d 290, 292 (1981). The "scintilla of evidence" rule applies to summary judgment and directed verdict rulings for all issues subject to preponderance of evidence standard. Hancock v. Mid-South Mgmt. Co., 381 S.C. 326, 330, 673 S.E.2d 801, 803 (2009). To the extent the circuit court's directed verdict was based on proximate cause, that issue is likewise a jury question in most instances. Ballou v. Sigma Nu Gen. Fraternity, 291 S.C. 140, 147, 352 S.E.2d 488, 493 (Ct. App. 1986) ("Only in rare or exceptional cases may the question of proximate cause be decided as a matter of law.").

II. The circuit court based the directed verdict on a mistaken conclusion that Appellant failed to produce evidence that Mr. Peterson sustained conscious pain and suffering.

The circuit court focused its directed verdict discussion and ruling on the false conclusion that the record contained no evidence that Mr. Peterson sustained conscious pain and suffering. This focus is evident from the circuit court's comments when it raised the issue and when discussing it with counsel for all parties. The circuit court's first mention of pain and suffering as a potential basis for a directed verdict posed a very direct question: "Is there any evidence in the record on damages or pain?" Tr. of Record 254, lines 13-14. The circuit court referenced one of the traditional elements of a negligence claim but it was the element of "damages" not proximate cause as Respondent argues.

Counsel for Respondent's physicians understood that the circuit court's focus was on the existence of evidence of pain and suffering. In an attempt to bolster the position taken by the circuit court, Dr. Massey's counsel argued, "who knows whether [the medical procedures Mr. Peterson underwent were] painful or not." Tr. of Record at 255, line 25 – 256, line 1. Similarly, Respondent's counsel's arguments show that he understood the circuit court to be referencing the existence or non-existence of pain and suffering evidence. Counsel pointed to an Aiken Regional Medical Center ("ARMC") medical record in which Mr. Peterson was described as having zero pain. Tr. of Record at 256, lines 6-10. Ultimately, Respondent's counsel's arguments belie Respondent's appellate position. Trial counsel argued that the circuit court's decision to enter a directed verdict turned on Appellant's ability to provide "proof that there was actual pain and

suffering." Tr. of Record at 260, lines 1-5. In counsel's own words: "That's what this case is all about. It's about pain and suffering." Id.

As the conversation progressed, the circuit court stated its belief that "[t]here's no evidence in the record that he was suffering." Tr. of Record 255, lines 2-3. The circuit court was questioning Appellant's position that Mr. Peterson "was in pain, that he was, in fact, suffering." Tr. of Record 255, lines 14-15. In fact, when suggesting evidence that may have been sufficient to defeat a directed verdict motion, the circuit court referenced evidence that Mr. Peterson was "holding his side, screaming and needing morphine, needing Lortab." Tr. of Record at 262, lines 2-3; see also Tr. of Record at 256, lines 11-17 (noting perceived lack of evidence that Mr. Peterson was "rolling around in bed suffering in pain" or "screaming out").

As the circuit court concluded its discussion with counsel, the language it chose when making its ruling shows that the issue was the existence or non-existence of pain and suffering evidence. The circuit court found a "complete lack of evidence concerning any pain and suffering." Tr. of Record at 263, lines 22-24.[3] This was the circuit court's ruling and this is the conclusion with which Appellant takes issue on appeal. Several pieces of evidence discussed in Appellant's initial brief show Mr. Peterson was in pain and suffered discomfort related to improper care provided by Respondent's doctors. See Appellant's Br. at 7-11.

[3] The circuit court concluded there was no evidence of pain and suffering provided by "any of the family members." Tr. of Record at 263, line 24. This conclusion cannot reference proximate cause as Respondent suggests since lay witness testimony cannot establish proximate cause in most medical negligence cases. Bramlette v. Charter-Medical-Columbia, 302 S.C. 68, 72, 393 S.E.2d 914, 916 (1990).

III. Respondent's failure to diagnose or treat Mr. Peterson's deteriorating medical condition proximately caused Mr. Peterson to sustain pain and suffering damages.

To the extent the circuit court's directed verdict ruling makes any reference to proximate cause, the issue is preserved for appeal as indicated by the Statement of Issues on Appeal in Appellant's brief and the substantive portions of the brief. Additionally, Appellant's expert Dr. Jeffrey Levine established a significant causal link between Respondent's negligent conduct and Mr. Peterson's pain and suffering damages.

A. To the extent the circuit court's directed verdict referenced proximate causation, the issue is properly preserved for review.

