

IN THE COURT OF APPEALS OF OHIO

TENTH APPELLATE DISTRICT

[Alice Ashburn, Individually and as Executrix of the Estate of Aaron M. Richardson],	:	
	:	
Plaintiff-Appellant,	:	
v.	:	No. 10AP-716 (C.C. No. 2005-10179)
Bowling Green State University,	:	
	:	(REGULAR CALENDAR)
Defendant-Appellee.	:	

D E C I S I O N

Rendered on March 29, 2011

Murray & Murray Co., L.P.A., and Michael T. Murray, for appellant.

Michael DeWine, Attorney General, and *Karl W. Schedler*, for appellee.

APPEAL from the Ohio Court of Claims

TYACK, J.

{¶1} The estate of Aaron M. Richardson is appealing from the adverse verdict reached by the Ohio Court of Claims in its lawsuit against Bowling Green State University ("BGSU"). Six errors are assigned for our consideration:

I. When a student football player develops severe cramping on the field which prevents him from continuing to participate

in practice, the generally accepted standard of care requires that the athletes' condition be evaluated promptly by a certified athletic trainer or medical doctor.

The trial judge erred by ruling that Bowling Green State University did not breach the standard of care owing to the decedent, Aaron Richardson, when football Coach Beckman ordered Aaron Richardson to "get the fuck off the field" without any appropriate evaluation being performed.

II. It is illegal and below the generally accepted standard of care for a student athletic trainer to evaluate or treat an athlete's medical condition unless under the direct supervision of a certified athletic trainer.

The trial court erred in ruling that it was not a breach of the standard of care for Gerald Barry, a student studying athletic training, to evaluate and attempt to treat Aaron Richardson without any supervision of a certified athletic trainer.

III. The trial court correctly concluded: "...the consensus among the certified athletic trainers who testified in this case is, that once a player either develops full-body cramping or demonstrates an altered mental state, emergency medical services should be summoned regardless of what the suspected cause of the player's condition might be." As the evidence clearly established that emergency medical services were not summoned when Aaron Richardson developed full-body cramping and a change in mental status, the trial court should have ruled this was a violation of the standard of care.

IV. Emergency medical care was not called for Aaron Richardson until he was close to cardiopulmonary collapse at approximately 3:44. It was error for the court to conclude that the weight of the evidence did not support that Aaron Richardson would probably have survived if 911 was called at 3:15 when Barry observed Aaron Richardson in a full-body cramp.

V. It was error for the court not to render a verdict in favor of the plaintiff on the issue of Bowling Green State University's liability for harm caused and Bowling Green State

University's failure to provide Aaron Richardson with the standard of care he was entitled to.

VI. It was error for the court not to consider whether Aaron Richardson lost a chance of survival by the delay in treatment.

{¶2} Although the assignments of error include narrative which can only be considered argument within the body of some of the individual assignments, we will provide a partial factual overview of the issues as developed at trial.

{¶3} Aaron Richardson was a student at BGSU who decided to try out for the football team. He had been an athlete in high school, but had not been offered a football scholarship to attend BGSU.

{¶4} Before attending his first practice, he filled out a medical questionnaire which included questions about whether he or any family members had a history of sickle cell anemia. Aaron answered the question, "No." Aaron himself had been tested as a child and found to have sickle cell trait. Aaron's brother had full blown sickle cell anemia episodes which had led to numerous hospitalizations.

{¶5} Aaron's first day of football practice began with strenuous physical exercise, namely wind-sprints commonly called "gassers." After the "gassers" Aaron complained of leg cramps to two junior level coaches. The coaches tried to help him stretch and then suggested that he go inside to rest. A senior coach, apparently thinking Aaron was faking physical problems in order to avoid the rest of a vigorous practice, ordered Aaron off the field.

{¶6} Aaron was able to walk to the locker room, followed by one of the junior coaches. A student athletic trainer was summoned to address the situation.

{¶7} Aaron, with the assistance of the junior coach and the student trainer, was able to remove his football gear. He sat on the floor and continued to complain of cramping in his legs. Then he complained of cramping in his abdomen as well. A little later, he said he felt like his whole body was cramping. This led to a call to 911 for emergency care.

{¶8} Soon after the 911 call, Aaron stopped breathing. An ambulance soon arrived and transported Aaron to a local hospital. He could not be resuscitated. An autopsy concluded that Aaron's sickle cell trait had resulted in a full blown sickle cell episode which resulted in cardiac arrest and that dehydration was the trigger which caused this episode.

{¶9} The issue at trial centered on whether BGSU personnel responded appropriately to Aaron's developing medical problems and on whether Aaron could have been saved, even if the responses had been perfect. Those same issues are at the center of the assignments of error presented in this appeal.

{¶10} We first address the fourth assignment of error, because it, by itself, could have been determinative of the outcome of the trial and could determine the merits of this appeal.

{¶11} Two separate physicians testified about this issue for BGSU. Andrew Campbell, M.D., testified that while it was theoretically possible that Aaron could have survived had medical help been summoned earlier, Aaron's survival was unlikely. Stephen Cantrill, M.D., took the analysis a step further and testified that Aaron's medical conditions was so dire that summoning medical attention earlier could not have changed

the outcome. The judge who heard the trial in the Ohio Court of Claims found Dr. Cantrill's testimony persuasive and found that counsel for Aaron's estate had failed to prove that any alleged lapses by BGSU personnel contributed to Aaron's death. If Dr. Cantrill's testimony, in particular, constitutes competent credible evidence of a lack of proximate cause of injury and death due to negligence of BGSU personnel, we must affirm the trial court's judgment.

