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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. 22-2-16356-9 SEA

**AMENDED COMPLAINT FOR  
PROFESSIONAL NEGLIGENCE AND  
DISCRIMINATION**

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1 **I. INTRODUCTION**

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

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

10 3. This case involves medical malpractice by the physicians, staff and/or nurses  
11 employed by Seattle Children’s Hospital (“SCH”) and by physicians, staff and/or nurses employed  
12 by Children’s University Medical Group (“CUMG”). Collectively, (“defendants”). In November  
13 2020, Sahana Ramesh (“Sahana”), who was 16 years old, went to the Emergency Department of  
14 SCH along with her parents, Nalini and Anapathur Ramesh.

15 4. Sahana was extremely ill. Her body was covered with a severe rash. Defendants  
16 diagnosed her with DRESS and discharged her to her parents’ care.

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

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

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

1 **II. IDENTIFICATION OF PLAINTIFFS**

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

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

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

12 **III. IDENTIFICATION OF DEFENDANTS**

13 **A. Seattle Children’s Hospital**

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

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

21 **B. Children’s University Medical Group**

22 13. All acts and omissions of the CUMG’s employees and agents alleged herein  
23 occurred within the scope of their agency relationship with CUMG, for which CUMG is  
24 vicariously liable. On information and belief, Dr. Michael Barton Thomas, Dr. Heather Brandling-  
25 Bennet, and Dr. Emily A. Hartford, were employees and agents of CUMG from August 28, 2020,  
26 to February 12, 2021. To the extent that is later shown to be inaccurate, each of these individual  
27 defendants are identified herein as encompassed as “John and Jane Doe, 1-10.”  
28

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

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

10 **IV. JURISDICTION AND VENUE**

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

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

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

18 **V. WAIVER OF ARBITRATION**

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

24 **VI. FACTUAL SUMMARY**

25 **A. Background on Sahana Ramesh and the Ramesh Family**

26 20. Sahana Ramesh was a bright and charismatic 16-year-old girl. She was born  
27 March 19, 2004, in Edmonds, Washington. She was the youngest child of Anapathur and Nalini  
28

1 Ramesh. She had an older brother named Karthik. She enjoyed mathematics, playing the piano,  
2 and cooking with her family.

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

5 **B. April 2020, the onset of Sahana’s Seizures**

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

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

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

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

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

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

17 28. Upon information and belief, Dr. Hamiwka prescribed Lamotrigine to treat  
18 Sahana’s seizure and underlying anxiety. Dr. Hamiwka prescribed 50 milligrams (“mg”) once  
19 daily and increased to 50mg twice daily.

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

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

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

1 31. The appropriate management of DRESS is paramount because it is associated with  
2 significant morbidity and mortality.<sup>1</sup>

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

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

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

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

15 **1. DRESS-induced Myocarditis**

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

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

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

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

27 <sup>2</sup> *Id.*

28 <sup>3</sup> Safety of lamotrigine in pediatrics: a systematic review: [www.ncbi.nlm.nih.gov/pmc/articles/PMC4466618/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4466618/).

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

1 **E. The onset of Sahana’s DRESS Syndrome**

2 38. In October 2020, Sahana’s Lamotrigine dosage was doubled by Dr. Hamiwka from  
3 50 to 100 mgs. A few weeks later, it was increased again to 150 mg.

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

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

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

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

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

22 44. After consulting with Dr. Bobba, the Ramesh family was extremely concerned  
23 about Sahana’s health. On November 24, 2020, they went to SCH Emergency Department so that  
24 Sahana could be physically evaluated. The rash was progressively worsening, expanding across  
25 her entire torso, neck, upper extremities, thighs, and face.

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

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



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

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

5           48.     Over the next several days and weeks, Sahana’s severe rash symptoms persisted.  
6 On November 27, 2020, the family returned to SCH Emergency Department with concerns of  
7 worsening rash symptoms.

