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2022 OCT 07 09:32 AM
KING COUNTY
SUPERIOR COURT CLERK
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CASE #: 22-2-16356-9 SEA

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

NALINI RAMESH and ANAPATHUR
RAMESH, individually and as the personal
representatives of THE ESTATE OF SAHANA
RAMESH; and KARTHIK RAMESH,
individually

Plaintiffs,

v.

SEATTLE CHILDREN'S HOSPITAL, a
licensed healthcare provider and domestic
corporation; CHILDREN'S UNIVERSITY
MEDICAL GROUP, a non-profit organization;
and JOHN AND JANE DOES 1-10,

Defendants.

No.

**COMPLAINT FOR PROFESSIONAL
NEGLIGENCE**

I. INTRODUCTION

1. When a child is known to be experiencing a serious health condition, her healthcare providers are compelled to act swiftly to provide a fulsome medical response. This is particularly true when the child's illness is known to have a high mortality rate if not treated appropriately.

2. Drug Reaction with Eosinophilia and Systemic Symptoms ("DRESS") is one such illness. DRESS, which is caused by a patient's reaction to certain types of drugs, is most often characterized by a fever, extensive rash covering the patient's body, and potential severe internal organ complications. The mortality rate of DRESS is between 10% and 20% in most cases and can be much higher if in the absence of aggressive treatment.

3. This case involves medical malpractice by the physicians, staff and/or nurses employed by Seattle Children's Hospital ("SCH") and by physicians, staff and/or nurses employed by Children's University Medical Group ("CUMG"). Collectively, ("defendants"). In November 2020, Sahana Ramesh ("Sahana"), who was 16 years old, went to the Emergency Department of SCH along with her parents, Nalini and Anapathur Ramesh.

4. Sahana was extremely ill. Her body was covered with a severe rash. Defendants diagnosed her with DRESS and discharged her to her parent's care.

5. In the weeks that followed, Sahana's condition showed little improvement. Her rash persisted and defendants noted that she began to show symptoms of internal organ involvement, particularly liver complications. Inexcusably, defendants did no testing to ascertain if Sahana's heart was affected despite her records reflecting persistently high heart rates.

6. From late November 2020 to early February 2021, Sahana's family repeatedly raised concerns regarding the persistence of her symptoms. Defendants often delayed responding and downplayed the risks Sahana faced. Despite Sahana's family returning to SCH numerous times, they were never informed of the severity of her illness, particularly if her heart was impacted, and Sahana was never admitted to the facility for more aggressive care.

1 7. On February 12, 2021, Sahana collapsed and died at the home of her parents in
2 front of the entire family. Her cause of death was stated as Eosinophilic Myocarditis due to
3 DRESS. She was 16 years old.

4 **II. IDENTIFICATION OF PLAINTIFFS**

5 8. Plaintiff Sahana Ramesh, a minor, was born on March 19, 2004, in Edmonds,
6 Washington. She was the natural daughter of Anapathur and Nalini Ramesh. Sahana was the
7 youngest of their two children. At all times relevant to this matter, she was a resident of
8 Snohomish County, Washington.

9 9. Plaintiffs Nalini and Anapathur Ramesh are married and are the natural parents of
10 Sahana Ramesh. At all times relevant to this matter, they were residents of Snohomish County,
11 Washington.

12 10. Plaintiff Karthik Ramesh is the natural brother of Sahana Ramesh and natural son
13 of Nalini and Anapathur Ramesh. At all times relevant to this matter, Karthik was raised in
14 Washington and a student in the state of Georgia.

15 **III. IDENTIFICATION OF DEFENDANTS**

16 **A. Seattle Children's Hospital**

17 11. Defendant SCH is a nonprofit corporation organized under the laws of the State of
18 Washington authorized to do business in the State of Washington. SCH is a "healthcare
19 provider" within the meaning of RCW 7.70 and was duly authorized to provide medical care and
20 services to Sahana Ramesh. There existed a fiduciary health care provider-patient relationship
21 between them.