{¶12} For many years, the trial courts and appellate courts have been guided by the syllabus to *C.E. Morris Co. v. Foley Const. Co.* (1978), 54 Ohio St.2d 279, which reads:

Judgments supported by some competent, credible evidence going to all the essential elements of the case will not be reversed by a reviewing court as being against the manifest weight of the evidence.

{¶13} We, therefore, evaluate Dr. Cantrill's testimony to see if it constitutes competent, credible evidence of a lack of proximate cause of Aaron's death.

{¶14} Dr. Cantrill's full name is Stephen Veale Cantrill. He considered himself to be semi-retired when he testified. He is board certified in emergency medicine. He served 15 years as associate director of emergency medicine with the Denver Health Medical Center in Colorado and over 20 years as a professor with the Division of Emergency Medicine, Department of Surgery at the University of Colorado Health Services Center. His history included service as an expert on a panel convened by the National Athletic Trainers Associations with regard to heat illness. However, he acknowledges treating patients with heat illness only a few times because his practice was in Denver and Denver has low humidity.

{¶15} Dr. Cantrill reviewed a wide range of material before he testified, including Aaron Richardson's hospital chart, Aaron's past medical records, the autopsy report, the emergency run records and "several different depositions."

{¶16} Dr. Cantrill found evidence that Aaron had sickle cell trait. He testified that he has treated "many, many patients" with sickle cell trait. The patients present with excruciating pain caused by lack of oxygen to the body's organs. They are treated with a substance for pain relief, supplemental oxygen and hydration.

{¶17} Dr. Cantrill testified that he had never treated a patient similar to Aaron Richardson. He viewed the difference as being the amount of pain Aaron suffered initially. The patients Dr. Cantrill treated had debilitating pain, pain such that they could not walk off a football practice field into a locker room. He also viewed Aaron's suffering a subsequent cardiopulmonary arrest as unique. Further, the patients Dr. Cantrill treated had not recently engaged in strenuous physical exercise and did not show any marked evidence of dehydration. As a result, Dr. Cantrill held an opinion Aaron did not have a sickle cell crisis. He held this opinion despite the autopsy showing the presence of red blood cell sickling.

{¶18} Dr. Cantrill reviewed the reports regarding blood gasses from Wood County Hospital and found the gasses markedly abnormal. The blood was acidotic—high in acidity. The blood was low in oxygen content and high in carbon dioxide. The hemoglobin content was low (8.4) a little more than half of what would be considered normal (14 to 16). Later testing showed a reading of 6.6, which could be evidence of an ongoing sickling event.

{¶19} Other blood tests showed a platelet reading of 24,000. That reading was extremely low compared to the normal range of 200,000 to 400,000. The reading from the blood tests which Dr. Cantrill found to be "astounding" was the sodium ion reading of 200. Dr. Cantrill testified this was the highest he had seen in 30 years of medical practice. He viewed the reading as "not consistent with life." (Tr. 603.)

{¶20} Post-mortem testing for the sodium in the vitreous humor of the eye showed a reading of 184, also well above the normal range of 131 to 143.

{¶21} Dr. Cantrill did a review of medical literature and found that the mortality rate for patients with a sodium reading of greater than 160 was 75 percent. The literature did not address sodium readings of 200, apparently because such readings are so abnormal.

{¶22} Dr. Cantrill also found evidence from the medical records that Aaron's kidneys were not functioning normally trying to offset the negative effects of the dehydration Aaron's body was suffering.

{¶23} Based upon the above, Dr. Cantrill testified that hypernatremia, or an abnormality high concentration of sodium in the body was the actual cause of death. Treatment for this condition takes normally 24 to 48 hours, according to Dr. Cantrill. Taking the sodium level down too quickly risks brain swelling, which can also be lethal.

{¶24} Dr. Cantrill also testified that serum electrolytes change relatively gradually, so were not the result of the gassers or any events which happened at the football stadium. Dr. Cantrill discounted the possibility that an ampoule of sodium bicarbonate administered by emergency personnel to Aaron caused the high sodium readings, stating

that one ampoule would raise the readings only two points (198 to 200 and/or 182 to 184).

{¶25} Based on the above, Dr. Cantrill testified that starting resuscitation on Aaron earlier would not have saved his life.

{¶26} On cross-examination, Dr. Cantrill acknowledged that some sickling of cells was found during the autopsy procedure, but testified that sickling can be either pre-mortem or post-mortem. He also testified that cells can sickle after extraction from the body if they are cut off from oxygen. He also testified that an elevated sodium content in the blood can cause cramping such as exhibited by Aaron.

{¶27} On cross-examination, Dr. Cantrill also referred to an indication that Aaron was taking a creatine supplement which presented additional risks of dehydration, muscle dysfunction and renal dysfunction. Dr. Cantrill could not find proof that the supplement did or did not cause such results.

{¶28} Dr. Cantrill indicated an awareness of opinions from the medical experts which differed from his, but explained his disagreement with the particular differences.

{¶29} Reviewing Dr. Cantrill's testimony, both on direct and cross-examination, we can only conclude that his opinions constituted competent, credible evidence that whatever delays occurred between Aaron's complaints of cramping and his receiving medical treatment did not contribute to his death.

{¶30} We overrule the fourth assignment of error.

{¶31} Our resolution of the fourth assignment of error renders the other five assignments of error moot. As a result, we affirm the judgment of the Ohio Court of Claims.

Judgment affirmed.

KLATT and CONNOR, JJ., concur.