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

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

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

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

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

22          54.     Plaintiffs again returned to SCH on December 3, 2020, for additional lab work.  
23 Sahana’s lab work reflected continued concerns about damage to her liver. Sahana’s records reflect  
24 “worsening hepatitis which is likely immune mediation in the setting of recent DRESS syndrome  
25 diagnosis.”  
26  
27  
28

1 **G. Defendants disregarded the Ramesh’s concerns despite persistent and unresolved**  
2 **DRESS symptoms**

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

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

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

12 58. The response of Dr. Hamiwka—the physician responsible for prescribing the  
13 precise medication causing Sahana’s sickness—was alarming, “She was diagnosed with DRESS.  
14 **I was not included on the notes and was not aware this was the diagnoses.”**

15 59. Sahana’s parents responded that, “We were not told to expect a rash of this  
16 proportion.” Even after expressing alarm relating to the severity of Sahana’s symptoms, defendants  
17 did not share the severity of Sahana’s illness, including its potential impact on her vital organs  
18 such as her heart.

19 60. On December 23, 2020, Sahana continued to exhibit signs of DRESS syndrome.  
20 Dr. Katelyn Saarela notes, “If Sahana’s rash and concomitant pruritis are worsening, it is  
21 recommended that she be seen in the dermatology clinic...as she may have rebound DRESS  
22 syndrome and may require additional steroids.”

23 61. On December 26, 2020, the Ramesh family contacted SCH to report that Sahana’s  
24 rash was, in fact, worsening. They described her skin as looking “aged” and her entire lower body  
25 covered with a red rash. They were concerned that she may be having an additional reaction, this  
26 time to the ointment meant to treat the rash.

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

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

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

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

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

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

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

23           69. On December 31, 2020, the Ramesh family wrote to SCH indicating that she was  
24 experiencing a fever and chills. They expressed ongoing concern about Sahana’s condition. They  
25 were advised to return to the Emergency Department at SCH with her potential admission to be  
26 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 help?”

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

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

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

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

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

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

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

24          77.     The doctors instructed the family to start tapering off prednisone on January 1,  
25 2021, despite continued symptoms of hair loss and shedding, extreme itching, persistent redness  
26 in lower extremities, continued swelling of the face and feet, and dryness throughout the body.

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

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

2 80. The Snohomish County medical examiner later ruled Sahana’s cause of death as  
3 “eosinophilic myocarditis due to drug reaction with eosinophilia and systemic symptoms due to  
4 lamotrigine administration.”

5 81. Sahana’s DRESS-related illness resulted in the myocarditis that claimed her life on  
6 February 12, 2021.

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

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

15 **I. Evidence of widespread racism at SCH surfaces**

16 84. Sahana Ramesh, Nalini Ramesh, and Anapathur Ramesh are of South Asian descent  
17 and therefore are entitled to the protections of RCW 49.60 *et seq.* prohibiting racial and/or national  
18 origin discrimination.

19 85. In November 2020—the same month that Sahana was diagnosed with DRESS at  
20 SCH—Dr. Ben Danielson, a Black doctor who led an SCH clinic for decades, resigned<sup>5</sup> in protest  
21 of “patterns of racism at Seattle Children’s Hospital.”<sup>6</sup>

22 86. Staff, patients, and community members protested against racism at SCH in the  
23 days and weeks after Dr. Danielson’s resignation.

24  
25  
26 \_\_\_\_\_  
27 <sup>5</sup> Revered doctor steps down, accusing Seattle Children’s Hospital of racism: [https:// crosscut.com/equity/2020/12/revered-doctor-steps-down-accusing-seattle-childrens-hospital-racism](https://crosscut.com/equity/2020/12/revered-doctor-steps-down-accusing-seattle-childrens-hospital-racism).

28 <sup>6</sup> Top Seattle Children’s doctor forced to resign after complaints of racism: <https://crosscut.com/news/2021/01/top-seattle-childrens-doctor-forced-resign-after-complaints-racism>.