22 12. All acts and omissions of the SCH staff and employees alleged herein occurred
23 within the scope of their agency relationship with SCH, for which SCH is vicariously liable and
24 were employees and agents of SCH from August 28, 2020, to February 12, 2021.

25 **B. Children's University Medical Group**

26 13. All acts and omissions of the CUMG's employees and agents alleged herein
27 occurred within the scope of their agency relationship with CUMG, for which CUMG is
28 vicariously liable. On information and belief, Dr. Michael Barton Thomas, Dr. Heather

1 Brandling-Bennet, and Dr. Emily A. Hartford, were employees and agents of CUMG from
2 August 28, 2020, to February 12, 2021. To the extent that is later shown to be inaccurate, each of
3 these individual defendants are identified herein as encompassed as “John and Jane Doe, 1-10.”

4 14. All care and treatment rendered to Sahana Ramesh, or which in the exercise of
5 reasonable care should have been rendered, was the responsibility of defendants who were
6 regularly employed for compensation in the health care profession, and who expected to be
7 compensated for their work, and were in fact, compensated for their time spent in the care and
8 treatment of Sahana Ramesh.

9 15. At all times material hereto, John and Jane Does 1 through 10 provided medical
10 care and services to Sahana Ramesh and there existed a fiduciary health care provider-patient
11 relationship between them. At all times relevant hereto, John and Jane Does 1 through 10 were
12 employees, agents and/or ostensible agents of the defendant SCH and/or defendant CUMG.

13 IV. JURISDICTION AND VENUE

14 16. Plaintiffs, at all times material hereto, resided in Snohomish County, Washington.

15 17. At all times material hereto, Defendants provided medical care and treatment to
16 Sahana Ramesh in King County, Washington and the events which give rise to this lawsuit
17 occurred in King County, Washington. Pursuant to RCW 2.08.010 and RCW 4.12.020, venue
18 and jurisdiction are proper in King County, Washington.

19 18. Pursuant to RCW 4.92 *et seq.* plaintiffs provided pre-suit notice to all
20 governmental and/or quasi-governmental entities.

21 V. WAIVER OF ARBITRATION

22 19. Attached is a Declaration of Martin D. McLean, reflecting that he has provided
23 Plaintiffs Nalini, Anapathur, and Karthik Ramesh with a copy of the provisions of RCW
24 7.70A.20 relating to arbitration, that they have read the provisions, and, at this time, the plaintiffs
25 have elected not to submit the dispute to arbitration under RCW 7.70A.020. The declaration is
26 attached to this complaint as **Appendix A**.

VI. FACTUAL SUMMARY

A. Background on Sahana Ramesh and the Ramesh Family

20. Sahana Ramesh was a bright and charismatic 16-year-old girl. She was born March 19, 2004, in Edmonds, Washington. She was the youngest child of Anapathur and Nalini Ramesh. She had an older brother named Karthik. She enjoyed mathematics, playing the piano, and cooking with her family.

21. The Ramesh family is extremely close and Sahana was a great source of pride to the family.

B. April 2020, the onset of Sahana's Seizures

22. In April 2020, Sahana experienced her first seizure while her family was having dinner at home.

23. She collapsed from the dinner table, experienced drooling, foaming at the mouth, and stiffness with tremors.

24. On August 10, 2020, Sahana experienced a second seizure.

25. Due to Sahana's recurring seizures the Ramesh family sought treatment from SCH's neurology department.

26. On August 28, 2020, Dr. Lorie Diane Hamiwka, a neurologist at SCH, prescribed Lamotrigine to Sahana.

27. Lamotrigine is used to treat types of seizures in patients who have epilepsy. It is administered orally through a tablet.

28. Upon information and belief, Dr. Hamiwka prescribed Lamotrigine to treat Sahana's seizure and underlying anxiety. Dr. Hamiwka prescribed 50 milligrams ("mg") once daily and increased to 50mg twice daily.