Appellant's brief challenges all portions of the circuit court's directed verdict including any portion of the ruling attributable to a perceived lack of proximate cause evidence. Respondent argues that neither Appellant's Statement of the Issues on Appeal nor the analysis in her brief challenge the circuit court's ruling on proximate cause. Resp't Br. at 9-10. Consistent with Rule 208(b)(1)(B), SCACR, the first issue in Appellant's Statement of Issues on Appeal challenges the whole of the circuit court's ruling in directing a verdict in Respondent's favor. The statement challenges "whether the circuit court erred in directing a verdict" and does not narrow its focus in a way that would exclude any portion of the circuit court's ruling attributable to a proximate cause analysis. Appellant's Br. at (v). Respondent errs in its conclusion that the Statement of Issues on Appeal "makes no mention of Judge Early's ruling on the absence of evidence of proximate cause." Resp't Br. at 9. In total, Appellant's first issue challenges the circuit court's decision to direct a verdict "when evidence showed the resident was anxious, restless, struggling to breathe, and moaning to the touch **following** his doctors' allegedly negligent medical treatment." Appellant's Br. at (v) (emphasis added).

In common usage, the verb "to follow" connotes not only temporal succession but also a causative relationship. Appellant used "following" for its dictionary-approved meaning of "to come into existence or take place as a result or consequence of" and "to result or occur as a consequence, effect, or inference." Merriam-Webster's Collegiate Dictionary (11th ed. 2006). In short, when Appellant used "following," the term meant "to cause to be followed." Id. Properly read, the Statement of Issues on Appeal challenges the circuit court's conclusion that Appellant produced no evidence of pain and suffering and, to the extent its ruling referenced proximate cause, the circuit court's finding of no evidence Mr. Peterson's pain and suffering "followed" or was caused by "his doctors' allegedly negligent medical treatment."

Respondent also errs in its conclusion that the analysis in Appellant's brief fails to reference proximate cause. See Resp't Br. at 10. In an abundance of caution, Appellant's brief addressed not only the alleged lack of pain and suffering evidence but also the issue of proximate cause. See e.g. Appellant's Br. at 8 (arguing Respondent's failing to diagnose and treat Mr. Peterson's wound "led to its severe state as evidenced" in photo entered in evidence); Appellant's Br. at 9 (noting expert testimony on timing of Mr. Peterson's deterioration to sepsis "should have allayed the circuit court's causation concern"); Appellant's Br. at 11 (Mr. Peterson's post-hospitalization pain and suffering "result[ed] from [Respondent's] failure to timely diagnose and treat" and "Mr. Peterson experienced conscious pain and suffering **proximately caused by** [Respondent's] negligent conduct") (emphasis added). Proximate cause was argued in Appellant's brief and the issue was neither abandoned nor waived on appeal.

Even if this Court were to conclude that Appellant's Statement of Issues on Appeal was not completely clear on the inclusion of proximate cause, this Court may consider the issue because it is "reasonably clear" from Appellant's arguments that proximate cause was encompassed in Appellant's argument and was ruled on by the circuit court. Lindsay v. Lindsay, 328 S.C. 329, 491 S.E.2d 583 (Ct. App. 1997) (cert. denied), citing Ramage v. Ramage, 283 S.C. 239, 244, 322 S.E.2d 22, 25 (Ct. App. 1984) (finding appellate court may consider issues where the appealing party's position is "reasonably clear" from her arguments). Finally, the "two-issue rule" Respondent cites only applies if one of the bases for the circuit court's order was not appealed. Jones v. Lott, 387 S.C. 339, 346, 692 S.E.2d 900, 903 (2010). Here, to the extent the circuit court's directed verdict was based on proximate cause, the issue was preserved for appeal as indicated in Appellant's Statement of Issues on Appeal. Therefore, the two-issue rule does not apply.

B. Dr. Levine's testimony established a significant causal link between Respondent's conduct and Mr. Peterson's pain and suffering damages.

Appellant's expert testified that Mr. Peterson's pain and suffering damages were directly and proximately caused by Respondent's failure to provide proper medical care, and the circuit court erred in refusing to permit the jury to consider pain and suffering damages as a component of Appellant's negligence claim. Appellant's expert Dr. Jeffrey Levine identified four ways in which Respondent breached the standard of care. Respondent failed to (1) examine Mr. Peterson as his condition deteriorated; (2) diagnose the infection that developed in Mr. Peterson's pressure wound; (3) treat the infection in a

timely manner; and (4) transfer Mr. Peterson to a hospital in a timely manner for more comprehensive wound care. Tr. of Record at 160, line 19 – 161, line 2.