1           87.     In January 2021—during Sahana’s course of treatment at SCH—the CEO of SCH  
2 asked a prominent hospital official to resign.<sup>7</sup> This official had reportedly used racial slurs to refer  
3 to Dr. Danielson and people of Asian descent.<sup>8</sup>

4           88.     The same month, SCH announced it had hired former Attorney General Eric Holder  
5 and his law firm, Covington & Burling, to investigate SCH’s policies and practices related to race.<sup>9</sup>

6           89.     Covington & Burling interviewed more than 1,000 people associated with SCH and  
7 finalized a report outlining its findings in mid-2021.<sup>10</sup>

8           90.     Despite its very public announcement that it had brought in Covington to  
9 investigate, SCH initially refused to release *any* of the firm’s findings.<sup>11</sup> It was only after “immense  
10 pressure from community members, staff, patients and stakeholders”<sup>12</sup> that SCH agreed to release  
11 two excerpts from the report: a “Summary of Findings”<sup>13</sup> and list of “Recommendations.”<sup>14</sup> Even  
12 those limited excerpts made clear that “Seattle Children’s Hospital has failed to take instances of  
13 specific and systemic racism seriously” and that “[p]atient experiences vary based on race and  
14 English proficiency.”<sup>15</sup>

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16           <sup>7</sup> *Id.*

17           <sup>8</sup> Revered doctor steps down, accusing Seattle Children’s Hospital of racism, *supra*, n. 8.

18           <sup>9</sup> Former U.S. Attorney General Eric Holder of Covington & Burling to lead examination of  
19 institutional racism, equity, inclusion, and diversity practices at Seattle Children’s: [https://  
20 www.seattlechildrens.org/media/press-releases/former-u.s.-attorney-general-eric-holder-of-  
21 covington--burling-to-lead-examination-of-institutional-racism-equity-inclusion-and-diversity-  
22 practices-at-seattle-childrens](https://www.seattlechildrens.org/media/press-releases/former-u.s.-attorney-general-eric-holder-of-covington--burling-to-lead-examination-of-institutional-racism-equity-inclusion-and-diversity-practices-at-seattle-childrens).

23           <sup>10</sup> Seattle Children’s failed to address racism, investigation finds: [https://crosscut.com/news/  
24 2021/08/seattle-childrens-failed-address-racism-investigation-finds](https://crosscut.com/news/2021/08/seattle-childrens-failed-address-racism-investigation-finds).

25           <sup>11</sup> Seattle Children’s staff call for full report from probe into racism at hospital system:  
26 [https://www.seattletimes.com/seattle-news/seattle-childrens-staff-call-for-full-report-from-probe-  
27 into-racism-at-hospital-system/](https://www.seattletimes.com/seattle-news/seattle-childrens-staff-call-for-full-report-from-probe-into-racism-at-hospital-system/).

28           <sup>12</sup> Seattle Children’s failed to address racism, investigation finds, *supra*, n. 10.

<sup>13</sup> Summary of Findings Excerpted From: Report to the Board of Trustees of Seattle  
Children’s Hospital (“Covington Summary of Findings”):  
[https://www.seattlechildrens.org/globalassets/documents/about/summary-of-findings-excerpted-  
from-covington-report.pdf](https://www.seattlechildrens.org/globalassets/documents/about/summary-of-findings-excerpted-from-covington-report.pdf).

<sup>14</sup> Recommendations Excerpted From: Report to the Board of Trustees of Seattle Children’s  
Hospital (“Covington Recommendations”): [https://www.seattlechildrens.org/globalassets/  
documents/about/recommendations-excerpted-from-covington-report.pdf](https://www.seattlechildrens.org/globalassets/documents/about/recommendations-excerpted-from-covington-report.pdf).

<sup>15</sup> Seattle Children’s failed to address racism, investigation finds, *supra*, n. 10.