C. Background on Drug Reaction with Eosinophilia and System Symptoms (DRESS)

29. DRESS syndrome is a severe allergic reaction to a medication that occurs anywhere from two to eight weeks after starting a medication. DRESS is characterized by fever, rash, eosinophilia (high white blood cell counts), swelling, and system organ involvement.

30. It is a life-threatening drug reaction and between 10% and 20% of patients die with DRESS due to visceral organ involvement.

31. The appropriate management of DRESS is paramount because it is associated with significant morbidity and mortality.¹

32. Once the diagnosis of DRESS has been established, the next step in management is immediate cessation of the causative medication(s). Patients with DRESS syndrome are often managed in an intensive care or burn unit for appropriate care and infection control. In addition, appropriate specialists should be consulted based on the affected organ systems.²

D. DRESS is a known side effect associated with Lamotrigine use

33. The complications associated with Lamotrigine are serious and well-known, including the onset of DRESS. Complications from Lamotrigine use is greater in pediatric patients.³

34. When an individual is suspected of experiencing Lamotrigine toxicity as indicated by symptoms of severe skin rashes, the drug must be discontinued immediately and significant interventions, including potential admission to a burn unit or pediatric intensive care unit, must be discussed with the patient, and carefully considered.

1. DRESS-induced Myocarditis

35. In simple terms, myocarditis is a disease that causes inflammation of the heart muscle. This inflammation enlarges and weakens the heart, creates scar tissue, and forces the muscle to work harder to circulate blood and oxygen throughout the body. Myocarditis is the third leading cause of death in children and young adults.⁴

36. DRESS is known to cause systemic organ damage, including damage to the heart, indicating myocarditis.

¹ DRESS syndrome: Part II. Management and therapeutics <https://pubmed.ncbi.nlm.nih.gov/23602183/>.

² *Id.*

³ Safety of lamotrigine in pediatrics: a systematic review: www.ncbi.nlm.nih.gov/pmc/articles/PMC4466618/.

⁴ <https://www.mayoclinic.org/diseases-conditions/myocarditis/symptoms-causes/syc-20352539>.

1 37. Early diagnosis of myocarditis is important to prevent long-term heart damage or
2 death. Myocarditis is detectable through several non-invasive tests: blood tests,
3 electrocardiogram or echocardiogram, chest x-ray, cardiac MRI or cardiac catheterization and
4 heart muscle biopsy.

5 **E. The onset of Sahana's DRESS Syndrome**

6 38. In October 2020, Sahana's Lamotrigine dosage was doubled by Dr. Hamiwka
7 from 50 to 100 mgs. A few weeks later, it was increased again to 150 mg.

8 39. On November 17, 2020, the Ramesh family noticed that Sahana had a rash on her
9 hands, stomach, and cheeks. They immediately contacted Dr. Hamiwka and asked if they should
10 stop taking the medication. They also provided photographs of the rash.

11 40. Several hours later, Dr. Hamiwka responded to the Ramesh family's concern by
12 inviting them to see their primary care physician. However, Dr. Hamiwka did not direct the
13 Ramesh family to discontinue Lamotrigine or to return to her for follow up.

14 41. By November 18, 2020, Sahana's rash continued to worsen, spreading to her
15 hands, feet, face, and neck. The Ramesh family again phoned SCH and again provided
16 photographs of the rash's extensive progression.

17 42. Because Dr. Hamiwka was not available, the Ramesh family spoke to Dr. Mark S.
18 Wainwright. Dr. Wainwright stated that, "presentation not likely lamotrigine-induced rash
19 (including concerning) SJS, more likely a systemic medical cause." Sahana's family was again
20 invited to consult with their primary care physician. Moreover, while the dosage was decreased,
21 it was advised that Sahana continue taking her Lamotrigine.

22 43. On November 20, 2020, a primary care physician, Dr. Bobba, in Mill Creek,
23 Washington, saw Sahana and her family. After Dr. Bobba performed a physical examination, she
24 advised that Lamotrigine be immediately discontinued as she concluded that it was the cause of
25 the rash symptoms.