Respondent's four errors had a cascade effect on Mr. Peterson's condition. If Respondent had properly examined Mr. Peterson, then the infection could have been diagnosed as early as May 2, 2006, nearly two weeks before Mr. Peterson was finally transferred to ARMC "acutely ill with sepsis." Tr. of Record 171, line 14; 207, line 14. By failing to properly examine Mr. Peterson, Respondent missed the infection diagnosis. This error was exacerbated by Respondent's failure to take any steps to respond to a lab report received on May 7, 2006, showing an infected wound. Trinity Medical Records, Bates # 0081. A reasonable doctor in Respondent's position would have read the report and "ma[de] the determination that this is an infection that needs to be treated." Tr. of Record 168, lines 23-25. Treatment should have begun "pretty quick" after the lab report was obtained, by May 8 or May 9, 2006, at the latest. Tr. of Record 169, lines 10-20. Consistent with its failures to examine, diagnose, and treat Mr. Peterson's infected wound, Respondent failed to arrange a timely transfer for Mr. Peterson so that he could receive more extensive care in a hospital setting. Tr. of Record at 160, line 25.

Dr. Levine's testimony shows that Respondent missed the opportunity to stop Mr. Peterson's wound from deteriorating to necrosis, sepsis, and gangrene. As outlined above, there were moments in early May 2006 when Respondent was required to intervene on Mr. Peterson's behalf. Had Respondent met its duty, Mr. Peterson's precipitous decline would have stopped or slowed to the extent that his hospitalizations would not have been necessary. Tr. of Record at 171, line 23 – 172, line 16. It was in the course of this decline facilitated by Respondent's inaction that Mr. Peterson suffered the

painful and discomforting symptoms described in his hospital records. For example, Mr. Peterson's sepsis caused a number of physical symptoms including anxiety, restlessness, and moaning. (Trinity Nurse's Note Bates # 0038). Mr. Peterson's family visited him on May 15, 2006, and saw his sepsis symptoms[4] including lethargy and fear. Tr. of Record at 86, line 24 – 87, line 2. Mr. Peterson's daughter testified that Mr. Peterson's eyes appeared as if they would "bug out of his head." Tr. of Record at 87, line 2. Importantly, Dr. Levine testified that the development of sepsis was directly and proximately caused by Respondent's inaction. Specifically, Mr. Peterson's sepsis was caused by Respondent's failure to act on the lab report Respondent had in its possession more than one week before Mr. Peterson was finally sent to ARMC. Tr. of Record at 163, line 20 – 164, line 9.

This example demonstrates the flaw in Respondent's proximate cause argument. Respondent argues and Appellant acknowledges that Respondent is not responsible for the initiation of Mr. Peterson's wound. Resp't Br. at 11. However, a medical provider may be liable for negligently permitting an existing medical condition to worsen even if the provider bears no blame for the condition's original existence. Waring v. Johnson, 341 S.C. 248, 260, 533 S.E.2d 906, 913 (Ct. App. 2000) (quoting Raino v. Goodyear Tire & Rubber Co., 309 S.C. 255, 259, 422 S.E.2d 98, 100 (1992) (finding that a "plaintiff is entitled to recover damages resulting from the aggravation of a pre-existing condition"). As Dr. Levine explained to the jury, Respondent's duties at issue in this case centered not

[4] Respondent's medical witnesses did not dispute that Mr. Peterson was septic on May 15, 2006. Respondent's physician Dr. George Rainsford testified that Mr. Peterson's presentation on May 15th was consistent with sepsis. Tr. of Record at 384, line 9 – 385, line 3. Respondent's expert did not dispute this conclusion. Tr. of Record at 354, lines 8-14.

on wound prevention but on wound management and treatment. When a nursing home resident develops a pressure wound, his doctors' responsibility is to do all things required by the standard of care to prevent the wound from progressing to a more severe state. Tr. of Record at 176, lines 16-19.

The pain and suffering damages Mr. Peterson sustained as a result of his worsening wound are recoverable since Respondent had a duty to provide care to prevent worsening and failed to meet this duty. On May 15, 2006, Mr. Peterson was "unexpectedly deteriorating" as evidenced by his symptoms of sepsis including anxiety, restlessness, and moaning. Tr. of Record at 195, lines 10-13. Mr. Peterson's deterioration was "from infections that haven't been treated." Id. This testimony establishes a causal link between Mr. Peterson's deterioration to sepsis and Respondent's failure to treat the infection. Respondent's failure to treat the infection violated the standard of care it owed to Mr. Peterson. Tr. of Record at 160, lines 22-23. Thus, Dr. Levine's testimony provided a significant causal link between Respondent's negligent conduct and Mr. Peterson's pain and suffering damages. Given the high burden for granting a directed verdict, the circuit court erred in disregarding Dr. Levine's causation testimony, and the circuit court's ruling should be reversed.

IV. The jury's verdict was grossly inadequate and the circuit court should have granted Appellant's motion for new trial nisi additur.