1           91. According to Covington’s Summary of Findings, SCH had “identified racial  
2 disparities in patient treatment” but failed to “mitigate” those disparities.<sup>16</sup> It also found a  
3 “widespread” belief “among the Seattle Children’s workforce that patients receive disparate  
4 treatment on the basis of race or ethnicity.”<sup>17</sup>

5           92. Covington’s Recommendations urged SCH “to better track and address disparities  
6 in health metrics,” and to “conduct root-cause analyses within a specified period of time on any  
7 metrics, clinical or otherwise, that reflect disparities in care or treatment based on race, ethnicity  
8 or language.” It specifically recommended using such a procedure to “examine the root cause of  
9 the racial and language disparity in central-line-associated bloodstream infections (“CLABSI”)  
10 rates.”<sup>18</sup>

11           93. In September 2021, SCH published a “Health Equity and Anti-Racism Action  
12 Plan.” SCH CEO Jeff Sperring acknowledged in the plan’s foreword that Covington’s  
13 investigation had uncovered “inequities and disparities that impact” SCH “patients and families,”  
14 and he said there was “a great deal of work for us to do to eliminate the systemic racism that exists  
15 at Seattle Children’s.”<sup>19</sup>

16           94. In August 2022, the *New York Times* published a story titled “Pain in Children is  
17 Often Ignored. For Children of Color, It’s Even Worse.” The article described the ways in which  
18 minority children are discriminated against when being treated for pain. The article extensively  
19 quoted Dr. Emily Hartford—*one of the physicians who treated Sahana in SCH’s emergency*  
20 *department.*<sup>20</sup>

21           95. According to the article, Dr. Hartford published a study that analyzed the medical  
22 records of hundreds of 12- to 16-year-old patients who had visited the SCH emergency department

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23  
24 <sup>16</sup> Covington Summary of Findings, *supra*, n. 13.

25 <sup>17</sup> *Id.*

26 <sup>18</sup> Covington Recommendations, *supra*, n. 14.

27 <sup>19</sup> Seattle Children’s Hospital Health Equity and Anti-Racism Action Plan, at 4: <https://www.seattlechildrens.org/globalassets/documents/about/health-equity-and-anti-racism-action-plan.pdf>.

28 <sup>20</sup> Pain in Children is Often Ignored. For Children of Color, It’s Even Worse: <https://www.nytimes.com/2022/08/16/well/pain-management-children-race.html>.

1 for migraine treatment between 2016 and 2020. According to the study, “children who were Black,  
2 Asian, Hispanic or preferred to speak in a language other than English were less likely than white  
3 children to receive strong intravenous pain-relieving medications, despite reporting similar pain  
4 levels.”<sup>21</sup>

5 96. Dr. Hartford told the *Times* her study showing racial disparities in treatment at SCH  
6 “jibes with past research,” which had found “that when children of color visit emergency  
7 departments for issues like bone fractures or appendicitis,” they “are less likely than white children  
8 to be given appropriate pain medications.”<sup>22</sup>

9 97. This is not the only time that Dr. Hartford documented racism in SCH’s care for  
10 patients like Sahana.

11 98. In a 2022 paper, Dr. Hartford wrote that data from emergency departments reveals  
12 “disparities by race, ethnicity, or language preference (REaL) in the treatment of pain, use of  
13 diagnostics, triage acuity levels, and hospital admission rates,” and that these inequities influence  
14 “health outcomes,” including “missed diagnoses, treatment delays, . . . and, in some cases,  
15 increased risk of mortality.”<sup>23</sup>

16 99. According to Dr. Hartford, these race-based disparities occur in pediatric  
17 emergency departments, where “[p]atients who are Black or Hispanic have longer wait times,  
18 lower triage acuity scores assigned, lower use of laboratory and radiographic orders, less treatment  
19 for pain, disparate care for asthma, and are less likely to be admitted to the hospital than patients  
20 who are non-Hispanic white.”<sup>24</sup> Further, “[p]atients with a language for care other than English  
21 are more likely to be assigned lower triage levels, receive disparate diagnostic evaluations, and  
22 have an unexpected return visit to the ED within 72 hours than patients who use English as a  
23 primary language.”<sup>25</sup>

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24  
25 <sup>21</sup> *Id.*

<sup>22</sup> *Id.*

26 <sup>23</sup> Toward Improving Patient Equity in a Pediatric Emergency Department: A Framework for  
27 Implementation: [https://www.annemergmed.com/article/S0196-0644\(22\)01279-3/fulltext](https://www.annemergmed.com/article/S0196-0644(22)01279-3/fulltext).