26 44. After consulting with Dr. Bobba, the Ramesh family was extremely concerned
27 about Sahana's health. On November 24, 2020, they went to SCH Emergency Department so
28

1 that Sahana could be physically evaluated. The rash was progressively worsening, expanding
2 across her entire torso, neck, upper extremities, thighs, and face.

3 **F. SCH diagnoses Sahana with DRESS syndrome**

4 45. After performing a physical evaluation, SCH diagnosed Sahana with DRESS
5 caused by her use of Lamotrigine. She was prescribed prednisone to treat her symptoms.

6 46. Despite diagnosing Sahana with DRESS, defendants failed to inform plaintiffs
7 regarding the serious nature of the illness, including that Sahana's heart could suffer damage.

8 47. Instead, SCH staff assured Sahana and her family that she could be safely
9 discharged home and did not require admission to the hospital.

10 48. Over the next several days and weeks, Sahana's severe rash symptoms persisted.
11 On November 27, 2020, the family returned to SCH Emergency Department with concerns of
12 worsening rash symptoms.

13 49. Particularly, Sahana's parents reported that her facial swelling had gotten worse.
14 Sahana's lab work reflected continued elevation of her white blood cell counts, increased
15 eosinophils and transaminitis (liver inflammation).

16 50. While admission of Sahana was discussed, it was not recommended by defendants
17 because a follow up visit was scheduled for November 30, 2020.

18 51. Again, defendants failed to inform plaintiffs of the potentially life-threatening
19 complications that may result from DRESS, including harm to Sahana's heart. No cardiac-
20 specific testing was performed, and defendants' cardiology department was not consulted.

21 52. Rather, Defendants assured plaintiffs that Sahana could safely be cared for at
22 home.

23 53. On November 30, 2020, Sahana and her family returned to SCH to consult with
24 physicians in the Department of Dermatology, including Dr. Michael Barton Thomas and Dr.
25 Heather Brandling-Bennett. During this visit, additional blood work was performed. While the
26 physical appearance of Sahana's rash showed mild improvement, her lab tests showed increasing
27 problems with her liver and other facets of her organ functioning.
28

1 54. Plaintiffs again returned to SCH on December 3, 2020, for additional lab work.
2 Sahana's lab work reflected continued concerns about damage to her liver. Sahana's records
3 reflect "worsening hepatitis which is likely immune mediation in the setting of recent DRESS
4 syndrome diagnosis."

5 **G. Defendants disregarded the Ramesh's concerns despite persistent and**
6 **unresolved DRESS symptoms**

7 55. On or about December 15, 2020, Sahana's mother, Nalini, sent a message to staff
8 at SCH expressing frustration that she had not heard back in response to questions about her
9 daughter's health for the 10 days prior.

10 56. She was also frustrated that the various departments working within SCH
11 (Neurology, Dermatology, Emergency Department), do not seem to be coordinating care. Dr.
12 Michael Barton Thomas eventually responded to Mrs. Ramesh's questions.

13 57. Nalini's concerns about the lack of communication at SCH was perceptive. The
14 Neurologist at SCH who initially prescribed Lamotrigine, Dr. Hamiwka, eventually responded to
15 the Ramesh family after they lodged complaints that their concerns were being ignored.

16 58. The response of Dr. Hamiwka—the physician responsible for prescribing the
17 precise medication causing Sahana's sickness—was alarming, "She was diagnosed with DRESS.
18 **I was not included on the notes and was not aware this was the diagnoses."**

19 59. Sahana's parents responded that, "We were not told to expect a rash of this
20 proportion." Even after expressing alarm relating to the severity of Sahana's symptoms,
21 defendants did not share the severity of Sahana's illness, including its potential impact on her
22 vital organs such as her heart.

23 60. On December 23, 2020, Sahana continued to exhibit signs of DRESS syndrome.
24 Dr. Katelyn Saarela notes, "If Sahana's rash and concomitant pruritis are worsening, it is
25 recommended that she be seen in the dermatology clinic...as she may have rebound DRESS
26 syndrome and may require additional steroids."

