



Speaker Therese M. Terlaje <speaker@guamlegislature.org>

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## Re Medical Malpractice Arbitration

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Gladys Linsangan <[REDACTED]>

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Sent from my iPhone

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 Letter to Senators.pdf  
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Apri 20,2021

Hafa Adai Honorable Senator,

I am writing this letter to speak my mind about an important issue that will definitely change the landscape of the practice of Medicine on island, particularly the field closest to my heart....that of taking care of our children and the future generation.

Most of the time, pediatricians are seen as the silent workers who try their best not to get involve in anything as complicated as politics and the law. We really just want to do our job and take care of the children....However in this particular situation with our colleagues being crucified on social media and being used as the focus of something that is so much further from what is true and fair.... I have decided to speak up.

My name is Dr. Gladys Linsangan, I am a Board Certified pediatrician with my own private practice in Pediatrics for the past 17 years now. I was a naïve Pediatrician in 2002 when I heeded the encouragement of my brother to come to Guam because I was told Guam is in need of another Pediatrician .At that time , I was almost 6 years in private practice setting and has been itching to start my own private pediatric practice. My experience at that time was purely outpatient Pediatric care in the Los Angeles area. It was an easy 9 to 6 job with no calls and inpatient admissions. It was an ideal set up for me...However, Guam was where my family was and an easy commute to Manila where the rest of my family was based and there was no question in my mind that Guam was the better choice for me....or so I thought until I was confronted with the realities of Pediatric practice on island.

I quickly realized that Pediatric practice on Guam is no easy matter....that in fact I have chosen a more difficult path.

My fellow Pediatricians and I were forced to practice sub specialties beyond our expertise and comfort.....We all became intensivists, neonatologists, cardiologists, rheumatologists etc to our Pediatric patients who needed those subspecialties because if we don't.....Nobody will! If we don't ...nobody else will step up and take care of these patients.

We have willingly exposed ourselves to potential malpractice because if we don't...those who needed those subspecialty services at the critical time they need them will probably not survive another minute, another hour or another day. We go over and beyond what we trained for because if we don't....That premature baby may not make it to the NICU or that child with Congestive Heart Failure may die the next day or that kid with Diabetes may lose the function of his kidney by his 7<sup>th</sup> birthday.

Yes we can not give the perfect pediatric care all the time...but we always try the best way we can ....at times to detriment of our own health and is often times prioritized over family matters and even loved ones....

Please know that every time we have a sick patient needing subspecialty care not available on island....we always try to engage our sub specialist colleagues from the mainland often at the wee hours of the morning so we can be guided on how to better manage our patient. And no ,..it is not included nor part of their medical bill. We have to beg our adult sub specialist counterparts on island to consult on our sick children so we can provide the best care available with in reach just so we can be better guided on how to take care of their problems in a more efficient updated way.

Every sick child admitted to the hospital is taken seriously, we follow criteria's on when and how we classify patients, we coordinate our care with our hardworking nurses and other health care staff and often times our care may be limited by what is available at hand and how many staff we have to man the different floors and the corresponding level of care.

Unfortunately, just because a patient needs ICU admission at a certain time does not mean that an ICU bed will be available right away even if it looks like the unit is not busy. The question always is," do we have the manpower to man the bed properly?"

Please believe that everytime one of our little ones die under our care....a part of us die as well....but unlike family members or relatives....we can only grieve so much in such a short period of time. ....because another child is waiting us in the next room needing our Pediatric services as well.

Please know that no doctor especially Pediatricians would wish harm on any child. We were trained to care for them, heal them and watch them grow into responsible productive adults in the future.

But taking care of them takes a village.....especially sick ones. We follow certain guidelines and based most of our decisions on objective findings and input from other hospital health personnel. We were trained on how to take care of certain health problems based on accurate history and the clinical and objective findings presented to us We classify the problem and its usual course and the treatments to be given with an expectation that such treatment works and will relieve the patient.

There will be very rare instances when sometimes such training fail us and patients present a different course. And during these failures, when we think about all the hard work of school and

endless nights of training that we wish there is another training we could have taken .....that is to predict the future, that way we could have saved so much heartache to every family who have lost their loved ones.

Frankly if I had known ahead of time the type of pediatric practice I have to deal with in Guam.....I probably would not have relocated here from California. Practicing General Pediatric care is hard enough ....but doing sub specialty Pediatric care without the additional training for it is too burdensome and stressful....however doing so without the current arbitration law is even worse and not worth it.

Believe us when we say that once this arbitration law is repealed and changed into something that will make it easier for patients to seek redress over the simplest of things .....our off island sub specialty colleagues and our on island adult sub specialist who have been sharing with us their knowledge have expressed their apprehension and will most likely refuse to consult with us on behalf of our patients....thereby forever changing the pediatric norm of practice on island. And frankly, such has been happening at the moment. When these colleagues who use to be open to sharing their expertise are suddenly refusing to heed our request because of fear of potential malpractice.

If the legislature in its wisdom decide to arm patients who can not afford arbitration proceedings with a weapon that will allow them to sue physicians at a much lower cost....because they feel that they need protection from the physicians who they come to for help with their health issues and medical conditions.....what it will actually do is take away from the same group of people their ability to access the best possible health care for their needs.

These people who can not afford to fly anywhere to seek subspecialty care will have no alternative care available on

island.....and those children who thru no fault of their own can not see a pediatric nephrologists or endocrinologist because they have no means to go off island to see one will also be denied access to expert care from an adult sub specialist care because these physicians will be afraid to offer their services because it was not what they have trained for.

It is ironic that the very people you all want to protect are going to be the same people who will suffer the most from this.

This maybe the guiding reason used by the past legislature for the current arbitration law. This must be the guiding reason for this present legislature. Protect our children.....Please make your decision for the benefit of all....

Respectfully,

Ma Gladys Linsangan MD  
Diplomate American Board of Pediatrics