<sup>24</sup> *Id.*

28 <sup>25</sup> *Id.*



1           100. These racial disparities in pediatric medical treatment are not just documented in  
2 the United States generally; they occur at SCH specifically. Dr. Hartford’s paper described an  
3 effort to reduce race, ethnicity, and/or language-based “disparities in care delivery and inequities  
4 in patient outcomes” at an unnamed “academic pediatric emergency department at a stand-alone  
5 children’s hospital.”<sup>26</sup> According to the paper, that hospital’s “own baseline data” revealed  
6 “inequities” in “triage level, wait times, [and] hospital admission.”<sup>27</sup>

7           101. In September 2023, Dr. Hartford was deposed in this case. She testified that the  
8 hospital described in her 2022 paper—in other words, the hospital whose “baseline data” showed  
9 inequities in hospital admission rates—was SCH.

10           102. If Sahana Ramesh were not a member of her protected class, she would have  
11 received non-negligent care from SCH. Specifically, she would have been admitted to the hospital  
12 at some point during the three months that she was repeatedly seen by SCH physicians. She also  
13 would have received comprehensive cardiac testing, which would have revealed that DRESS was  
14 affecting her heart and threatening her life.

15           103. If Nalini and Anapathur Ramesh were not members of their protected class,  
16 defendants would have been more responsive to their repeated pleas for help for their daughter. A  
17 more aggressive medical response would have allowed doctors to treat Sahana’s myocarditis  
18 before it killed her.

19                           **VII. FIRST CAUSE OF ACTION: NEGLIGENCE<sup>28</sup>**

20           104. This is an action for professional negligence and malpractice against the defendants  
21 brought pursuant to the laws of the State of Washington, to include RCW 7.70 *et. Seq.* Plaintiffs  
22 hereby notify defendants that they are pleading all theories for recovery and basis for liability  
23 available pursuant to law to include negligence, negligent hiring or training, corporate negligence,  
24 lack of informed consent, loss or reduction of chance, negligent failure to appropriately train, hire,  
25

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26           <sup>26</sup> *Id.*

27           <sup>27</sup> *Id.*

28           <sup>28</sup> The parameters of this cause of action are limited by any stipulation(s) previously entered  
into by the parties.

1 evaluate, monitor, refer, treat, diagnose, intervene, test, warn, and otherwise render the necessary  
2 and appropriate care for Sahana Ramesh.

3 105. Defendants, including their agents and employees, failed to act as reasonably  
4 prudent healthcare providers in their care for Sahana Ramesh. During the course of their  
5 relationship, defendants breached their duty to Sahana Ramesh by failing to prevent, identify,  
6 assess, and timely treat a devastating drug reaction: DRESS syndrome and eosinophilic  
7 myocarditis. Defendants were otherwise negligent in the care, treatment, monitoring, and  
8 management of their patient, Sahana Ramesh. One or more of the negligent acts were a proximate  
9 cause of the injuries or damages to plaintiffs.

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

13 **VIII. SECOND CAUSE OF ACTION:**  
14 **LACK OF INFORMED CONSENT<sup>29</sup>**

15 107. Plaintiffs reallege each of the preceding paragraphs.

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

19 109. Defendants failed to disclose material information, including the severity of  
20 Sahana's illness and the need for aggressive treatment to minimize the risk of the most severe  
21 potential outcomes pertaining to DRESS, throughout the entirety of Sahana's treatment.

22 110. Plaintiffs were required to make numerous decisions relating to Sahana's healthcare  
23 without having been fully informed of her treatment options and the risks and benefits pertaining  
24 to each.