27 61. On December 26, 2020, the Ramesh family contacted SCH to report that Sahana's
28 rash was, in fact, worsening. They described her skin as looking "aged" and her entire lower

body covered with a red rash. They were concerned that she may be having an additional reaction, this time to the ointment meant to treat the rash.

62. Defendants did not respond for three days. At that time, Emily Capurro, a Registered Nurse with the Department of Dermatology asked general questions about Sahana's condition and requested that photographs of the rash be provided.

63. The Ramesh family expressed frustration at having received no return call for several days and asked for someone to pick up the phone and call them to talk about next steps in treating their ill daughter. They also provided photographs that were requested by defendants.

64. On December 27, 2020, Sahana had another seizure. The Ramesh family contacted the Department of Neurology at SCH to let them know.

65. Dr. Hamiwka responded indicating that she was concerned that another seizure may occur. She indicated that they should consider another anti-seizure medication that was "not associated" with rash.

66. On December 29, 2020, the Ramesh family returned to the Emergency Department at SCH to have additional lab work done. During this time, they had been writing to SCH staff, including the Neurology, Dermatology, and Hepatology Departments, reporting that Sahana's skin condition appeared to be worsening. To the extent defendants responded, the information provided was delayed by several days.

67. Plaintiffs also requested an in-person consultation with the Dermatology Department, specifically Dr. Barton. Instead, they received a voicemail from SCH staff conveying instructions provided by Dr. Barton.

68. After the Department of Dermatology received and reviewed the most recent photographs of Sahana's rash, they agreed that her symptoms had worsened. They planned on increasing her prednisone dosage to its prior levels.

69. On December 31, 2020, the Ramesh family wrote to SCH indicating that she was experiencing a fever and chills. They expressed ongoing concern about Sahana's condition. They were advised to return to the Emergency Department at SCH with her potential admission to be decided in consultation with the Department of Dermatology.

1 70. However, Sahana was not admitted to SCH. Three days later, her mother wrote to
2 SCH reporting additional concerning symptoms, including extreme chills despite being layered
3 with blankets alternating with excessive sweating. Sahana’s mother asked, “Can you please
4 help?”

5 71. On January 4, 2021, Sahana was seen at SCH Department of Dermatology. Her
6 doctors now recognized that her skin was worsening despite an increase in her prednisone
7 dosage, “prolonged cutaneous inflammation which is not refractory to oral prednisone...” They
8 recommended additional treatments and scheduled a follow up appointment in one week, but did
9 not recommend admission to SCH.

10 72. On January 6, 2021, the Ramesh family wrote to SCH asking whether Sahana
11 should be admitted to the hospital specifically to monitor her vital signs such as her “heart
12 activity.”

13 73. Dr. Brandling-Bennett responded that Sahana did not appear to require admission
14 when seen at the Emergency Department the day prior, and that admission would be dictated by
15 factors such as bed availability.

16 74. None of the defendants informed Sahana or her family that myocarditis was a
17 known, serious complication associated with DRESS and that additional cardiac monitoring
18 would be provided, as a matter of course, should Sahana be admitted to SCH.

19 75. Instead, they suggested that Sahana could be safely cared for by her family at
20 home.

21 76. On January 26, 2021, Sahana was again seen at SCH. It was noted that while her
22 rash initially responded to cyclosporine, the progression had plateaued as the prednisone was
23 tapered. The decision was made to continue to taper her completely off prednisone in the coming
24 days.

25 **H. Sahana’s dies on February 12, 2021, in her living room**

26 77. The doctors instructed the family to start tapering off prednisone on January 1,
27 2021, despite continued symptoms of hair loss and shedding, extreme itching, persistent redness
28 in lower extremities, continued swelling of the face and feet, and dryness throughout the body.

1 78. The last dose of prednisone was February 7, 2021. Sahana died 5 days later on
2 February 12, 2021.

3 79. As instructed by defendants, they took photographs and videos of her seizure.

4 80. The Snohomish County medical examiner later ruled Sahana's cause of death as
5 "eosinophilic myocarditis due to drug reaction with eosinophilia and systemic symptoms due to
6 lamotrigine administration."