The circuit court erred in denying Appellant's motion for new trial nisi additur since the jury's verdict was grossly inadequate based on the evidence presented at trial. The circuit court was required to grant a new trial if the jury's verdict was "the result of passion, caprice, prejudice, or some other influence." Harrison v. Bevilacqua, 354 S.C. 129, 140, 580 S.E.2d 109, 115 (2003). The passion/prejudice required to support a

motion for new trial may be indicated by the gross inadequacy of a verdict. Chapman v. Upstate RV & Marine, 364 S.C. 82, 89, 610 S.E.2d 852, 856 (Ct. App. 2005) (quoting Vinson v. Hartley, 324 S.C. 389, 405, 477 S.E.2d 715, 723 (Ct. App. 1996)). In this case, Appellant presented the jury with evidence demonstrating damages totaling $161,521 in medical expenses. Tr. of Record at 243-47. The jury awarded only $27,086, a grossly inadequate amount given the quantity and quality of Appellant's evidence.

Respondent supports its argument that the jury's verdict was proper by discounting the vast majority of medical expenses Appellant entered in evidence. Resp't Br. at 20. This deduction is appropriate, Respondent argues because "those expenses pertain to treatment for the pressure ulcers and/or the MRSA infection that initially developed." Id. at 20-21. In essence, Respondent again takes the position that Respondent may bear no liability for the wound's digression because Respondent was not responsible for the wound's initiation. As discussed above, this position is contrary to established South Carolina law. See supra at 11-12. Appellant may recover for Respondent's negligent acts proximately causing Mr. Peterson's existing medical ailment to worsen. Dr. Levine testified that neither the ARMC nor Select Specialty Hospital admissions would have been necessary but for Respondent's breaches in the standard of care. Tr. of Record 171, line 23 – 172, line 16.[5]

[5] Respondent discounts Dr. Levine's testimony on this point as "not definitive" on causation. Resp't Br. at 19. However, Dr. Levine testified that Mr. Peterson's injuries were "more probabl[y] than not" caused by Respondent's conduct. Tr. of Record at 172, lines 3-4, 15-16. Expert causation testimony in a medical negligence case must only meet the "most probably" standard. Martasin v. Hilton Head Health Sys., 364 S.C. 430, 438-39, 613 S.E.2d 795, 800 (Ct. App. 2005) (citing Baughman v. Am. Tel. & Tel., 306 S.C. 101, 111, 410 S.E.2d 537, 543 (1991) (finding expert testimony meets standard if testimony refers to "most likely" cause of injury).

Finally, Respondent's preservation argument should be rejected because the new trial nisi additur issue was timely raised and ruled on by the circuit court. Appellant's counsel made an appropriate motion immediately after the verdict was entered in the record. Tr. of Record at 498, lines 7-11. Appellant timely filed a written motion pursuant to the circuit court's instruction. The circuit court ruled on the motion by written order. Order, dated April 10, 2014. Accordingly, Appellant "present[ed] [her] issues and arguments to the lower court and obtain[ed] a ruling" from the lower court. See Resp't Br. at 14 (citing I'On v. Town of Mt. Pleasant, 338 S.C. 406, 526 S.E.2d 716, 724 (2000)).

This Court has all the information necessary to rule on this issue. Ruling on a motion for new trial requires consideration of the evidence presented to the jury on damages as well as the amount of damages the jury chose to award. Elam v. S.C. Dept. of Transp., 361 S.C. 9, 27, 602 S.E.2d 772, 781 (2004). In reviewing a ruling on a motion for new trial, an appellate court considers what "the record reflects the jury was presented with." Id.; see also Weaver v. Lentz, 348 S.C. 672, 682, 561 S.E.2d 360, 365 (Ct. App. 2002) ("considering the evidence . . . and other damages before the jury" in reviewing circuit court ruling on a new trial motion). The evidence before the jury is included in the Record and the evidence demonstrates that the jury's $27,086 verdict was grossly inadequate given the $161,521 in medical expenses entered in evidence along with Dr. Levine's testimony establishing a strong causal connection between Respondent's negligence and the medical expenses. As such, this Court is in a position to review the circuit court's ruling.

CONCLUSION

Based on the arguments above and those in her earlier brief, Appellant asks the Court to reverse the circuit court's directed verdict and the circuit court's denial of Appellant's motion for new trial nisi additur. Appellant presented the jury with substantial evidence that Mr. Peterson sustained pain and suffering damages as a direct and proximate result of Respondent's failure to properly diagnose and treat Mr. Peterson's pressure wound. Additionally, the jury's verdict was grossly inadequate given the amount of medical expenses entered into evidence and the expert testimony establishing a causal connection between Respondent's negligence and Mr. Peterson's medical expenses.

Respectfully submitted,

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