25 111. As a direct and proximate result of defendants' failures to obtain informed consent,  
26 plaintiffs sustained injuries and damages, both past and future, for pain and suffering, emotional

27 \_\_\_\_\_  
28 <sup>29</sup> The parameters of this cause of action are limited by any stipulation(s) previously entered  
into by the parties.

1 distress, anxiety, adverse physical and/or debilitating symptoms and conditions, loss of enjoyment  
2 of quality of life, and other damages in an amount to be proven at trial.

3 **IX. THIRD CAUSE OF ACTION: CORPORATE NEGLIGENCE<sup>30</sup>**

4 112. A healthcare facility owes an independent duty of reasonable care to its patients  
5 requiring the exercise of reasonable care in the granting and/or renewing of staff privileges so as  
6 to permit only competent healthcare providers to practice within the facility. This duty requires the  
7 facility to exercise reasonable care to monitor and review the competency of healthcare  
8 professionals who practice at the facility, to intervene in the care of the patient if necessary and/or  
9 to adopt policies and/or procedures for the healthcare provided to its patients.

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

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

15 **X. FOURTH CAUSE OF ACTION, AS TO SEATTLE CHILDREN'S HOSPITAL:  
16 DISCRIMINATION IN A PLACE OF PUBLIC ACCOMMODATION UNDER RCW  
17 49.60, et seq. (WASHINGTON LAW AGAINST DISCRIMINATION)**

18 115. Plaintiffs reallege each of the preceding paragraphs.

19 116. At all relevant times, Sahana Ramesh, Nalini Ramesh, and Anapathur Ramesh, who  
20 are of South Asian descent, were entitled to the protections of RCW 49.60, et seq., including,  
21 without limitation, those pertaining to race and national origin.

22 117. At all relevant times, Seattle Children's Hospital, which is a hospital open to the  
23 public, operated as a Place of Public Accommodation as that term is defined in RCW 49.60.040(2).

24 118. SCH violated RCW 49.60.215 in several respects, including, without limitation, by  
25 failing to provide Sahana with the same level of reasonably necessary medical care provided to  
26 other similarly situated patients outside her protected class.

27 \_\_\_\_\_  
28 <sup>30</sup> The parameters of this cause of action are limited by any stipulation(s) previously entered  
into by the parties.

1 119. Plaintiffs' race was a substantial factor that caused SCH's discrimination against  
2 them.

3 120. The direct and proximate result of SCH's discriminatory medical treatment of  
4 Sahana Ramesh was her death.

### 5 **XI. DAMAGES**

6 121. As a direct and proximate result of the negligence, failure to obtain informed  
7 consent, and discrimination of the defendants, joint and severally, plaintiffs sustained general and  
8 special damages, including past medical expenses, pain and suffering, economic loss, and other  
9 damages allowed by law to be proven at trial.

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

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

### 18 **XII. LIMITED WAIVER OF THE PHYSICIAN/PATIENT PRIVILEGE**

19 124. Pursuant to RCW 5.60.060(4)(b), plaintiffs hereby waive the Physician/Patient  
20 Privilege only so far necessary to place any and all alleged damages at issue at the time of trial, as  
21 might be required by statute, or amended statute or case law interpreting the statutes of the State  
22 of Washington. It should be understood that plaintiffs' actions do not constitute a waiver of any of  
23 plaintiffs' constitutional rights and that defendants are not to contact any treating physician, past,  
24 present, or subsequent, without first notifying plaintiffs' counsel so that they may bring the matter  
25 to the attention of the Court and seek appropriate relief, including imposing limitations and  
26 restrictions upon any desire or intent by defendants to contact past or subsequent treating  
27 physicians *ex-parte* pursuant to the rule announced in *Loudon v. Mhyre*, 110 Wn.2d 675 (1998).  
28

1 **XIII. 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 DATED this 7th day of November 2023. Respectfully submitted,

10 HAGENS BERMAN SOBOL SHAPIRO LLP

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