7 81. Sahana's DRESS-related illness resulted in the myocarditis that claimed her life
8 on February 12, 2021.

9 82. From November 2020 through February 12, 2021, defendants did nothing to
10 monitor Sahana's heart for damage due to DRESS syndrome, including simple, non-invasive
11 cardiac testing, during any of Sahana's seventeen (17) medical appointments with defendants
12 from November 2020 to February 2021.

13 83. From November 2020 through February 12, 2021, defendants failed to inform
14 plaintiffs of the potential risk of harm associated with cardiac failure and/or myocarditis due to
15 Sahana's diagnosis of DRESS, including when the family was being asked to make decisions
16 bearing on the medical care to be provided to Sahana.

17 **VII. FIRST CAUSE OF ACTION: NEGLIGENCE**

18 84. This is an action for professional negligence and malpractice against the
19 defendants brought pursuant to the laws of the State of Washington, to include RCW 7.70 *et. seq.*
20 Plaintiffs hereby notify defendants that they are pleading all theories for recovery and basis for
21 liability available pursuant to law to include negligence, negligent hiring or training, corporate
22 negligence, lack of informed consent, loss or reduction of chance, negligent failure to
23 appropriately train, hire, evaluate, monitor, refer, treat, diagnose, intervene, test, warn, and
24 otherwise render the necessary and appropriate care for Sahana Ramesh.

25 85. Defendants, including their agents and employees, failed to act as reasonably
26 prudent healthcare providers in their care for Sahana Ramesh. During the course of their
27 relationship, defendants breached their duty to Sahana Ramesh by failing to prevent, identify,
28 assess, and timely treat a devastating drug reaction: DRESS syndrome and eosinophilic

1 myocarditis. Defendants were otherwise negligent in the care, treatment, monitoring, and
2 management of their patient, Sahana Ramesh. One or more of the negligent acts were a
3 proximate cause of the injuries or damages to plaintiffs.

4 86. The direct and proximate result of the defendants' failure to properly
5 communicate, prevent, evaluate, identify, and treat Sahana Ramesh's DRESS and eosinophilic
6 myocarditis was her death.

7 **VIII. SECOND CAUSE OF ACTION: LACK OF INFORMED CONSENT**

8 87. Plaintiffs reallege each of the preceding paragraphs.

9 88. At all times material hereto, plaintiffs had a right to be informed of the benefits
10 and risks of proposed medical treatment, non-treatment, and possible alternative courses of
11 treatment relating to Sahana's DRESS diagnosis.

12 89. Defendants failed to disclose material information, including the severity of
13 Sahana's illness and the need for aggressive treatment to minimize the risk of the most severe
14 potential outcomes pertaining to DRESS, throughout the entirety of Sahana's treatment.

15 90. Plaintiffs were required to make numerous decisions relating to Sahana's
16 healthcare without having been fully informed of her treatment options and the risks and benefits
17 pertaining to each.

18 91. As a direct and proximate result of defendants' failures to obtain informed
19 consent, plaintiffs sustained injuries and damages, both past and future, for pain and suffering,
20 emotional distress, anxiety, adverse physical and/or debilitating symptoms and conditions, loss
21 of enjoyment of quality of life, and other damages in an amount to be proven at trial.

22 **IX. THIRD CAUSE OF ACTION: CORPORATE NEGLIGENCE**

23 92. A healthcare facility owes an independent duty of reasonable care to its patients
24 requiring the exercise of reasonable care in the granting and/or renewing of staff privileges so as
25 to permit only competent healthcare providers to practice within the facility. This duty requires
26 the facility to exercise reasonable care to monitor and review the competency of healthcare
27 professionals who practice at the facility, to intervene in the care of the patient if necessary
28 and/or to adopt policies and/or procedures for the healthcare provided to its patients.

93. Defendants breached this duty by failing to ensure that the doctors, nurses and/or staff at SCH provided appropriate, reasonable, and competent healthcare to plaintiffs.

94. The direct and proximate result of the defendants' failure to properly communicate, prevent, evaluate, identify, and treat Sahana Ramesh's DRESS and eosinophilic myocarditis was her death.

X. DAMAGES

95. As a direct and proximate result of the negligence of the defendants, joint and severally, plaintiffs sustained general and special damages, including past medical expenses, pain and suffering, economic loss, and other damages allowed by law to be proven at trial.

96. Plaintiffs Anapathur and Nalini Ramesh, Sahana Ramesh's natural parents, have suffered a devastating loss to the parent-child relationship, including, but not limited to, the loss of companionship, love, affection, and support, and other general and special damages which will be proven with specificity at the time of trial.

97. Plaintiff Karthik Ramesh has suffered a devastating loss of a family member, his sister Sahana Ramesh, including, but not limited to, the loss of companionship, love, affection, and support, and other general and special damages which will be proven with specificity at the time of trial.

XI. LIMITED WAIVER OF THE PHYSICIAN/PATIENT PRIVILEGE

98. Pursuant to RCW 5.60.060(4)(b), plaintiffs hereby waive the Physician/Patient Privilege only so far necessary to place any and all alleged damages at issue at the time of trial, as might be required by statute, or amended statute or case law interpreting the statutes of the State of Washington. It should be understood that plaintiffs' actions do not constitute a waiver of any of plaintiffs' constitutional rights and that defendants are not to contact any treating physician, past, present, or subsequent, without first notifying plaintiffs' counsel so that they may bring the matter to the attention of the Court and seek appropriate relief, including imposing limitations and restrictions upon any desire or intent by defendants to contact past or subsequent treating physicians *ex-parte* pursuant to the rule announced in *Loudon v. Mhyre*, 110 Wn.2d 675 (1998).

1 **XII. PRAYER FOR RELIEF**

2 WHEREFORE, Plaintiffs pray for the following relief:

- 3 A. Judgment against Defendants for their special and general damages.
4 B. Costs and disbursements herein incurred.
5 C. Attorney's fees permitted by statute.
6 D. Prejudgment interest.
7 E. Further relief as the Court deems just and equitable.
8
9

10 DATED this 7th day of October 2022.

Respectfully submitted,

11 HAGENS BERMAN SOBOL SHAPIRO LLP

12 By: /s/ Marty McLean

13 Steve W. Berman, WSBA No. 12536

Marty D. McLean, WSBA No. 33269

14 Jacob Berman, (*Pro Hac Vice forthcoming*)

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27
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APPENDIX A

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6 IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
7 IN AND FOR THE COUNTY OF KING

8 NALINI RAMESH and ANAPATHUR
9 RAMESH, individually and as the personal
10 representatives of THE ESTATE OF SAHANA
11 RAMESH; and KARTHIK RAMESH,
12 individually

13 Plaintiffs,

14 v.

15 SEATTLE CHILDREN'S HOSPITAL, a
16 licensed healthcare provider and domestic
17 corporation; CHILDREN'S UNIVERSITY
18 MEDICAL GROUP, a non-profit organization;
19 and JOHN AND JANE DOES 1-10,

20 Defendants.

No.

**DECLARATION OF MARTIN D.
McLEAN AFFIRMING PLAINTIFFS'
HAVE ELECTED TO NOT SUBMIT
THIS DISPUTE TO ARBITRATION**

1 I, Martin D. McLean, declare under the penalty of perjury, that the following is true and
2 correct:

3 1. I am over eighteen years of age and make this declaration based upon my personal
4 knowledge.

5 2. I provided Plaintiffs Nalini, Anapathur, and Karthik Ramesh with a copy of the
6 provisions of RCW 7.70A.20 relating to arbitration. They have read the provisions, and, at this
7 time, the plaintiffs have elected not to submit the dispute to arbitration under RCW 7.70A.020.
8

9 Signed and DATED this October 7, 2022, at Seattle, Washington.

10
11 HAGENS BERMAN SOBOL SHAPIRO LLP

12 By: /s/Martin D. McLean

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